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Quality of Residential Care for Children and Youth as Context, Process, and Outcome: A Scoping Review

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ABSTRACT

A scoping literature review of peer-reviewed empirical studies explicitly exploring the quality of residential care (RC) delivery as a child welfare intervention was conducted. To map the features of quality addressed in the included 14 articles, we scrutinized different stakeholder perspectives and used the Donabedian framework of context, process, and outcome. The concept of quality is scarcely used and defined in original studies. Further, nearly all the reviewed studies focus on only one or a few quality dimensions or domains. Most emphasized was the interpersonal dimension and setting within the process domain; the technical dimension in the process as the domain of outcomes receive the least attention. Emphasis is more on how RC should be offered, and less on what it entails and what the expected outcomes are.

PRACTICE IMPLICATIONS

- In delivering RC, the safe, home-like setting and the quality of the social relations between staff, children, and families are important.
- The RC delivery process is embedded in the contextual factors of the organization, management, and staff.
- When evaluating the quality level, service development, and formation of RC standards or criteria, all three domains (context, process, and outcomes) should be equally considered.
- In evaluation, the inclusion of different stakeholder perspectives offers a more comprehensive picture.

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Quality; review; residential care; children; youth

Introduction

Residential care (RC) for children and youth does not always attain the desired outcomes. Recent European longitudinal studies have shown that children having lived in RC are more disadvantaged than their peers on measures such as mortality, mental health, education, and employment (e.g. Cameron et al., 2018; Kääriälä et al., 2018). Additionally, extensive research on RC highlights cases of maltreatment and abuse both historically and in recent years (e.g.,

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Colton, 2002; Euser et al., 2014; Font, 2015; Sen et al., 2008; Sköld, 2013; Sköld & Markkola, 2020) representing serious failures in the provision of RC for vulnerable children. As studies on short-term outcomes of residential care show that youth benefit from residential care to different degrees (e.g. Gonzalez-Garcia et al., 2023; Rau et al., 2020) a focus on successful and high-quality RC is crucial to understand how desired outcomes are achieved.

Regarding RC, quality as a concept is commonly used in administrative texts and development projects. As the concept is multidimensional and ambiguous, it must be connected to a gold standard to be meaningful. Quality is thus the measure of how well a service performs compared to set standards that can vary in operationalization. An example is quality standards, which are often developed to be put into practice by different stakeholders in the RC sector (e.g., Daly et al., 2018; Malja et al., 2020; National Institute for Health and Care Excellence, 2023). Many of these lean on a juridical base, emphasizing the rights of the child; however, they leave much room for interpretation. Quality standards for RC defined by different organizations and agencies since the 1990s are predominantly found in the gray literature (Huefner, 2018). Standards of care in social services are often not based on research, but professional views (McMillen et al., 2005), with some exceptions of research-based initiatives (e.g. Boel-Studt et al., 2018, 2019).

As Pålsson (2020) noted, the standards of quality in RC for children and youth show variation and change annually when operationalized by the inspectorate. For example, licensing and accreditation are used to display quality at the system level and relate to service outputs, not client outcomes (Pålsson, 2020). These are blunt tools, as they do not capture the performance standard for child-level outcomes and are therefore not enough to promote positive outcomes for children (Daly et al., 2018). The extant literature on the outcomes of the received RC on children and youth is scarce and has methodological limitations (Boel-Studt & Tobia, 2016; Bollinger, 2017; Eriksson et al., 2024).

In research on social services, there is no consensus regarding how service quality should be conceptualized and assessed. According to Šiška et al. (2021), conceptualization and agreement regarding what constitutes favorable outcomes in social services are a subject of debate in policy and practice. When the concept of quality is used but not defined or conceptualized, the relationship between outcome and quality remains unclear.

As surprisingly little academic attention has been paid to what constitutes and enables high-quality care, the objective of this scoping review is to scrutinize how quality in RC as a child and youth welfare intervention has been defined and scrutinized in empirical studies. The domains, dimensions, and elements of quality in empirical studies on RC for children and youth are mapped using the classical Donabedian (1966, 1988) model for assessing the quality of health care as a guiding framework.

Quality of Social Care

According to Megivern et al. (2007), quality discussions in social work have fewer accepted pronouncements regarding the scope and definition of quality deficits compared to, for example, health care. Social workers have traditionally been responsible for the quality of their work, with little control from the outside. This can be characterized as “the professional model” of ensuring quality, which has been changing with the demands for accountability (Megivern et al., 2007). Still research on quality in social work is scarce (McMillen et al., 2005).

Only a few studies have examined the conceptualization and domains of quality within social care. Kohout et al. (2022) developed a measure for the perception of quality in elderly care, including the dimensions of social care, subjective quality of life, health care, quality of the environment, and ethics. Šiška et al. (2021) added two dimensions to these five: management and context. Šiška et al. (2021) concluded that according to all the stakeholder groups (users, service providers, and public administrators), the most important indicators of quality in elderly care were the user’s subjective quality of life, a sense of trust and security, a positive atmosphere, and friendly staff. Schröder and Ahström (2004) identified four categories when they studied the perceptions of quality in psychiatric care among staff and care associates: respect for the patient’s dignity, the patient’s participation in care, the patient’s recovery, and the care environment.

In child welfare, the legislation and ethics of social work are of foremost importance, and the care that is provided cannot be considered high quality without being ethical and within legal boundaries. To fulfil this, attention needs to be paid to not only outcomes but also service delivery. The global statement of ethical principles for social work includes an ethical code that refers to the promotion of human rights, social justice, and the right to self-determination and participation (International Federation of Social Workers, 2018). For example, Šiška et al. (2021) categorized ethics as one of the quality dimensions of social care of the elderly. As the profession is guided by ethical principles and both national legislation and international treaties on human and children’s rights, the ethical and legal dimensions could be seen as a basis for high-quality social care (also Megivern et al., 2007) and not as a separate element. Further, determining what constitutes high quality is, at the same time, establishing an ethical norm (Donabedian, 1988).

