



# Decision-making and goal setting among young people in residential care: Relationships with caregivers and the role of resilience

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## ABSTRACT

Adverse relational experiences, such as neglect and abuse during childhood, can impair young people's ability to establish clear life goals and make assertive decisions. However, integration into Residential Care (RC) can provide an opportunity for emotional reorganization, especially when the relational context offers a safe, protective, and welcoming environment. The quality of relationships with significant figures of affection can be a protective factor for developing resilience and self-regulation skills in young people. This study analyzed the role of the quality of relationship to significant figures (teachers and caregivers in RC) in decision-making and the goal-setting process for young people in RC, as well as the mediating role of resilience in these associations. The sample comprised 109 young people (62.4 % male) aged between 12 and 23 years ( $M = 16.60$ ;  $SD = 2.37$ ). Data were collected through a sociodemographic questionnaire and self-report questionnaires: Relationship with Significant Figures Questionnaire (RSFQ), Short Self-Regulation Questionnaire (SSRQ), and Resilience Scale (RS). The results indicate that the quality of the relationship with RC caregivers is positively associated with young people's ability to set life goals, with resilience mediating this relationship. Furthermore, an indirect association was also observed between the quality of attachment to institutional caregivers and the decision-making process through resilience. Family participation in the young people's Life Projects (LP) was controlled, showing significant effects on decision-making. The results are discussed considering attachment theory, highlighting the role of relationships with significant figures in the emotional reorganization and future trajectory construction of young people in RC.

## 1. Introduction

Regardless of its typology, Residential Care (RC) remains a widely adopted measure worldwide (Eurochild & UNICEF, 2021). However, Portugal is the European country with the highest prevalence rates of child and youth RC (Eurochild & UNICEF, 2021). In 2022, 6,347 children and young people were estimated to be integrated into the Portuguese promotion and protection system, with residential placement accounting for 96.4 % (ISS, 2023). In addition to this already concerning scenario, the profile of RC placements shows increasingly later and prolonged admissions, which reflects significant challenges in identifying young people and effectively coordinating their Life Projects (LP) (ISS, 2023).

Entering RC represents a significant transitional challenge associated with family separations and feelings of loss, fear, and insecurity (Mota & Matos, 2015; Pinheiro et al., 2021). Adverse experiences, such as neglect and abuse during childhood, often characterized by the absence of affection, sensitivity, and responsiveness from the family, are among the leading causes of child and youth RC (Fernandes & Monteiro, 2016; Lecompte et al., 2023). Given their continuity, these experiences can lead to the development of insecure, particularly disorganized attachments and impair the adaptive development of young people in emotional and relational domains (Graham & Johnson, 2021; Muzi & Pace, 2022).

According to attachment theory, young people with insecure attachments become less open to exploring relationships with alternative

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figures and exhibit potential limitations in building purpose and making future decisions (Bowlby, 1982; Mikulincer & Shaver, 2007). According to Costa et al. (2020), other individual and emotional factors, such as sex, emotional regulation, and adolescents' attachment patterns, seem to influence their perception of the quality of the relationship with RC caregivers (Costa et al., 2020). The effect of contextual variables, such as the length of stay, changes in institutions, and age at first entry into the system, is controversial concerning the quality of relationships established (Costa et al., 2020). On the other hand, the high mobility of young people and professionals within the care system, disproportionate youth/caregiver ratios, and the emotional and work overload experienced by professionals (which often culminates in burnout) hinder the consolidation of emotional bonds (Cahill et al., 2016; Carvalho et al., 2022; Pinheiro et al., 2021), undermining the perception of caregivers as figures of care and security.

However, despite the inherent adaptation difficulties, RC can become a space of protection and emotional reorganization (Magalhães et al., 2021; Mota, 2021; Mota et al., 2018). Contact with welcoming, positive, and receptive relational contexts is fundamental for promoting security, trust, and stability in the emotional experiences of young people in RC (Bowlby, 1988; Costa et al., 2020). These feelings, in turn, can help young people in RC integrate adverse experiences and contribute to developing internal resources that lead to resilient adaptations (Chmitorz et al., 2018; Mota & Matos, 2015; Pinheiro et al., 2021). A study by Mota and Matos (2015) aimed at analyzing the relationship between attachment to significant figures, resilience, and well-being in a sample of 246 adolescents found that the quality of relationships established with teachers, school staff, and RC caregivers plays a crucial role, highlighting their positive contribution to the development of adolescents' well-being and resilience.

Resilience is a process of positive adaptation that enables individuals to overcome and mitigate the impact of adverse life circumstances (Masten, 2014). According to Pinheiro et al. (2021), this concept is understood as a dynamic process that reflects the interaction between risk and protection factors. These factors encompass a wide range of personal attributes and environmental resources, which play a determining role in influencing the ability to respond to adversity (Lou et al., 2018; Masten, 2014). In the context of RC, resilience research is particularly relevant, given that young people in alternative care often face traumatic experiences and adverse family conditions, which can jeopardise their positive adaptation (Gutterswijk et al., 2023; Mota & Matos, 2015; Pinheiro et al., 2024). In this sense, the quality of relationships with reference affection figures and the establishment of significant emotional bonds are essential factors for the psychosocial adaptation of these young people, helping to mitigate the effects of adversity and promote more adjusted development trajectories (Lou et al., 2018; Pinheiro et al., 2024).

Research has demonstrated that certain individual characteristics, such as self-esteem, self-efficacy, and a sense of purpose, together with specific foster care variables (e.g., age of entry into the residential care system), play a central role in the emotional regulation and psychosocial adjustment of young people in the face of adverse experiences (Chmitorz et al., 2018; Lou et al., 2018). Although the literature presents some inconsistencies (Burgund Isakov & Hrnčić, 2021; Garcia-Blanc et al., 2023; Sutherland et al., 2022), empirical evidence suggests that female youths tend to exhibit higher levels of resilience compared to male youths (Mwangi & Ireri, 2017; Sun & Stewart, 2007). This difference can be attributed to the interaction between biological and social factors, as well as the influence of different relational patterns between the sexes (Mwangi & Ireri, 2017; Sutherland et al., 2022). Moreover, early entry into RC seems to promote more effective adaptation to the new context, allowing young people to reorganize past adverse experiences and develop the resources and skills necessary to overcome new challenging events (Chulakarn & Chaimongkol, 2021; Costa et al., 2020; Mota & Matos, 2015; Yoon et al., 2021). Thus, resilience should not be understood as an intrinsic or invariable characteristic but as a dynamic and

interactive process influenced by multiple factors throughout development (Masten, 2014; Pinheiro et al., 2024).

According to the literature, youth involvement in decision-making processes has been associated with the quality of the institutional environment and, more specifically, with the possibility of developing quality relationships between young people and professionals (Cahill et al., 2016; Calheiros et al., 2021; Magalhães et al., 2024). The United Nations Convention on the Rights of the Child, which serves as the foundation for the Promotion and Protection System in several countries, including Portugal, establishes the participatory rights of children and youth (CDC, 1990). The participation of young people in RC should include aspects related to the definition and execution of their LP, as well as the internal functioning of the institutions (LPCJP, 2015), respecting the level of discernment, age, and maturity of each individual (Varadan, 2019). However, beyond being a legal right, there are numerous reasons to safeguard the inclusion of young people in decision-making. The literature supports that for young people, actively participating in Residential Care facilities helps enhance their self-esteem, autonomy, well-being, satisfaction, and sense of belonging (Alberto, 2021; Bakketeig & Backe-Hansen, 2018; Harder et al., 2020; Lätsch et al., 2023). At the same time, involvement in decision-making allows young people to mobilize resources to achieve their desired goals (Baron, 2023; Lätsch et al., 2023; Taylor, 2017).

Despite the growing recognition of children's and youth's participatory rights (Harder et al., 2020; Varadan, 2019), the RC population still shows considerable gaps (Harder et al., 2020; Ten Brummelaar et al., 2018). Studies indicate that, generally, the opportunities for participation granted to young people in child protection contexts are limited to decisions about the daily functioning of the institution (Ten Brummelaar et al., 2018). However, involvement in broader processes, such as administrative meetings, planning and reviewing LPs, maintaining family contacts, and decisions regarding admissions and exits from the system, remains limited for young people (Balsells et al., 2017; Mateos et al., 2017; Ten Brummelaar et al., 2018), despite these being their primary participatory interests (Furdge & Rooke, 2008). Despite this issue, establishing quality relationships between young people and caregivers can mitigate the limitations, fostering an environment more conducive to effective youth participation (Magalhães et al., 2024). Studies show that the availability of RC caregivers to develop safe, welcoming, supportive, and regulated environments promotes the participation of young people in decision-making (Calheiros et al., 2021; Magalhães et al., 2024; Moore et al., 2018; Ten Brummelaar et al., 2018). Thus, the perception of continuous, consistent, and responsive support in RC environments enables young people to develop autonomy over their own lives and make decisions consistent with their values and personal goals (Babo et al., 2024; Magalhães et al., 2024; Sulimani-Aidan & Melkman, 2022).

According to Chen et al. (2022), building life goals aligns with young people's relational experiences and idiosyncratic characteristics. Adverse family experiences, combined with high levels of disbelief, pessimism, and uncertainty about the future, seem to place the RC population in a vulnerable position regarding the development and achievement of goals (Pang et al., 2021; Sulimani-Aidan & Melkman, 2022). In this context, the role of emotional bonds with institutional professionals becomes particularly relevant. Studies suggest that the sense of commitment and motivation for young people's independent future projection appears to be linked to the establishment of emotional bonds with institutional professionals (Ahrens et al., 2011; Babo et al., 2024; Sulimani-Aidan, 2017; Sulimani-Aidan & Benbenishty, 2011). Interactions based on support, closeness, and protection with RC caregivers can lead to the development of feelings of trust and security, increasing young people's motivation to explore life possibilities, think about and plan future goals, as well as possible ways to achieve them (Babo et al., 2024; Sulimani-Aidan, 2017; Sulimani-Aidan & Melkman, 2022). On the other hand, emotionally discontinuous and inconsistent relational experiences seem to fuel young people's insecurity, resulting

in less dedication and persistence in projecting future goals (Alves et al., 2024). Regarding sex, although there is no consensus in the literature, male youths appear to be more actively involved in determining life goals (Delaney et al., 2015). However, socially predetermined gender stereotypes must be considered to understand this association better.

In addition to caregivers, other significant figures, such as teachers and families of origin, have the potential to influence young people's choices, goals, and decision-making processes (Alves et al., 2024; Guan et al., 2016; Moran, 2016; Morrison et al., 2020). According to Hodge et al. (2022), teachers who demonstrate emotional availability can act as important guiding figures, helping to prepare young people for making significant decisions. As such, adolescents who perceive support and encouragement from teachers, particularly in their LP, tend to show greater motivation and engagement in pursuing personal and professional goals, thus fostering self-realization (Beld et al., 2021; Chen et al., 2022; Constantino, 2019; Moran, 2016). The family environment can significantly promote or limit young people's self-regulatory behavior, influencing emotional, behavioral dimensions, and decision-making capacities (Alves et al., 2024; Magalhães et al., 2024). Therefore, a cohesive, supportive, and consistent family environment can provide the security and confidence necessary for young people to make choices and decisions about the future with determination (Cuconato et al., 2015; Garcia et al., 2015; Orozco-Solís et al., 2021). However, the dysfunction, discontinuity, and oppression often associated with the family dynamics of young people in RC may contribute to the restriction of their opportunities for choice, limiting their autonomous participation. (Guan et al., 2016; Morrison et al., 2020; Seim & Slettebø, 2017).

The literature on the association between goal-setting processes, decision-making, and resilience is still being determined, especially in residential care (RC) for children and adolescents. However, studies indicate that developing resources to overcome challenging events improves decision-making abilities (Bavolar & Bacikova-Sleskova, 2020; Lee, 2019; Modecki et al., 2017). Indeed, young people with higher levels of resilience tend to show a more optimistic attitude toward the future, greater openness to challenges and new experiences, and consequently, more active and assertive involvement in decision-making processes (Bavolar & Bacikova-Sleskova, 2020; Pang et al., 2021; Rudolph et al., 2017). Furthermore, resilience increases the likelihood that young people will set and pursue self-determined goals (Alves et al., 2024; Gutowski et al., 2018; Zhang et al., 2019).

On the other hand, exposure to adverse relational experiences, such as childhood neglect and abuse, can impose additional challenges to goal-setting and commitment, restricting young people's life aspirations and exacerbating feelings of hopelessness and passivity towards the future (Alves et al., 2024; Mota et al., 2024; Silva & Mota, 2018). In addition, exposure to traumatic experiences, particularly in unstable and disorganised family contexts, contributes to the adoption of avoidant decision-making processes (Bedwell et al., 2024; Katwa & Bedwell, 2019), also compromising the acquisition of essential resources for overcoming adversity in young people (Alves et al., 2024; Bavolar & Bacikova-Sleskova, 2020; Lee, 2019). Thus, exposure to high-risk and vulnerable contexts seems to hinder the formation of emotional bonds with significant figures, making it difficult for young people to transition and adapt to RC (Bryce et al., 2023; Mota & Matos, 2015). These factors may jeopardize the development of resilience and, consequently, limit the expression of life goals and young people's ability to make future decisions (Alves et al., 2024; Bryce et al., 2023).

The main objective of the present study is to explore the association between the quality of the bond with caregivers (teachers and institutional caregivers), resilience, decision-making, and goal formulation in RC contexts. Additionally, the study aims to investigate the mediating role of resilience in the association between the quality of the bond with caregivers and decision-making, as well as between the quality of the bond with caregivers and the process of life goal-setting. Finally, this study examines the potential effects of family participation in the Life Project (LP) on young people's goal-setting and decision-making

processes in RC. Given the objectives of this study and the scarcity of literature on the addressed themes, the exploratory nature of this investigation is highlighted.

## 2. Materials and Methods

### 2.1. Participants

The sample consisted of 109 young people, 41 females (37.6 %) and 68 males (62.4 %), aged between 12 and 23 years ( $M = 16.60$ ;  $SD = 2.37$ ), residing in child and youth RC institutions (58.7 % male-type, 37.5 % female-type, and 3.7 % mixed-sex). These young people lived in a RC institution due to a diverse set of adverse life situations, namely parental neglect, physical or sexual abuse, abstinence from school or lack of family socioeconomic conditions. The entry age into the current institution ranged from 3 to 20 years ( $M = 15.35$ ;  $SD = 3.17$ ), with most entries occurring after age 13 (69.7 %). Around 30 % of the sample had a history of previous residential placements. Of the total respondents, 47 young people reported receiving support from teachers in defining and implementing their LP. In comparison, 46 young people did not mention any direct involvement of these professionals. Approximately half of the sample (55 %) considered family participation in the LP. Around one in three young people (29.7 %) had siblings who lived in the same institution, and approximately half received visits from family (44.4 %). Missing data accounted for 6 %. The exclusion criteria for young people were cognitive deficits that would prevent them from understanding the assessment protocol. The institutions and residential care included in this study do not refer to children and adolescents who were in RC because of mental disabilities/disorders or additional motives for deviant behaviours (e.g., conduct disorders or substance abuse). Participants were recruited using a random sampling method. RC institutions that agreed to participate in the study were invited, and young people who agreed to participate and met the eligibility criteria were subsequently included.