Residential Care for Children and Youth

The diversity of types of RC units is wide and varies across and within countries, as it encompasses all non-family-based out-of-home care (Daly et al., 2018; Giraldi et al., 2021). The structure and content of the service,

program, or care offered to the children living in the units also vary (e.g., Daly et al., 2018). The content of the care offered in residential care can be seen to relate to both the environment, the care itself and social relations associated with these.

One often-cited definition of RC was provided by Whittaker et al. (2016) in a consensus statement on therapeutic RC, and it includes the whole diversity of care facilities for children and youth who have emotional and behavioral challenges. The statement itself claims no specific model or program but offers a common definition and umbrella for practice and research. Whittaker et al. (2016) defined therapeutic RC as a “purposefully constructed, multi-dimensional living environment designed to enhance and provide treatment.”

Previous research on serious shortcomings, such as maltreatment and abuse, has directed attention to the importance of safety as one dimension of quality. Minimally, RC should provide safety and support for children socially, developmentally, and educationally (Whittaker et al., 2016). The social climate and milieu of RC units have been seen as important in therapeutic RC (Huefner & Ainsworth, 2021) and have been associated with outcomes (Leipoldt et al., 2019). The milieu and human relationships in the unit are not simply a platform for evidence-based interventions but are also the core of the delivered service or program (Huefner & Ainsworth, 2021). The core components of a therapeutic milieu proposed by Huefner and Ainsworth (2021) are care, treatment, nurturing (safety and relationships included), teaching, and order. Essential areas for improvement to ensure safety have been identified as a healthy organizational culture; competent and content staff; better service delivery, including transparency; and child-centered and rights-based ethos (Davidson, 2010). The Children and Residential Experiences (CARE) program model outlines RC as developmentally focused, family involving, relationship based, competence centered, trauma informed, and ecologically oriented (Holden et al., 2010).

One of the most addressed dimensions in research is the one of quality of relationships. The focus on the RC process and delivery as a relationship-based practice (e.g., Cahill et al., 2016) is reflected in the many articles focusing on the relationships within the unit and with family. Quality relationships have been associated with staff members' individual qualities (trustworthiness, helpfulness, and sensitivity) and skills (treatment skills, ability to set appropriate limits and discipline, and ability to provide feedback to youth). Further, the quality of relationships in units has been negatively associated with a high ratio of children, high staff turnover, and a high administrative burden (Pinheiro et al., 2022). The relationship between children and their main caregiver has been associated with lower levels of youth's externalizing problems (Silva et al., 2021). Interestingly, Harder et al. (2013) found that RC staff act as a secure base and that there is no precondition for affective bonds, but

that staff members' positive treatment skills are associated with children's positive evaluations of relationships.

Other features identified as important in RC are placement and attachment stability and continuity (Segal, 2023); the provision of treatment, education, socialization, and protection; and the use of evidence-based practice as well as best practices, such as family involvement (Daly et al., 2018).

A Quality Framework of Context, Process, and Outcome

Twenty years ago, Striley et al. (2005) called for the definition of quality service, as well as the relationship between quality and outcomes in social services, to be addressed. Ten years later, Daly et al. (2018) pleaded for different actors, including researchers, to define what comprises quality in RC. This is reminiscent of Donabedian (1966), who pointed out 60 years ago that the assessment of quality in health care needed a conceptual and operationalized definition of what quality means.

Quality in RC has earlier been presented with interrelated key element and its features organized in different ways (e.g., Daly et al., 2018; Davidson, 2010; Farmer et al., 2017; Megivern et al., 2007). As quality is a multidimensional construct needing conceptualization for empirical studies and evaluation, in this review, we use a framework that acknowledges the different levels and the entries to them.

Donabedian (1966) framework for the assessment of quality in health care services has widely been used within the sector (e.g., Malley & Fernández, 2010) but lately also, for example, in physiotherapy (Oostendorp et al., 2020) and in the study of third-sector interventions (Gentry et al., 2018). The model provides a framework for identifying the different domains of service delivery – that is, context, process, and outcome – mainly at the professional-user level. The relationships between these domains and their dimensions are inseparable. The context accounts for the resources of the professionals and organization, the process is what is “done” with and for the user, and the outcomes are the desired results of the service provided (Donabedian, 1966, 1988). Improvements in the context of care should lead to improvements in processes, which should, in turn, improve patient outcomes (Donabedian, 1966).

The Donabedian (1966) framework has been criticized for neglecting subjective domains. Today, user satisfaction is widely accepted as a fundamental aspect that is in line with a client-centered approach in social services (Fraser & Wu, 2016) and should therefore be considered. Donabedian (1988) completed the original quality framework with different viewpoints that consider the complexity and multidimensionality of care. As Donabedian (1988) noted a possible gap between the expectations and the delivered service, the quality framework for assessment

came to involve two components: normative (what things ought to be like) and empirical (what things are like). The empirical component can be assessed by different stakeholders; for example, service users may assess it based on their experiences. For example, Kohout et al.'s (2022) measure of perception of quality in social elderly care included users' satisfaction, considering that this is always influenced by their needs and expectations.

As the framework's focus is on the level of professional and user, Lee and McMillen (2008) and Megivern et al. (2007) justly argue that other levels are overlooked. The framework has also been criticized for not specifying the dimensions and elements within each of the broad domains (Farmer et al., 2017; Megivern et al., 2007). According to Megivern et al. (2007) the simple model is deemed too underspecified for application without content of the elements. The framework is a common structure of the domains of care delivery to be applied in different settings, and as Donabedian (1966, p. 717) stated, "In addition to conceptual exploration of the meaning of quality, in terms of dimensions of care and the values attached to them, empirical studies are needed of what are the prevailing dimensions and values in relevant population groups."