### 2.2. Instruments

#### Sociodemographic questionnaire

This questionnaire was designed for the present study to collect relevant information in the characterization of the participants, namely sex and age. In addition, it addressed data alluding to variables of young people's experience in foster homes, such as the age of entry into the current institution and the figures involved in designing and implementing the LP of young people.

#### Relationship with Significant Figures Questionnaire (RSFQ) (Mota & Matos, 2005).

This self-report questionnaire assesses the quality of the relationship established with significant affective figures outside the family unit. It consists of 25 items divided into 3 dimensions: teachers, school staff, and institution staff. Given the previously outlined objectives, only the dimensions of institution staff (e.g., "I feel understood by some staff members at the institution where I live") and teachers (e.g., "there are some teachers who are special to me") were used in the study. All items are phrased positively and presented on a Likert response scale ranging from 1 (Strongly Disagree) to 6 (Strongly Agree). Psychometric studies reveal adequate Cronbach's Alpha coefficients for both dimensions: teachers ( $\alpha = 0.826$ ) and institution staff ( $\alpha = 0.918$ ). Confirmatory factor analysis (CFA) presented acceptable adjustment indices  $\chi^2 (165) = 270.496$ ;  $p < 0.001$ ,  $\chi^2 / df = 1.639$ ; CFI = 0.916; TLI = 0.903; RMR = 0.0727 and RMSEA = 0.077.

#### Short Self-Regulation Questionnaire (SSRQ) (Carey et al., 2004; Portuguese adaptation by Dias & Castillo, 2009).

The present self-report questionnaire aims to evaluate individuals' ability to self-regulate behaviors and determine life goals. It comprises 30 items, divided into three dimensions (goal setting, decision-making, and learning from mistakes). However, to adapt the instrument to the

predetermined objectives, it was decided to use only the dimensions of decision-making (e.g., “I have difficulty making decisions”) and goal setting (e.g., “I set my goals and monitor my progress”). The response types for each item are arranged on a Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Notably, the items in the decision-making dimension are fully described in the negative form. In the present sample, the instrument showed satisfactory levels of internal consistency for both factors: goal setting ( $\alpha = 0.84$ ) and decision-making ( $\alpha = 0.79$ ). The CFA demonstrated appropriate fit,  $\chi^2(34) = 60.150$ ;  $p = 0.004$ ,  $\chi^2/df = 1.769$ ; CFI = 0.933; TLI = 0.911 and RMR = 0.0639 and RMSEA = 0.084, reflecting the compatibility of the instrument's structure with the model proposed by Nunes et al. (2022) for the evaluation of the construct of the personal agency.

**Resilience Scale (RS)** (Wagnild & Young, 1993; Portuguese adaptation by Gonçalves & Camarinho, 2018).

This self-report instrument is designed to assess individual personality characteristics that facilitate positive adaptation of young people in the face of adverse life events. It consists of 25 items, organized into two dimensions: acceptance of oneself and life (e.g., “I feel proud of having achieved goals in my life”) and personal competence (e.g., “When I make plans, I carry them out”). The response options for each item are scored on a 7-point Likert scale, ranging from (1) “Strongly disagree” to (6) “Strongly agree.” All items are formulated positively, with higher scores reflecting high levels of resilience. In the context of this study, it was decided to group resilience into a single construct to achieve better indicators of adjustment and internal consistency (Kline, 2023). Items 11, 20, 22, and 25 were removed after the Confirmatory Factor Analysis (CFA) due to their low contribution to the unidimensional model of the instrument. For the present sample, the internal consistency of the unidimensional structure of the instrument was found to be adequate. ( $\alpha = 0.90$ ). The CFA presented marginally acceptable fit indices,  $\chi^2(186) = 303.672$ ;  $p < 0.001$ ,  $\chi^2/df = 1.633$ ; CFI = 0.845; TLI = 0.852; RMR = 0.0766 and RMSEA = 0.077. Although the CFI and TLI indicators showed relatively low values, this evidence may be due to the small sample size.

## 2.3. Procedures

The present study was submitted to the Ethics Committee of the authors' institution (Doc52-CE-UTAD-2022). After obtaining approval, contacts were established, and formal meetings were requested with the Residential Care Facilities (RCF) technical directors to explain the relevance and clarify the research objectives. Authorizations were granted to recruit participants from 13 child welfare institutions. All responsible professionals (in the case of young people under 16) signed an informed consent form. Adolescents signed the written protocol assent. A spoken reflection was conducted (pilot application with 10 young people) to determine the adequacy of the formal and semantic components of the protocol. Data collection occurred collectively in an institutional environment and was fully supervised by the study's principal investigator. The protocol application sessions were conducted in designated common areas previously assigned by the RCF. The logistics were organized to ensure a calm environment with minimal distracting stimuli. All participants completed the questionnaires independently, without the need for substantial assistance. Direct supervision by the principal investigator ensured that any questions were clarified, and the protocol was administered correctly. The approximate duration of each administration was around 30 min. Participants and the institutions involved did not receive any reward or remuneration for their participation. It is worth noting that the instruments' presentation order was randomly inverted in the protocol to minimize response bias due to fatigue. This investigation ensured ethical assumptions of voluntariness, privacy, anonymity, and confidentiality.

## 2.4. Data analysis strategies

The present study is part of a quantitative and cross-sectional methodology. Data treatment was carried out through statistical programs SPSS (*Statistical Package for Social Sciences*; version 27.0) and AMOS (*Analysis of Moment Structures*; version 29.0) for Windows. The preliminary analyses included cleaning the sample, including identifying and excluding potential missing data and outliers. This procedure resulted in the extraction of three participants. Subsequently, the normality of the data was tested by observing the values of Skewness and Kurtosis and analyzing statistical information recorded in the Kolmogorov–Smirnov Test, histograms, Q-Q plots, and boxplots. The sample met all assumptions of normality, allowing for the use of parametric methodologies. The factorial structure of the instruments was evaluated through first-order confirmatory factor analysis (CFA). Although the overall scales did not replicate the original proposed structures, their validity and reliability were ensured.

In line with the outlined objectives, descriptive analyses (means and standard deviations) and comparative analyses of means (*t*-tests) were also conducted. Finally, structural equation modelling (SEM) was executed to understand the predictive effects among the variables under study and to test mediation analyses. The association between the variables was examined using path analysis models (Kline, 2023). Family involvement in the individual development plan (IDP) was controlled as a covariate in the model (0 = participates; 1 = does not participate), testing its effect on the decision-making processes and goal-setting of youth in residential care. It is noteworthy that all the variables studied were standardized to avoid multicollinearity. All results were analyzed and interpreted based on a significance level of  $p < 0.05$ . The assessment of the model fit considered the following criteria and reference indicators: CFI and TLI  $\geq 0.90$ , RMSEA and SRMR  $< 0.10$  (Kline, 2023).