As our aim is not to build a comprehensive framework of quality in RC, but to review empirical studies on quality of RC this basic framework (Donabedian, 1966) was found suitable, as it provides a structure that is not too specific but allows for categorizing quality within the three domains. Our aim is to use the framework to grasp the elements of quality in the complex RC setting, allowing for the future development of assessment.

Aim

As there is limited literature on quality in RC, as previously noted by Giraldi et al. (2021), this scoping literature review of empirical studies contributes to the conceptualization of quality in RC for children and youth. To facilitate the analysis and conceptualization, we use the Donabedian (1966, 1988) framework. As it has been used infrequently in social services it may provide a novel viewpoint and insights. In line with the research agenda set out by McMillen et al. (2005) we further scrutinize the different stakeholder's views on quality care in the studies reviewed.

The following questions are answered in this article: (a) How has quality been defined in empirical studies on RC? (b) What elements of quality in RC for children and youth have been addressed in empirical research? (c) From whose perspective have these elements been studied?

Methods

We conducted a review of empirical studies – both qualitative and quantitative – that addressed quality in residential care (RC) for children and youth. As the purpose was to map the results and compose a descriptive overview, a scoping review was suitable (Pollock et al., 2023). The PRISMA-ScR guidelines (Tricco et al., 2018) for scoping reviews were followed.

A PCC-protocol (population – concept – context) was developed prior to the study. The population was defined as school-aged children and youth (under 18 years) subjected to a child welfare intervention. Hence, studies on services offered primarily on disability, health care, or juvenile delinquency grounds were excluded. The concept mapped was quality of service. The context was units providing residential care, limited to Western countries, owing to the similarities in their service delivery systems.

The search utilized a set of three groups of keywords – a) children, (b) residential care, and (c) quality – with a range of words within each group (see supplementary material for detailed search strategy). The search was conducted in the following five databases: SocIndexFullText via EBSCOHost, APA PsycInfo via OVID, and ASSIA, Social Services Abstracts and ERIC via ProQuest. Peer-reviewed articles from year 2010 to April 2023 with abstracts in English were included. The search yielded a total of 1,466 articles after the exclusion of duplicates (Figure 1).

All abstracts were screened by two reviewers using predefined inclusion and exclusion criteria. The initial inclusion criteria were defined in the PCC-protocol. Thereafter, pairs of two reviewers screened all 90 full-text articles using the same criteria that were refined and specified where needed. The criterion of concept was specified to quality of RC service delivery “as service as usual,” thus excluding studies on short-term interventions delivered in the RC setting as part of a study. Further the criterion was refined to include only studies with focus on content, features or delivery of residential care or support to the child and family within the RC unit. This excluded the quality assessment of implementation or fidelity of programs and services delivered to the children in other settings (e.g. school). Any disagreements were solved by the third reviewer through discussions when needed. When full texts were screened, the reviewers made a joint decision to include only empirical studies or reviews of original studies. All three reviewers conducted the data extraction using a table developed for this review.

The search yielded references in which the concepts used for the identification of the search word group on quality (including high-quality or success* or good or best or excellent or excellence or first rate or standards) were associated with aspects other than RC service delivery itself and were excluded. Examples of these were when concept was used in the following phrases: standards of living (e.g., Sallnäs et al., 2012), quality of life (McNamara, 2020), or quality of relationships (Cahill et al., 2016; Greer, 2021; Huefner