## 3. Results

### 3.1. Variance in the quality of relationship to significant figures, resilience, goal setting and decision-making according to sex, perception of teachers' support in LP and age of entry into the current institution

The differential analyses of the quality of the relationship to significant figures about sex reveal no significant differences, either at the level of the subscale of the teachers  $t(107) = 0.860$ ,  $p = 0.392$ , IC95% [-0.262; 0.663], and RC caregivers  $t(107) = -0.035$ ,  $p = 0.972$ , IC95% [-0.401; 0.391]. There were also no statistically significant differences in the resilience variables  $t(107) = 1.981$ ,  $p = 0.050$ , IC95% [-0.000; 0.715] and decision-making  $t(107) = 0.1422$ ,  $p = 0.158$ , IC95% [-0.103; 0.628], according to sex. Finally, the findings of this study did not indicate a statistically significant effect of sex on the goal-setting process,  $t(107) = 0.1422$ ,  $p = 0.158$ , IC95% [-0.103; 0.628]. The results indicate that young males denote a more active involvement in the elaboration of objectives ( $M = 4.15$ ;  $SD = 0.807$ ) compared to young females ( $M = 4.83$ ;  $SD = 0.746$ ) (Table 1).

Regarding the differential analysis between the quality of the relationship to significant figures and the perception of support from teachers in the LP, there are statistically significant differences in the teacher's dimension  $t(76.519) = 3.706$ ,  $p < 0.01$ , IC95% [4.407; 1.351]. The results suggest that young people who perceive support from teachers in the implementation of LP exhibit higher levels of relationship to them ( $M = 4.42$ ;  $SD = 0.873$ ) compared to young people whose perception of support from teachers in the LP is non-existent ( $M = 3.54$ ;  $SD = 1.358$ ). No statistically significant differences were observed in the quality of the relationship with the RC caregivers, according to the perception of support from teachers in the LP  $t(91) = 1.617$ ,  $p = 0.109$ , IC95% [-0.079; 0.771]. Regarding resilience, univariate analyses find statistically significant differences  $t(91) = 2.524$ ,  $p = 0.013$ , IC95% [1.104; 0.876], and young teachers involved in their LP report higher levels of resilience ( $M = 5.70$ ;  $SD = 0.862$ ), compared to young people



**Table 1**  
Differential analysis of the quality of relationship to significant figures, resilience, goal setting and decision-making according to sex.

Variables	Perception of teachers' support in the LP	IC 95 %	Direction of
	1. Yes (n = 47) M ± SD	2. No (n = 46) M ± SD	Significant Differences
Quality of Relationships			
Teachers	4.420 ± 0.873	3.540 ± 1.358 [0.407; 1.351]	1 > 2
RC caregivers	4.693 ± 0.988	4.348 ± 1.076 [-0.079; 0.771]	n.s.
Resilience	5.700 ± 0.862	5.210 ± 1.006 [0.104; 0.876]	1 > 2
Goal setting	4.153 ± 0.790	3.948 ± 0.813 [-0.125; 0.536]	n.s.
Decision-making	2.902 ± 0.894	2.891 ± 1.045 [-0.389; 0.411]	n.s.

M, mean; SD, standard deviation; IC, confidence intervals; n.s., non-significant.

whose figures participating in the LP do not involve the school teaching staff ( $M = 5.21$ ;  $SD = 1.006$ ). Regarding decision-making processes,  $t(91) = 0.054$ ,  $p = 0.975$ , IC95% [-0.389; 0.411] and goal setting  $t(91) = 1.235$ ,  $p = 0.220$ , IC95% [-0.125; 0.536], depending on the perception of teachers' support in the LP, no significant differences were observed (Table 2).

In the present study, the age of entry into the current institution was categorized into two groups: early and middle childhood [3–12 years] and adolescence/youth [13–20 years old]. Differential analyses of the quality of the relationship with significant figures based on the age of entry into the current institution did not reveal statistically significant differences in any of the assessed domains: quality of the relationship with teachers  $t(107) = 0.694$ ,  $p = 0.489$ , IC95% [-0.317; 0.659] and quality of the relationship with the RC caregivers  $t(107) = -0.152$ ,  $p = 0.879$ , IC95% [-0.452; 0.387]. Regarding resilience, statistically significant differences are observed  $t(107) = 2.289$ ,  $p = 0.024$ , IC95% [0.058; 0.807]. Considering these results, it is suggested that young people who enter the current institution earlier (i.e., between 3 and 12 years old) have higher resilient levels ( $M = 5.759$ ;  $SD = 0.952$ ) when compared to young people with later entries in the system (i.e., between 13 and 20 years old) ( $M = 5.326$ ;  $SD = 0.886$ ). Finally, about the variance of decision-making and goal-setting processes according to the age of entry

**Table 2**  
Differential analysis of the quality of attachment to significant figures, resilience, goal setting and decision-making according to the perception of teachers' support in the LP.

Variables	Age of entry into the current institution	IC 95 %	Direction of
	1. [3–12] (n = 47) M ± SD	2. [13–20] (n = 46) M ± SD	Significant Differences
Quality of Relationship			
Teachers	4.056 ± 1.258	2.91 ± 0.864 [-0.317; 0.659]	n.s.
RC caregivers	4.478 ± 1.297	4.510 ± 0.868 [-0.452; 0.387]	n.s.
Resilience	5.759 ± 0.952	5.326 ± 0.886 [0.058; 0.807]	1 > 2
Goal setting	4.133 ± 0.784	3.987 ± 0.804 [-0.183; 0.476]	n.s.
Decision-making	3.036 ± 1.011	2.855 ± 0.906 [-0.207; 0.569]	n.s.

M, mean; SD, standard deviation; IC, confidence intervals; n.s., non-significant.

into the current institution, no statistically significant differences were observed  $t(107) = 0.926$ ,  $p = 0.357$ , IC95% [-0.207; 0.569] and  $t(107) = 0.880$ ,  $p = 0.381$ , IC95% [-0.183; 0.476], respectively (Table 3).

**3.2. Role of resilience in the relationship between the quality of the relationship with the RC caregivers and the establishment of objectives and decision-making**

The results of this study indicate significant relationships between the quality of the relationship with institutional staff and the goal-setting process, with a direct positive effect observed ( $\beta = 0.44$ ,  $p < 0.001$ ). However, no direct effects were found between the quality of this relationship and the decision-making process. The dimension related to the quality of the relationship with teachers was removed from the model due to its insignificant contribution. When the mediating variable, resilience, was introduced into the final model using the bootstrapping procedure, the direct link between the quality of the relationship with institutional staff and the goal-setting process lost its significance. This suggests that resilience plays a crucial role in mediating this relationship. Indeed, resilience showed indirect effects in the association between the quality of the relationship with institutional staff and the decision-making process. The results point to two total positive mediations, where resilience mediates the association between the quality of the relationship with institutional staff, the goal-setting process, and decision-making. This highlights resilience as a critical mechanism that links the quality of the relationships established by young people in residential care with their abilities to set goals and make informed and assertive decisions. In summary, resilience emerges as an essential mediating variable, underscoring that the development of supportive and affective relationships with institutional staff can indirectly foster self-regulation skills and decision-making abilities among young people ( $\beta = 0.63$ , IC 90 % [0.073, 0.368],  $p < 0.05$ ), as well as the association between the quality of the relationship to the institution's caregivers and decision-making ( $\beta = 0.47$ , IC 90 % [0.044, 0.220],  $p < 0.001$ ). The variable family participation in the LP was controlled for the dependent variables under study (0 – Participates; 1 – Does not participate), having made a significant contribution ( $\beta = 0.25$ ,  $p < 0.05$ ) to decision-making. Thus, it is observed that the family's participation in the LP negatively predicts the involvement of young people in decision-making processes. The final model of the present study presented adequate adjustment indices:  $[\chi^2(59) = 80.380$ ;  $p = 0.034$ ,  $\chi^2/df = 1.362$ ; CFI = 0.970; TLI = 0.960; RMR = 0.106 and RMSEA = 0.058] (Fig. 1).