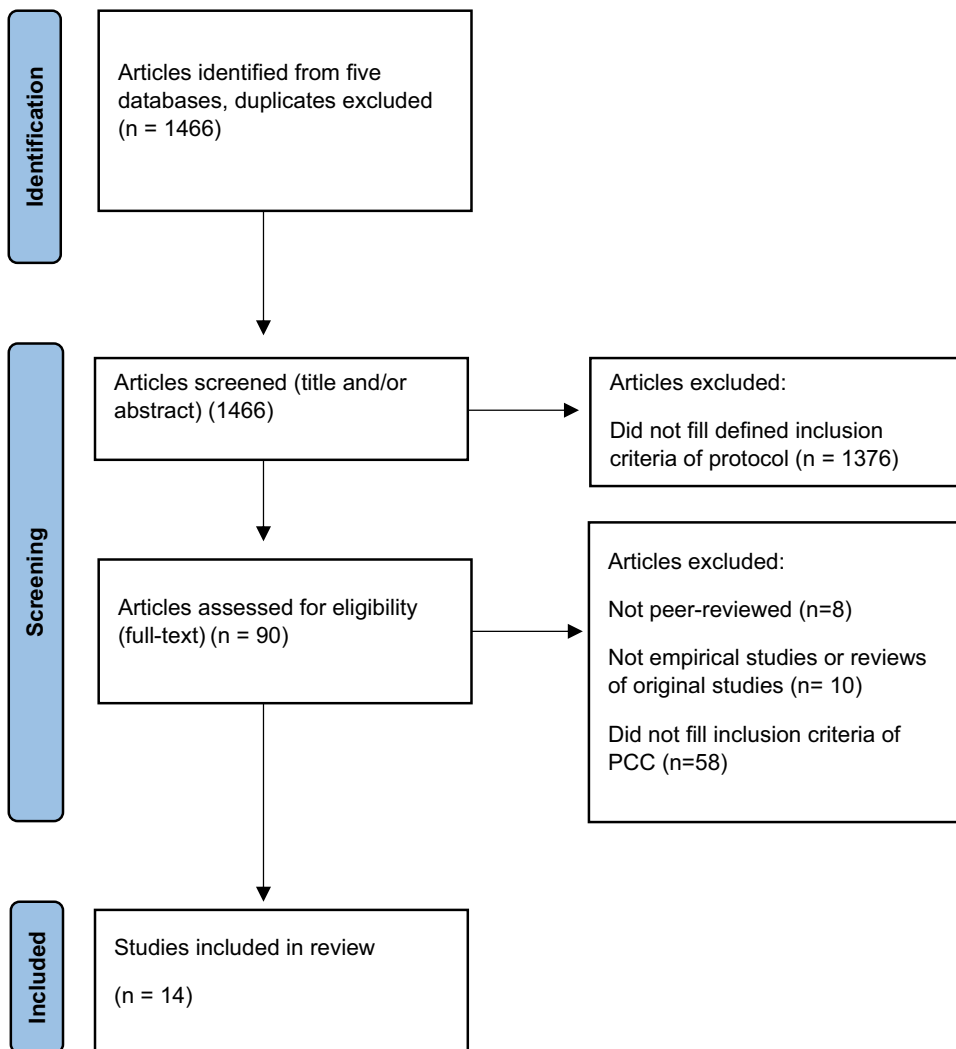


Figure 1. Prisma flowchart.

et al., 2015). The search yielded sixteen articles on the quality of relationships, which are an important dimension of quality in the process of RC service delivery. Nonetheless these were finally excluded since only articles in which a word from Group 3 (quality, high-quality, success*, good, best, excellent, excellence, first rate, or standards) was used explicitly in combination with the RC delivery or context were included. These phrases included best practice, successful intervention, and the quality or success of care/service/work/outcomes. The concept of effectiveness was not included in the search, as a separate scoping review on the effectiveness of RC, which complements this has been published (Eriksson et al., 2024).

A total of 14 articles were included. In all of them, the concept of quality or other words from the same search category were connected to RC delivery. In

some of the studies, quality and its associated concepts were the key concepts, and in others, the connection to quality was explicitly made in any part of the article. Of the included articles, two were previous literature reviews, and 12 were original studies (Table 1).

Results

Definition of Quality of Residential Care

When screening and reviewing the articles, at an early stage, we noticed that the concept of quality is rarely used in the academic literature on RC. It has also been minimally operationalized and empirically studied, with a few exceptions (e.g., Bach-Mortensen et al., 2022; Pålsson, 2020). In only a few of the reviewed articles, quality was used as a key concept related to care characteristics (Graham & Fulcher, 2016; Giraldo et al., 2022). Further, two articles addressed successful care or care paths (Harder et al., 2017; Serbati & Gioga, 2016) and successful outcomes (Syme & Hill, 2015). In addition to being scarcely used in the literature, based on our review, quality has hardly been defined in empirical studies on RC.

Quality as Context, Process, and Outcome

To scrutinize which dimensions of quality in RC for children and youth have been addressed in the empirical research reviewed, we used the Donabedian (1966, 1988) framework of context, process, and outcome. The three main domains were not always easy to separate, appearing to be intertwined and overlapping. Donabedian (1988) divided process (Table 3) into technical (including knowledge and judgment) and interpersonal dimensions of care delivery, also acknowledging the contribution of the patient and their family. In RC, the care setting – that is, the unit – can be categorized as both context and process, but here, it has been categorized as process. As we chose to include the immediate RC setting as a component of process, we added a third dimension to Donabedian's (1988) division of technical and interpersonal dimensions (Table 3). We further chose to divide context into two categories: organization and management, and staff (Table 2).

Further, we scrutinized which of the dimensions were present from different viewpoints in the reviewed studies (children or parents as users of RC, professionals working in the units or in collaboration with them, and perspectives of researchers as authors of the original papers). These are presented in Tables 2 and 3.

In terms of context (Table 2), the availability of trustworthy and competent staff who are willing to build relationships with children and guarantee their safety is salient from the children's perspective. Calm, empathic, well-trained

Table 1. Articles included in the review.

	Author, year, and title	Type and aim	Country	Quality	Participants	Methods
1	Bach-Mortensen et al. (2022). Outsourcing and children's social care: A longitudinal analysis of inspection outcomes among English children's homes and local authorities.	Empirical Investigate how outsourcing affects inspection outcomes among children's home providers.	England	Key concept Quality of service provision	Longitudinal dataset covering over 13,000 children's home inspections.	Repeated ordinal logistic models.
2	Bhagat (2022) Exploring family support work and its staff in children's therapeutic residential care.	Empirical Explore the role of family support work by a separate family support worker in RC.	England	Not key concept Mentioned as quality of work	Key workers & placement family support workers (n = 9) in four children's homes.	Small-scale qualitative study. Semi-structured interviews. Thematic analysis.
3	Cameron-Mathiasen et al. (2022). What was care like for me? A systematic review of the experiences of young people living in residential care.	Systematic review Review the experiences of youth and young adults in RC and the impact of these on their well-being	UK Based on studies from England, Scotland, Sweden, Ireland, Norway, the USA, Australia, and South Africa	Not key concept Results are interpreted to be associated with successful residency and outcomes in RC	Systematic review of qualitative research with focus on youth perspectives.	Systematic review of qualitative research: 12 papers were thematically synthesized.
4	Carrà (2020). Residential care: An effective response to out-of-home children and young people?	Empirical Assess the relational quality of RC facilities for children and young people.	Italy	Not key concept Relational quality approach is claimed to be useful in assessing the quality in care services	Managers of public corporations, or third-sector organizations owning RC facilities; care workers in RC; young people aged 10 years and over.	133 phone interviews and a survey (n = 187) with RC coordinators. Mono- and bivariate analyses; five synthetic indices were processed.
5	Giraldi et al. (2022). Residential care as an alternative care option: A review of literature within a global context.	Review Review evidence looking at the function, quality, and outcomes of RC.	Scotland and Austria. Papers from Europe, North America, South America, Asia, Africa, and Australia	One key concept Quality of RC	Literature review with children's and youth's (aged under 18) perspectives in focus.	A rapid review of 111 papers.

(Continued)

Table 1. (Continued).

Author, year, and title	Type and aim	Country	Quality	Participants	Methods
6 Graham and Fulcher (2016). Can the best interests of young people be met in residential care? An Ireland case study.	Empirical Search for factors essential to the achievement of congruence in residential youth care services.	Ireland and New Zealand	Key concept Critical success factors in youth care Considered essential to quality care outcomes	Key players in residential child and youth care ($n = 10$ reported).	Focus group interviews. Guided by a constructivist paradigm, with a hermeneutics and dialectical analysis method.
7 Harder et al. (2022). Feeling better: Experiences and needs of adolescents and professionals regarding their mentoring relationship in residential youth care.	Empirical Assess adolescents' care workers' and teachers' mentoring relationship needs in terms of one-on-one conversations during RC.	The Netherlands	Not key concept Mentioned as quality of work and high-quality care Mentoring relationships considered a key factor in successful treatment	Adolescents ($n = 11$), group care workers ($n = 10$), and teachers ($n = 2$).	Structured interviews. Content analysis.
8 Harder et al. (2017). The inside out? Views of young people, parents, and professionals regarding successful secure residential care.	Empirical Identify care factors that are important for adolescents' behavioral change during secure RC.	The Netherlands	Key concept Successful care and success factors of treatment	Adolescents ($n = 8$) aged 15–20 living in RCS, their parents, group care workers ($n = 8$) and teachers ($n = 7$).	In-depth interviews. Inductive strategies used in analysis.
9 Moore et al. (2017). Young people's views on safety and preventing abuse and harm in residential care: "It's got to be better than home."	Empirical Understand how young people perceive and experience safety in RC.	Australia	Safety is the key concept, argued to be of primary importance in high-quality care	Children ($n = 27$) living in RCS.	Semi-structured, face-to-face interviews with children. Grounded theory applied in data analysis.
10 Naert et al. (2019). Youngsters' perspectives on continuity in their contacts with youth-care services.	Empirical Analyze youngsters' experiences of their life pathways with a focus on experiences continuity of care in youth services.	Belgium	Continuity is the key concept and seen as an important aim of quality of youth-care services.	Youngsters ($n = 25$) in youth-care services.	Interviews with youngsters in residential care or reached by low-threshold youth services. Narrative research approach applied. Thematic analysis.

(Continued)

Table 1. (Continued).

	Author, year, and title	Type and aim	Country	Quality	Participants	Methods
11	Pålsson (2020). Securing the floor but not raising the ceiling? Operationalizing care quality in the inspection of residential care for children in Sweden.	Empirical Analyze how the inspectorate operationalizes quality in RC for children.	Sweden	Main concept: care quality of RC services for children.	Guidelines ($N = 7$), interviews with inspectors ($N = 11$), and field notes from observations of inspection visits ($N = 2$).	Content and thematic analysis of different sets of data.
12	Roache and McSherry (2021). Understanding and addressing child sexual exploitation (CSE) in residential care in Northern Ireland using a qualitative case study design: The residential social care worker perspective.	Empirical Explore challenges with and identify strategies to protect children from sexual exploitation in residential care.	Northern Ireland	Not key concept. Mentioned as need to improve quality of outreach services.	Semi-structured interviews with RC workers ($n = 6$).	Exploratory qualitative case study. Reflexive thematic analysis.
13	Serbati and Gioga (2016). Building a successful care path in residential care: Findings from qualitative research with young people and professionals in Italy.	Empirical Explore different ways in which young people and RC workers perceive the outcomes of the RC experience.	Italy	Not key concept. Mentioned as successful intervention and successful care path.	Young people formerly in RC ($n = 7$), residential workers ($n = 7$) and social workers ($n = 7$).	Semi-structured interviews analysed using content analysis, comparing participants' points of view.
14	Syme and Hill (2015). Professionals' perceptions of the rocky routes to successful outcomes for young people in a children's residential school.	Empirical Analyze and compare the views of different kinds of desirable staff outcomes and how successful outcomes can be achieved.	Scotland	Successful outcomes path.	Care workers, teachers, and specialist support staff ($n = 28$).	Data from a 3-year evaluation of a children's residential school. A general service questionnaire, semi-structured interviews, and informal conversations. Grounded theory used.

Table 2. Context.

Perspective	Organization and management	Staff
CHILD or YOUTH	Adequate number of competent and trustworthy workers available and present for children. Sufficient staff time to develop relationships with young people, staff visibility in the unit, and staff monitoring for threats (Moore et al., 2017). Systems issues (such as poor planning and ill-considered matching) and practical challenges (such as high staff turnover) compromising children's safety and failing to protect them from harm (Moore et al., 2017). Better oversight and monitoring of RC by external bodies (Moore et al., 2017).	Children' prefer care workers whom they can talk to and who have authority, are calm, are empathic, listen, are respected, and are reluctant to give advice (Harder et al., 2017). Well-trained, available, and approachable staff acting to prevent problems and skillfully responding when issues arise (Moore et al., 2017).
PARENT		Care workers with innate authority who do not display their power, are straightforward and firm with children, are empathetic and fair, are accepting and committed, and have a sense of humor (Harder et al., 2017). More specialist psychological input needed to support abused children (Roache & McSherry, 2021).
STAFF or OTHER PROFESSIONAL	Emotional and practical support for staff from colleagues in unit and management (Bhagat, 2022). Internal and external supports and good self-care practices to protect against fatigue and complacency among staff (Roache & McSherry, 2021). Characteristics of staffing (competence, levels, and clean police record) (Pålsson, 2020). Collaboration between social workers and RC staff (Serbati & Gioga, 2016). Collaboration with social services and other actors (Pålsson, 2020).	A dedicated worker, with consistent practice of managing family support work benefit development and of maintaining and strengthening relationships between child and family (Bhagat, 2022). Outreach workers to help children and young people engage with mental health services (Roache & McSherry, 2021). Mistakes viewed by service staff as learning experiences, but they felt that support was necessary to enable young people to avoid negative lifestyles and chronic pathways into unemployment, drugs, or criminality (Syme & Hill, 2015). Support (social, physical, and mental) and schooling (Pålsson, 2020).