**Table 3**  
Differential analysis of the quality of attachment to significant figures, resilience, goal setting and decision-making according to age at entry into the current institution.

Variables	Sex	IC 95 %	Direction of
	1. Male (n = 68) M ± SD	2. Female (n = 41) M ± SD	Significant Differences
Quality of Relationships			
Teachers	4.012 ± 1.175	3.812 ± 1.179 [-0.262; 0.663]	n.s.
RC caregivers	4.497 ± 1.060	4.505 ± 0.935 [-0.401; 0.391]	n.s.
Resilience	5.592 ± 0.893	5.235 ± 0.943 [-0.007; 0.721]	n.s.
Goal setting	4.153 ± 0.807	3.829 ± 0.746 [0.016; 0.631]	1 > 2
Decision-making	3.001 ± 0.917	2.764 ± 0.961 [-0.103; 0.628]	n.s.

M, mean; SD, standard deviation; IC, confidence intervals; n.s., non-significant.

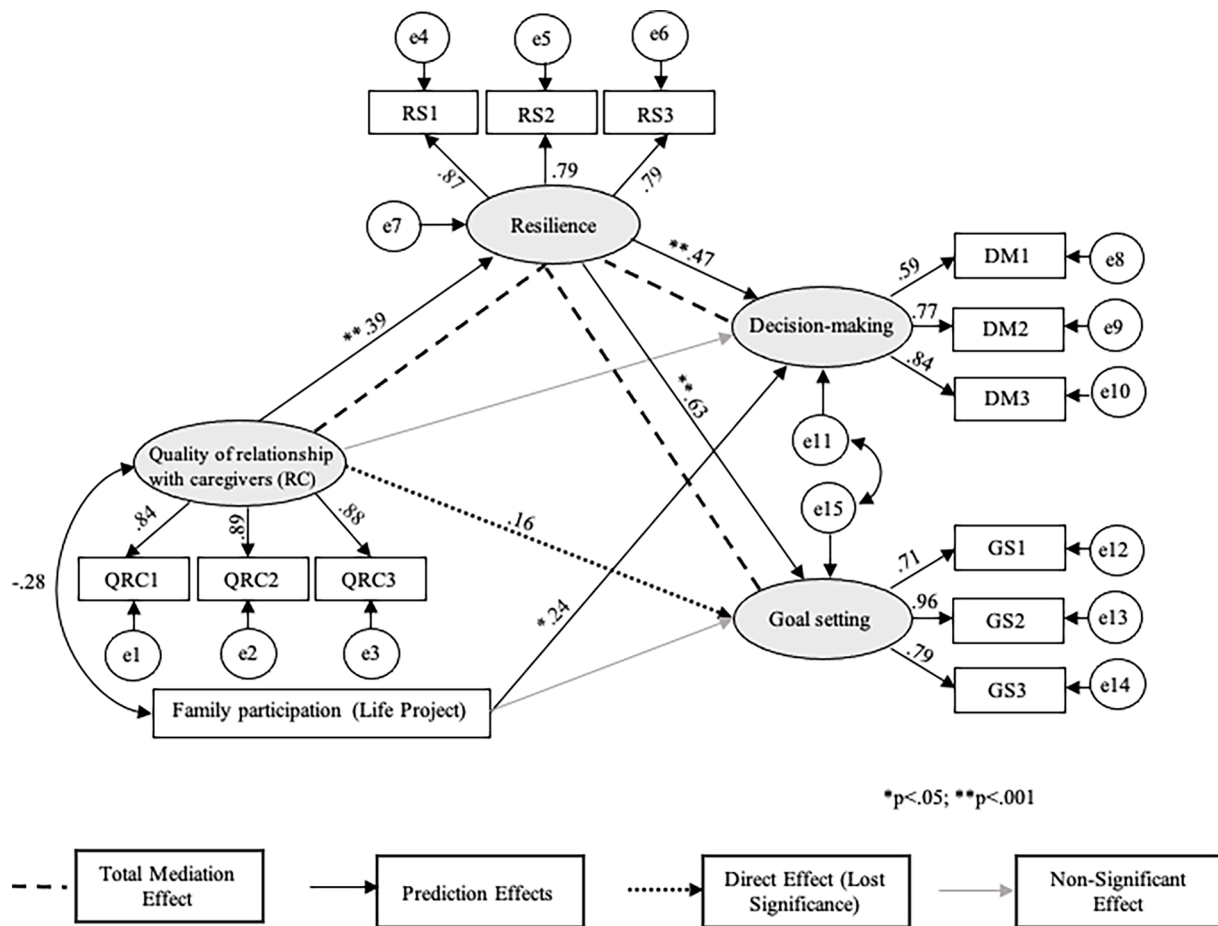


Fig. 1.

#### 4. Discussion

The present study aimed to analyze the contribution of the quality of affective bonds established with teachers and caregivers of the institution in the decision-making processes and establishment of goals of young people in RC. In addition, it intended to investigate the potential mediating role of resilience in previous associations.

The results of the variance analyses indicate no statistically significant differences in the quality of the relationship with teachers and institutional caregivers based on sex. These findings are inconsistent with previous scientific evidence, which suggests divergences in proximity-seeking behaviors between individuals of different sexes (Assouline & Attar-Schwartz, 2020; Costa et al., 2020; Pinheiro et al., 2024). According to the literature, female youths tend to perceive higher levels of support, intimacy, responsiveness, and appreciation in their relationships with institutional caregivers (Costa et al., 2020). In contrast, interactions between male youths and institutional staff are often characterized by heightened levels of conflict, criticism, and rejection, resulting in more pessimistic perceptions of relationship quality (Assouline & Attar-Schwartz, 2020; Costa et al., 2020). Similar conclusions have been drawn regarding the quality of affective bonds established with teachers (Koomen & Jellesma, 2015). However, empirical research recognizes that disruptions in institutional placements and previous relational experiences before entering care can limit establishing and maintaining secure relationships (Babo et al., 2023; Greger et al., 2016; Mota & Matos, 2015). In this sense, it is suggested that in the present study, the diversity of sample characteristics, the frequency of placement disruptions, and the potential experiences of unavailable, neglectful, and inconsistent family dynamics may have contributed to difficulties in establishing secure bonds in both sexes,

thereby limiting the quality of the relationships with caregiving figures.

Regarding resilience, no statistically significant differences were found between the sexes. Although these results are supported by some literature (Burgund Isakov & Hrnčić, 2021; Jaffee et al., 2007), most research reports differing conclusions, emphasizing that girls tend to develop higher levels of academic, social, and emotional resilience compared to boys (Mwangi & Ileri, 2017; Sun & Stewart, 2007; Sutherland et al., 2022). According to Sutherland et al. (2022), childhood adversity and challenges in the caregiver-youth relationship (e.g., use of restrictive educational measures, devaluing attitudes toward youth, lack of affection and bonding) are among the key factors that can hinder resilient development in youth in RC. Therefore, considering the variance analyses previously presented, the results of the current study may be related to the similarity of relational experiences that both sexes maintain with their primary caregivers. Additionally, the homogeneity in perceived support from alternative affectionate figures may also have contributed to suppressing sex differences in resilience. Future qualitative studies and longitudinal approaches should be developed to understand better the variance in resilience by sex, particularly in RC settings, where research remains scarce.

In line with the study's objectives, statistically significant differences were found in the goal-setting process based on sex. Although the literature is not unanimous on this topic (Mota et al., 2024; Sánchez-Sandoval et al., 2022), the results of the present study indicate that male youth tend to set goals more actively than female youth. Huang et al. (2021) support these findings, suggesting that the higher social and familial demands placed on women and the fewer opportunities they often face may reduce their future aspirations. Additionally, studies show that males exhibit higher levels of agency, translating into greater self-determination and control over future choices and actions (Delaney

et al., 2015; Nunes et al., 2022). These results, though warranting some critique due to the evident sex imbalance in the current sample, seem to be linked to cultural and gendered perceptions. Males are often attributed to greater feelings of self-worth, self-efficacy, proactivity, and motivation in setting and achieving self-determined goals. Therefore, a gender-sensitive perspective should be considered when designing residential care (RC) interventions, particularly regarding life goal establishment. Although greater male participation in decision-making processes is often expected (Adisso et al., 2020; Delaney et al., 2015), the present study emphasizes that decision-making involvement is similar between the sexes. Given empirical evidence that recognizes the limited participatory opportunities afforded to youth in RC, both in terms of managing daily life and planning for post-empowerment personal goals (Ten Brummelaar et al., 2018), new interventions are deemed necessary to foster the development of decision-making skills among youth in RC.

The differential analysis of the quality of attachment to significant figures (teachers and institutional caregivers) based on the age of entry into the current RC facility does not show statistically significant differences. The literature presents contradictory findings regarding the effect of age placement in RC on developing meaningful relationships (Costa et al., 2020; Tonheim & Iversen, 2019). Recent studies have revealed that older ages of entry into RC are associated with a higher number of placement transitions (i.e., changes in institutions and caregivers) (Stenason & Romano, 2023), as well as externalizing behavioral issues in children and adolescents (James et al., 2004), which can hinder the establishment of continuous relationships with caregivers (Tonheim & Iversen, 2019). On the other hand, authors such as Costa et al. (2020) and Pinheiro et al. (2024) did not find significant associations between the age of entry into the institution and the quality of emotional attachment to caregivers. This inconsistency in results may be explained by organizational factors (such as the duration and stability of placements in RC), which impact the quality of supportive relationships built by young people (Pinheiro et al., 2024). Thus, youth with more stable and extended placements may perceive more significant support and consistency in care if there are no permanent changes in caregivers, thereby enhancing their perception of the quality of relationships with RC professionals (Stenason & Romano, 2023). In this sense, the importance of stability and predictability in residential care is highlighted as crucial for the emotional reorganization and adaptive development of the RC population.

Regarding resilience, as expected, significant differences were observed based on the age of entry into the current institution. The results reveal that, compared to young people who enter the system later (during adolescence or young adulthood), children identified at earlier ages demonstrate higher levels of resilience. This can be explained by their placement in environments of stability and consistent, ongoing care (Carbonel et al., 2002; Chulakarn & Chaimongkol, 2021; Costa et al., 2020; Mota & Matos, 2015; Mota, 2021). Studies indicate that younger children show more excellent resources for overcoming challenging life events (Yoon et al., 2021, 2024). According to Yoon et al. (2024), reducing prolonged exposure to adversity – particularly involving abusive and neglectful parental figures – facilitates the development of resilient skills over time. Transitioning to RC units seems to offer an opportunity for the establishment of new emotional relationships, which can mitigate past risks and promote the development of more significant feelings of security and competence (Babo et al., 2024; Chulakarn & Chaimongkol, 2021; Suárez-Soto et al., 2019). Therefore, the findings of this study suggest that early entry into RC not only reduces potential risks associated with exposure to maladaptive parental care but also enables the construction of bonds with RC professionals, which, in turn, seem to foster the development of resilience in young people (Mota & Matos, 2015; Pinheiro et al., 2021). Consequently, this study highlights the need for a more significant mobilization of resources for the early identification and protection of vulnerable youth.

Additionally, no statistically significant differences were found in

goal-setting and decision-making processes about the age of entry into the current institution. As far as we know, studies have yet to explore differences in decision-making and goal-setting processes based on the age of entry into RC. However, studies conducted by Chen et al. (2022) found that developing a life purpose corresponds to a dynamic process that undergoes non-linear fluctuations over time, particularly in exploration and commitment. According to empirical research, young people's involvement in decision-making also seems to diverge from age, depending more on individual characteristics such as their level of maturity and comprehension ability (Cudjoe et al., 2020). Considering this evidence, it is expected in the current study that young people's involvement in decision-making and goal-setting processes does not exhibit a linear variation based on their age of entry into the RC system. Other relational variables (e.g., attachment to RC professionals), organizational factors (e.g., staff turnover and youth-to-professional ratios), and the social climate may have a more significant and predominant contribution to these processes.

The results also point to differences in resilience and the quality of attachment to teachers, depending on the teachers' involvement in the youth's LP. As expected, it is suggested that teacher participation in the LP of young people plays a significant role in building their resilience and relational quality with teachers. These findings are consistent with previous studies that recognize teacher support in youth LP as a catalyst for developing socio-emotional skills (Chen et al., 2022; Constantino, 2019; Malin et al., 2019). Thus, it can be considered that the guidance and support provided by teachers help young people develop effective coping strategies and build greater adaptability to adversity, resulting in higher levels of resilience (Mota & Matos, 2015; Pinheiro et al., 2021). Additionally, the closeness and involvement of teachers in the life purposes of young people seem to foster an environment of safety and trust that is essential for developing positive and meaningful relationships (Chen et al., 2022). In this context, the present study shows that the involvement of teachers in the lives of young people in RC goes beyond the traditional educational role, assuming functions of mentoring, guidance, and continuous emotional support.

Although there is an argument that teacher involvement in the LP of youth differentiates their decision-making and goal-setting processes, the results of the current study do not support this hypothesis. The underlying reason for these findings is not entirely clear; however, one plausible explanation may be that teachers are primarily focused on strengthening the resilience of young people, empowering them to face adversities and recover their academic performance, thus leaving their active participation in more complex decision-making processes or personal goal-setting in the background. Additionally, the often more controlled management structures of RC institutions may limit opportunities for young people to exercise autonomy in decision-making and goal-setting processes fully. Therefore, even with teacher involvement in their LP, young people may feel that their choices and goals are constrained by external factors beyond their direct control (Casas & Ditzel, 2024; Lipscomb et al., 2014). Based on the above, there is a need to enhance teacher training to increase their involvement in the LP of young people by constructing affective bonds that facilitate the expression of feelings of support, trust, and availability. Moreover, the importance of greater collaboration between teaching staff and the intervention strategies of RC institutions is emphasized (Constantino, 2019).