(Continued)

Table 2. (Continued).

CONTEXT		
RESEARCHER or SYNTHESIS	Senior managers with both authority and domain expertise that supports workforce responsibilities (Graham & Fulcher., 2016). Accountable leadership that demonstrates shared vision and purpose that promotes best interests of young people (Graham & Fulcher., 2016). Practice-led strategic planning and service development subjected to ongoing evaluation (Graham & Fulcher 2016). Ongoing assurances that bureaucratic inputs do not undermine duty-of-care provisions that serve children and young peoples' best interests (Graham & Fulcher 2016). Supervision of staff (reflecting on and taking into account vicarious trauma) (Giraldi et al., 2021). Smaller ratio of children (Giraldi et al., 2021). Conducive organizational culture (Giraldi et al., 2021). For-profit children's homes statistically significantly more likely to be rated as lower quality than both local authority and third-sector services (Bach-Mortensen et al., 2022).	Carer's underpinning values, beliefs, and knowledge (Giraldi et al., 2021). Carer's skills (children's rights, attachment, emotional needs, impact of neglect and abuse, importance of origins, trauma, and recovery, child development, child protection system, strategies that reduce usage of restraint) (Giraldi et al., 2021). Personal qualities (collaboration skills, self-awareness, and self-control) (Giraldi et al., 2021).

Table 3. Process.

PROCESS			
Perspective	Technical (what?)	Practice (how?)	Setting
CHILD or YOUTH	<p>In units in which young people were occupied and engaged in fun activities, violence was minimal (Moore et al., 2017).</p> <p>There were high expectations of young people (in relation to behavior, engagement in school, conflict management, etc.) (Moore et al., 2017).</p> <p>There were consequences for misbehaving, but rules were about helping and protecting children, not reinforcing power (Moore et al., 2017).</p> <p>Family support work is highly valuable and significant for children's development and relationships (Bhagat, 2022).</p> <p>Workers include children's relatives, as they are crucial to finding stability (Naert et al., 2019).</p> <p>Workers fostering a positive relationship with families support children's relationships with their original families (Serbati & Gioga, 2016).</p> <p>Social anchors are looked for in children's chaotic lives. In difficult nuclear family situations, the grandparents, siblings, and friends are backup persons. They connect to "normal life" and act as a marker of continuity (Naert et al., 2019).</p> <p>To ensure continuity of care, the quality of the relationship with youth-care providers or the adults in school or youth work is important (Naert et al., 2019).</p> <p>It is important to foster a sense of maturity and agency in the transition to adulthood (Cameron-Mathiassen et al., 2022).</p> <p>Stability of care with few changes in staff and peers is critical (Moore et al., 2017).</p> <p>Congruence between the treatment goals of child and professional is important (Harder et al., 2017).</p>	<p>Adolescents view calmness, listening, taking time, and joking as important in one-on-one conversations (Harder et al., 2022).</p> <p>Children's own motivation is important. Otherwise, children make little use of available support (Harder et al., 2017).</p> <p>The unit should engage with children in a way that makes it attractive for them to engage with the unit.</p> <p>The individual needs of the child should be accommodated (Cameron-Mathiassen et al., 2022).</p> <p>Help with facilitating participation and agency should be provided (Cameron-Mathiassen et al., 2022).</p> <p>Professionals apply a fine balance between rules and freedom, show empathy, and are available for support (Harder et al., 2017).</p> <p>Children should have greater influence on broader decision-making. Children want to be involved with their placements and to share and exercise responsibility (Moore et al., 2017).</p> <p>Real commitment of staff means flexible adaptation of their input, even beyond strict formal and informal regulations, to meet youngsters' needs (Naert et al., 2019).</p> <p>Space and time are crucial factors for building connections with someone and knowing about their life situation (Naert et al., 2019).</p> <p>Trust is essential to being able to ask others for help. Children turn to volunteers or professionals whom they already know (Naert et al., 2019).</p> <p>Feeling listened to and being able to make decisions together in a situation of mutual trust are important (Naert et al., 2019).</p>	<p>Facilities and equipment (Pålsson, 2020).</p> <p>The unit should be a safe place without exposure to threats (violence, sexual abuse, alcohol or drug use, or neglectful caregivers) (Moore et al., 2017).</p> <p>There should be a sense of safety and security (Cameron-Mathiassen et al., 2022; Moore et al., 2017).</p> <p>The RC should be home-like: a warm, inviting place where children feel at ease and at home (Moore et al., 2017).</p> <p>Shared peer situation that provides a sense of community and a safety net (Cameron-Mathiassen et al., 2022).</p> <p>They should be surrounded by people who care for them and who look out for one another, enjoy one another's company, and are there to provide protection. Having things in common with staff and peers is valued (Moore et al., 2017).</p> <p>Having positive, trustworthy, and protective relationships with peers and staff makes children were less vulnerable to abuse and other harm (Moore et al., 2017).</p> <p>Children have a degree of control over their space and their living situations and input in decisions (Moore et al., 2017).</p> <p>Youth care should be easily accessible but not involuntary. Space to feel free is important, rhythm should be considered (adaptation to specific eating and sleeping hours, programmed free time, and specific moments to go out and meet others) (Naert et al., 2019).</p> <p>Feeling connected to the community surrounding the unit is important (Moore et al., 2017).</p>

(Continued)

Table 3. (Continued).