Considering emotional bonds with significant figures, the present study's findings indicate that the quality of relationships with caregivers in RC positively affects the process of setting life goals for young people. Although substantial variability is reported regarding the quality of care provided by child and youth institutions (van Ijzendoorn et al., 2020), the results of this study suggest that establishing secure and consistent emotional bonds with RC professionals plays a significant role in how young people formulate and pursue their personal goals (Ahrens et al., 2011; Babo et al., 2024; Sulimani-Aidan, 2017; Sulimani-Aidan & Benbenishty, 2011). These findings align with the research conducted by

Babo et al. (2024) and Sulimani-Aidan (2017), which demonstrate that positive relationships with significant figures encourage young people to explore new perspectives of thought and action, allowing for more independent, promising, and effective future projection. Similarly, other authors argue that the close, supportive, and encouraging relationship with RC caregivers, based on expressions of support and positive appreciation, tends to foster greater feelings of support, trust, and emotional security in young people, which, in turn, enhances their motivation for both planning future projects and identifying viable strategies for achieving them (Sulimani-Aidan & Melkman, 2022). These findings emphasize the importance of investing in continuous training and support for RC caregivers and highlight their critical role in supporting the life project development of vulnerable youth.

In the follow-up, positive associations were found between the quality of the relationship with professionals at the institution and the resilience of young people in RC. According to the literature, the presence of significant adults available for the construction of safe relationships, particularly in the RC, proves significant for developing resilient young people (Mota & Matos, 2015). The quality of the affective bond developed with the institution's professionals can be an important source of security and emotional support, recreating in young people notions of confidence and competence, which contribute to coping with and overcoming adversity (Bowlby, 1988; Lou et al., 2018; Pinheiro et al., 2024). A study by Mota and Matos (2015) aligns with the results presented, mentioning that adolescents who perceive personal availability and emotional investment from caregivers can reorganize their affective domain and develop resilient trajectories. Thus, by fostering a quality affective bond, RC caregivers not only meet the immediate emotional needs of young people but also contribute significantly to the development of skills that will allow them to elaborate on adverse past experiences and overcome future challenging events (Pinheiro et al., 2021; Silva et al., 2022). These findings reinforce the importance of investing in foster care practices that prioritize the construction of secure affective relationships, which are essential for the resilient development of young people (Pinheiro et al., 2024).

The observed results also confirm resilience as a total mediator of the association between the quality of the relationship to the institution's caregivers and the process of setting goals. Thus, it is perceived that the quality of affective relationships with RC caregivers indirectly affects young people's involvement in delineating personal goals through resilience. In the context of RC, where relationships with biological family members can be disorganized, developing aspirations and life goals assume notorious limitations (Alves et al., 2024; Sulimani-Aidan & Paldi, 2018). However, the security of young people for a confident and realistic projection into the future seems to be enhanced through the relationships established with RA caregivers, based on dialogue, empathetic compression and emotional support (Babo et al., 2024; Costa et al., 2020; Sulimani-Aidan & Melkman, 2022). Thus, the significant emotional support provided by caregivers at the institution fosters levels of self-esteem and self-confidence, as well as more adaptive coping skills, which translate into the resilient development of young people (Etherton et al., 2022; Mota & Matos, 2015; Sulimani-Aidan, 2017). In turn, resilience is an adaptive process for the projection of young people into the future, directing them to become more actively involved in the imposition and pursuit of self-determined goals (Alves et al., 2024; Gutowski et al., 2018; Zhang et al., 2019). This phenomenon can be explained by attachment theory, which emphasizes the importance of stable, secure and responsive affective relationships as vehicles for the development of resilient skills capable of enhancing young people's confidence to think and plan future actions constructively (Bowlby, 1982, 1988; Mikulincer & Shaver, 2007).

Although the quality of the emotional relationship established with RA caregivers has been consistently associated with more significant decision-making activity of young people (Calheiros et al., 2021; Magalhães et al., 2024), the results of the present study do not verify significant effects between the variables. The absence of association can be

explained by several individual or contextual factors that deserve to be considered. First, participation in the decision-making process should be understood as a complex process that requires, in addition to the provision of a supportive and safe environment (Calheiros et al., 2021; Magalhães et al., 2024), a set of other cognitive and emotional skills (Taylor, 2017). In this context, the quality of the emotional bond established with caregivers, although necessary, may not be sufficient to ensure the active involvement of young people in decision-making. Other variables, such as individual autonomy and the ability of young people to act in their own lives, may assume a relevant character in these processes. In addition, we consider that the results of the present study can eventually be attributed to the functioning of institutional dynamics. As mentioned earlier, young people in RA often experience histories of instability in placements, either due to their routine change of RC or the constant alternation of caregivers (Stenason & Romano, 2023). This reality not only conditions the quality of the relationships established in the RC (Babo et al., 2024) but can also compromise young people's trust in caregivers. As a result, the population in our sample may assume difficulty in making adaptive decisions autonomously, disregarding caregivers as reliable counselling figures.

However, the results indicate that resilience may explain the association between the quality of the relationship with caregivers and young people's decision-making. As we have previously seen, the quality of the relationships established between young people and caregivers of RA, when characterized by feelings of affection, protection and security, is associated with the development of resilient skills (Bowlby, 1988; Mota & Matos, 2015; Pinheiro et al., 2021). The literature recognizes that resilient young people tend to have more strategic and reflective planning of their decision-making processes (Pang et al., 2021; Peñarrubia et al., 2020). Resilient behavior is associated with optimism about the future and exploring different life possibilities (Alves et al., 2024), resulting in greater involvement in decision-making. These results are in line with some studies (Pang et al., 2021; Rudolph et al., 2017), which advocate that resilient behaviour seems to increase feelings of self-confidence, determination, and persistence, which result in a safer and more assertive participation of young people in the decision-making process. This suggests that young people who perceive quality in their relationships with RA caregivers may denote greater confidence in their resources to overcome adversity and potentially develop a greater capacity for reflection, leading to greater security and motivation for their involvement in decision-making processes (Lee, 2019).

It should be noted that, in the present study, no positive associations were observed between the quality of the relationship with teachers and the other variables of the model. Empirical research firmly documents that teacher corresponds to important sources of emotional support, both for overcoming adversity (Mota & Matos, 2015; Pinheiro et al., 2021) or for the development of life purposes and future decision-making of young people in RC (Beld et al., 2021; Chen et al., 2022; Moran, 2016). However, in the present sample, the quality and consistency of support teachers provide are insufficient to effectively guide self-regulatory processes and the resilient adaptation of young people. Specific characteristics of the school context, such as the high size of the classes and the work overload of the teaching staff, may have led teachers to focus predominantly on building a working relationship with young people, thus limiting the quality of the bonds established. These conditions may have contributed to the limited involvement of teachers in the personal and emotional development of the young people in the present sample.

About the variables controlled in the model, there were negative associations between the participation of the family in the LP and the decision-making of the young people in RC. These results show that the family environment, particularly in the LPs determined by the RCs, for the young people in this sample may need to be sufficiently content and structured to the point of contributing to and reinforcing their active involvement in decision-making processes. Some literature points out



that, depending on family dynamics, family participation in RC may play a positive or negative role in the decision-making skills of young people in RC (Inchaurredo et al., 2018; Orozco-Solís et al., 2021). Authors argue that in a context of adequacy and continuity, family support can transmit the security and confidence necessary for young people to make choices and future decisions with determination (Cuconato et al., 2015; Garcia et al., 2015; Orozco-Solís et al., 2021). However, family proximity, particularly in RC contexts, is not always beneficial and adaptive and can boycott the trajectories and resources of young people and constrain their participation in decision-making processes (Guan et al., 2016; Morrison et al., 2020). In addition, the conflicting relationship between families and professionals in the RC system contributes to many parental nuclei showing reluctance to be actively involved in young people's LPs (Mota, 2021). This dynamic can compromise the potential for family support and adversely impact the rights of children and young people to participate, including the right to be heard and actively participate in decision-making processes (Mota, 2021; Seim & Slettebø, 2017). Along the same line, a study carried out by Guan et al. (2016) suggested that the potential parental authority provided to young people could lead them to conformity, discouraging their ability to act in the selection of choices for the future. In this way, the inclusion of the participatory role of families in young people's LPs should be promoted to facilitate the relationship between family and RC and, consequently, a more adjusted work with young people.