PROCESS			
PARENT	Implementation of rules, regularity, and structure is needed (Harder et al., 2017).	Children's own motivation, understanding, situation, and age should be considered (Harder et al., 2017).	Absence of friends who are bad influences (Harder et al., 2017).
STAFF or OTHER PROFESSIONAL	<p>The group care workers did not have a clear, consistent view of the aspects causing change (Harder et al., 2017).</p> <p>It is important to support children, from managing their lives well to coping better, but it also suggested a limited goal of getting by (Syme & Hill, 2015).</p> <p>It is critical to meet the emotional needs of sexually exploited children (Roache & McSherry, 2021).</p> <p>The presence of care plans, procedures related to serious incidents as well as intake and discharge of children is crucial (Pålsson, 2020).</p> <p>Methods that promote development of children must be followed (Pålsson, 2020).</p>	<p>More individual attention, focus on the future, and space for children to suggest topics in conversations in one-on-one conversations are crucial (Harder et al., 2022).</p> <p>Staff should be responsive to the perspectives of children (Harder et al., 2017).</p> <p>Motivation for change and children's understanding of their own situation are important (Harder et al., 2017).</p> <p>Children's trust in staff and participation in care (Pålsson, 2020) are essential.</p>	<p>Young people who have been marginalized in their home areas need "to be accepted back into the community" (SSyme & Hill, 2015).</p> <p>Social isolation is deleterious to children who are at risk of sexual exploitation (Roache & McSherry, 2021).</p> <p>Predatory access to children needs to be prevented but is difficult to control on social media (Roache & McSherry, 2021).</p>
RESEARCHER or SYNTHESIS	<p>It is important to have a common definition of core task of care worker as a mentor (Harder et al., 2022).</p> <p>Professional future and goal-oriented one-on-one conversations between child and mentor are necessary (Harder et al., 2022).</p> <p>Relationship-based practice (Giraldi et al., 2021).</p>	<p>Reciprocal relationships with children based on needs-led, not regulation-driven, care are important (Graham & Fulcher., 2016).</p> <p>Supporting relationships with caregivers involve (a) warmth, engagement, affection, and playfulness; (b) the provision of structure, boundaries, and routines (Giraldi et al., 2021).</p>	<p>Small facilities with family-like environment (Giraldi et al., 2021).</p>

care workers with authority are highly respected. Failed planning and cooperation, lack of monitoring, and staff turnover emerge as structural problems. Similar issues related to staff are stressed by parents, which is surprisingly the only theme from the parents' point of view.

From the point of view of staff (Table 2), the structural domain becomes visible in the themes of self-care, support shown by colleagues and managers and the potential of learning from mistakes Competence, trustworthy staff, and professional collaboration are seen as building bricks of structural quality. The emphasis is on committed employees who listen to and support the children and their families in a variety of ways.

Table 4. Outcome.

OUTCOME	Administrative level	Child level
	<p>Ofsted ratings of service providers mainly related to the level of safeguarding and adherence to regulations: overall experiences and progress of children and young people, the effectiveness of leaders and managers, level of experienced protection and help from the perspective of children and youth (Bach-Mortensen et al., 2022).</p> <p>Standards of inspectorate regarding compliance with regulations and service delivery (Pålsson, 2020).</p>	<p>Behavioral, socio-emotional, psychological, and medical domains (Giraldi et al., 2021). Children's and parents' subjective evaluations of children's behavioral change (Harder et al., 2017).</p> <p>Several care workers referred to young people developing into "functional adults." For one care manager, this entailed a young person having attended college and being involved in a steady relationship—that is, leading a life like other young people (Syme & Hill, 2015). The cases with positive outcomes all have the following elements: (a) a steady and satisfying job position, (b) important personal relationships experienced with awareness, (c) the capacity to elaborate one's personal story, and (d) the capacity to formulate a personal life project (Serbati & Gioga, 2016).</p> <p>Measures of relational quality are efficiency, effectiveness, relationality, and subsidiarity (Carrà, 2020).</p> <p>A stable RC unit with a limited turnover of staff and peers. As children had developed relationships with peers and staff, they were able to predict others' behaviors and felt connected to the broader community. Children were more able to protect themselves and seek help when required (Moore et al., 2017).</p> <p>Feeling safe and at home (Moore et al., 2017).</p>

In the synthesis of researchers (Table 2), experienced managers and their ability to support staff in their work have been seen as a structural key point, in addition to service development and practice-led strategic planning. Other structural quality elements highlighted are a development-friendly organizational culture, personnel supervision, a reasonable number of children living in the unit, and a balance between employees' bureaucratic tasks and duties of care. Researchers also stress the importance of care workers' values, skills, and knowledge.

Regarding the process of technical service delivery (Table 3), less violence has been seen in RC units that provide meaningful activities. In high-quality care, children sense that regulations exist for protection – not for staff to express power. Social anchors for the children's everyday lives and family work are considered important. Above all, the children's growth is supported as they progress to adulthood. Everyday life is stable when peers and caregivers do not constantly change. Further, it is essential for children, parents, and professionals to have the same goals.

High-quality practice (Table 3) is characterized by stable working personnel who give time to the child, take individual needs into account, use humor, and show empathy and support. There is a fine balance between the application of

rules and freedom in respected units. The child's own motivation is also key to goal achievement. When confidence/trust is instilled in the children, they commit to the process. It is crucial for children to be heard, take part in decision-making, and be active agents in the unit. The staff members' true commitment and flexibility toward their work as well as their desire to see the children's needs are appreciated. For children, having a relationship with someone whom they know from the past is important.