Finally, contrary to what is outlined in the empirical literature (e.g., Alves et al., 2024), the results of the present study do not suggest the effects of family involvement in LP on the process of setting goals for young people in RC. A plausible explanation for this evidence, as we have previously pointed out, may be due to the limited emotional support, closeness and predictability that the young people in our sample seem to perceive coming from family nuclei (van Harmelen et al., 2016). These findings are not surprising, as the lack of emotional and instrumental resources that the families of young people in RC commonly face assume a significant effect in numbing the effective support that these centers can provide in the definition and achievement of goals of this population (Alves et al., 2024; Sulimani-Aidan et al., 2021). As such, the results seem to denote the difficulties of biological families in re(organizing) affective bonds and preserving feelings of belonging, enhancing continuity in young people in RC. An important note of this result is the need for the Portuguese child and adolescent protection system to invest in work and proximity to families. It should also be noted that there may be other variables not considered in this study, capable of interfering in the construction of young people's life goals, namely the quality of the relationship built with siblings and peer groups, inside and outside the RC, which should be considered in subsequent research approaches.

## 5. Practical implications, limitations and suggestions for future studies

This research provides remarkable contributions to advancing scientific knowledge in relational dynamics with significant figures, resilience, and the self-regulatory processes of young people in residential care (decision-making and goal-setting of young people), offering substantial implications for institutional practice. The results highlight that the affective relationships established with professionals in residential care, both directly and indirectly, are relevant for guiding the exploratory behavior of young people regarding the future and enhancing their competencies for overcoming adversity. Thus, the success of juvenile placements in residential care appears to be closely linked to the quality of care provided by professionals, suggesting the need to create institutional environments that favour the development of secure, affectionate, and consistent relationships between young people and caregivers (Silva et al., 2022).

To achieve this, it is essential to make efforts and allocate the necessary resources to ensure the supervision and continuous training of residential care professionals (Alves et al., 2024; Babo et al., 2024; Costa

et al., 2020; Pinheiro et al., 2024). Furthermore, based on the principle that “caring for those who care is essential,” it becomes equally imperative to provide ongoing support to professionals who work daily in contexts of juvenile residential care (Mota, 2021). Additionally, this study underscores the urgent need to implement structural improvements in the residential care system, particularly concerning the working conditions of caregivers. Among the priority measures, reducing turnover, promoting stable and adequately compensated contracts, and ensuring a balanced ratio between the number of young people and professionals in the teams are highlighted (Babo et al., 2024; Mota et al., 2024; Pinheiro et al., 2024). It is also crucial to enhance recruitment processes to ensure the selection of professionals who possess technical skills, strong relational abilities, and openness to personal growth (Pinheiro et al., 2024).

Additionally, this research makes a significant and often overlooked contribution regarding the LP of young people in residential care, clarifying the roles of teachers and families in their definition and achievement. Thus, there is an urgent need to invest in the specialized training of teachers, aiming to enhance their sensitivity to identifying risk experiences and providing emotional support to young people. The importance of developing multidisciplinary intervention programs with families is also emphasized to promote parenting skills that foster sensitive, consistent, and predictable care, allowing for the (re)establishment of high-quality affective bonds (Alves et al., 2024). Recognizing the limitations that the population in residential care faces concerning behavioral self-regulation processes, it becomes essential to intensify the work carried out in residential care institutions to empower young people in constructing life goals, as well as in their participation in decision-making processes. This work should be conducted in coordination with educational institutions, which should incorporate programs that assist young people in developing clear and balanced plans and visions for their vocational and academic futures. These conclusions underscore the importance of involving the school community, particularly the teaching staff, in the intervention processes of residential care (Constantino, 2019).

Despite the methodological robustness of this study, several limitations deserve to be duly considered. Firstly, the study's cross-sectional nature limits the ability to infer causal relationships between the variables under investigation and the interpretation of the mediating effect of the variables. Furthermore, the exclusive use of self-report instruments may introduce biases stemming from responses conditioned by social desirability and a lack of personal reflexivity among participants. Additional limitations include the small sample size, which may be attributed to the residential care facilities' reluctance to allow external interventions, and the considerable disproportionality in the distribution of participants by sex, which restricts the representation of females. Other potential weaknesses relate to the length and lexical complexity of the research protocol. These factors may have compromised the coherence of the responses provided and increased the rate of non-responses due to participant fatigue. Moreover, the assessment of resilience fails to consider individual factors that are crucial for comprehending the construct, such as temperament and past adverse experiences. The omission of these elements constitutes a limitation that should be acknowledged when interpreting the results, given their potential influence on young people's adaptation to RC. Finally, it should be noted that an instrument not adapted for the target population (Short Self-Regulation Questionnaire – SSRQ) was used, and there was a need for uniformity in the distribution of young people in the univariate analyses.

For future research, it is recommended that longitudinal studies be conducted to understand the temporal evolution of decision-making processes and the establishment of objectives by youth in RC, as well as to track the definition and realization of their LP. Additionally, to complement the findings of this study, it is suggested that qualitative approaches be adopted. Conducting semi-structured interviews with the youth could be a crucial resource for obtaining more precise and

objective information regarding their participation in decision-making processes and defining objectives. This analysis methodology would also be pertinent for a deeper understanding of the quality of relationships between youth and caregivers by incorporating a triadic perspective of informants (youth, teachers, and caregivers in RC). Furthermore, it would be beneficial for future lines of inquiry to consider other significant relational variables in the decision-making processes and objective-setting of youth, such as the quality of relationships with siblings, peer groups, and romantic partners. We also find it interesting that future research controls for contextual variables inherent to the functioning of RCF, aiming for a more accurate understanding of the nature and quality of emotional relationships in RC (for example, the length of time youth and professionals stay in the RCF, interruptions and changes in placements, the proportion of youth to professionals, and the size of the units). Additionally, given that this study highlighted the lack of importance assigned to involving youth in decision-making processes (Magalhães et al., 2021), it is timely to develop scientific knowledge that allows for a more precise identification of specific domains in which youth have participatory opportunities. Moreover, developing a more robust instrument for assessing decision-making in residential care contexts would be relevant. On the other hand, investing in creating continuous monitoring programs for former residents of RC could be interesting in tracking and supporting successes and setbacks related to the realization of their LP. Ultimately, considering the innovative nature of this study, it is imperative to promote new scientific investigations that clarify the roles of teachers and parental figures both in the interventions carried out in RC and the self-regulatory processes of youth.

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#### Consent to participate

Informed consent and assent were obtained from all individual participants included in the study.

#### Ethical approval

This study considers data privacy and ethical procedures following Helsinki Declaration and the General Data Protection Regulation. The study received previous ethical approval from Ethics Committee of the University of Trás-os-Montes and Alto Douro (UTAD) (protocol code: Doc52-CE-UTAD-2022, July 2022).

#### CRediT authorship contribution statement

**Cristina Peixoto Alves:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review, editing. **Mónica Costa:** Visualization, Writing – original draft, Writing – review & editing. **Inês Carvalho Relva:** Visualization, Writing – original draft, Writing – review & editing. **Catarina Pinheiro Mota:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

#### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### Data availability

Data will be made available on request.

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