The quality of care is also represented in the setting (Table 3), especially facilities and equipment that are safe, are non-threatening, and strengthen the feeling of security. Homely, warm, and inviting environments are defined as such. Emphasis is also placed on children's agency and sense of freedom. The peer-group is essential, as is participation in the wider community. Being surrounded by people who care about one another and want the best for those involved inspires invest time and effort in common things. Thus, positive, confidential, protective relationships are also desirable in the RC context.

From the parents' perspective (Table 3), the importance of the everyday regularity and functioning structures of rules, as well as their skillful application, is emphasized. In addition, the importance of the children's own understanding and motivation, as well as consideration of their situations and ages, is stressed. Parents also highlight the importance of the absence of friends who have a negative influence on the children.

From the staff's point of view (Table 3), a working approach that supports the children's efforts to achieve their goals – while their emotional needs are considered – is seen as essential. Functional treatment plans and risk contingency plans are also defined as important as is keeping children safe from abusers. Staff need methodological expertise to guarantee high-quality support processes for the children's development. In addition, the importance of individual consideration and responsiveness, future orientation, and one-on-one discussions is emphasized. The professionals also stress the centrality of the child's motivation, involvement, and own understanding of their situation, as well as the confidentiality of the caregiving relationship.

The researchers' syntheses (Table 3) highlight the importance of defining the core tasks of care workers, planning the child's future, and engaging in goal-oriented one-on-one discussions. In general, relationship-based practices, whose core is the child's needs and relationships is essential. A caring relationship is supportive when it involves warmth, commitment, and playfulness as well as routines that support daily structure.

The domain of outcomes is the least addressed in the reviewed studies (Table 4). The outcomes of RC as an indication of quality can be divided into the administrative and child levels. The administrative level comprises adherence to compliance with regulations and safeguarding standards. The child-level outcomes are related to the functioning and behavior of the child,

their life skills and favorable life paths, and indicators associated with the same elements as in the process (Table 3): relationships, stability, and a sense of safety.

Discussion and Conclusion

The vagueness of the chosen concept, “quality,” made the task of reviewing the academic literature challenging. The task captured the ambiguity of not only the concept but also the content and the multiple aims of RC itself. To examine the elements that constitute or contribute to high-quality RC we used the Donabedian (1966, 1988) framework of context, process, and outcome and found it to be a useful tool in structuring the different domains.

Most of the reviewed articles focused on only one or a few dimensions or domains as representations of quality in RC. The context in which the RC unit is embedded was primarily addressed in terms of management and staff but also collaboration. Our conclusion is that the domain that received the most attention in research on RC quality is the process and the least addressed is the outcomes.

We chose to include the setting in the domain of process (Table 3) and not context (Table 1) because the three dimensions of technical (“what”), practice (“how”), and setting appear inseparable. In the process of a relationship-based practice, the technical and interactional dimensions are intertwined, as is the RC unit owing to its influence on both dimensions through its social climate and the physical characteristics of the setting. Instead of domains and elements forming “a chain of events in which each event is an end to the one that comes before it and a necessary condition to the one that follows” (Donabedian, 1966, p. 713), the nature of RC delivery appears intertwined and overlapping.

Within this domain, the dimensions that are often addressed by not only children but also professionals are milieu and setting. Further, a great deal of emphasis is placed on social relations, which are seen as crucial for quality. In the process domain, the setting and interpersonal dimensions are overrepresented, and the technical dimension appears somewhat vague and weak. The main focus is on how care is delivered, and less attention is paid to both the treatment and care itself. This can be partly explained by RC both serving as a stable home and safe setting for everyday life and functioning as a base for rehabilitation and a facilitator of change. As the delivery of care appears to have a dual aim, the orientation and common core task among staff becomes crucial. In a study by Harder et al. (2017), the RC workers mainly focused on “care” and not “cure,” although both are essential.

In medical care, the outcome was at least not previously questioned as the measure of quality (Donabedian, 1966), and the technical dimension of the process has been most prominent. Based on our review, the least emphasis was placed on the technical dimension and outcomes in high-quality RC.

Additionally, Boel-Studt and Tobia (2016) claimed that quality measures are hardly present in outcome studies and that the assessment of quality standards should focus on not only the capacity to provide qualitative care but also the degree to which it results in desired outcomes. Furthermore, Bach-Mortensen et al. (2022) stated that a main barrier to evaluating quality is the lack of reliable data on outcomes.

To be able to assess the variation in outcomes (McMillen et al., 2005) as one domain of quality more effort should be made in defining the outcomes on different levels and from different perspectives. According to Megivern et al. (2007), there are three primary desired outcomes for social services at the personal level: sustained/improvement in functioning, reduction of problems, and increased subjective well-being. We can agree with these. A sole assessment of outcomes resembles an assessment of effectiveness (Donabedian, 1966), but also previous research on outcomes is scattered and fails to paint a convincing picture of the effects of RC on children and youth (Eriksson et al., 2024; Giraldi et al., 2022). Outcome studies in RC for children and youth on the other hand rarely address the context and mechanisms or the theory of change behind the studied outcomes (Eriksson et al., 2024).

The emphasis when addressing quality has been on how RC ought to be offered rather than on what the core content is and what it should achieve. To enhance the quality of the complex RC services, research is not only needed to address the less explored dimensions and domains but also on studying their associations. Also, when evaluating the level of quality, developing services, and forming standards or criteria for RC, all three domains should be considered. Additionally, including different stakeholder perspectives offer a more comprehensive evaluation.

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