NAVIGATING CHALLENGES AND FOSTERING RESILIENCE: CHANGES IN WORK PRACTICES OF ITALIAN RESIDENTIAL CHILD CARE PROFESSIONALS DURING THE COVID-19 LOCKDOWN

Marzia Saglietti[*], Matteo Alpini[*], Francesca Alby[*],
and Cristina Zucchermaglio[*]

The COVID-19 syndemic presented significant challenges to welfare communities. Drawing upon an online survey from 366 Italian professionals working in residential child care (RCC), this study investigates changes in their work practices during the COVID-19 lockdown, focusing on critical issues and useful emerging practices and competences. Analysis show convergences in the experiences of educators and managers and changes in educational and organizational issues in different phases of lockdown. Among the critical issues are children's wellbeing, space reorganization, and the emotional costs of containing externalizing symptoms. Resources include communication with children and an increase in internal cohesion. The lockdown also brought expansion of professional competencies such as emotional support skills, adaptability, and creativity. Ultimately, our results highlight an organizational resiliency capacity of RCC units in the face of such a disruptive event. We discuss the implications for welfare community practices and propose areas for future research and improvement.

1. Introduction

Over the last four years, the COVID-19 syndemic (Lewis *et al.*, 2023) has challenged health and welfare communities worldwide, forcing caregivers to adapt to the numerous changes while simultaneously caring for their clients/patients. However, with some temporal distance, it would be useful to investigate in detail if and how COVID-19 related restriction measures – and lockdown particularly – has potentially innovated the welfare scenarios. Based on the assumptions of Community Psychology (Amerio, 2000), together with the narrative approaches in Cultural Psychology (Ochs & Capps, 2001; Mannarini *et al.*, 2021), COVID-19 crisis can be considered an unprecedent social "laboratory setting" not only for investigating and fostering effective responses in social behaviors at individual levels, but also for zooming in on disruptions and innovations at interpersonal, organizational and community levels (Vezzali *et al.*, 2022). By adopting the unit of analysis as "the person in the context", these approaches pay attention to both "the individual's response to the crisis situation and the community dimensions that express the way people organize themselves to find common and shared solutions to problems" (Marzana, 2022, p. 360). To achieve this, communities and individuals rely

---

[*] Department of Social and Developmental Psychology, Sapienza University of Rome, Italy.

upon cultural repertoires and narratives, signifying critical events and exploring potential future innovations and trajectories (Fasulo & Zucchermaglio, 2008).

Building on these considerations, this article focuses on the perspectives of professionals employed in Italian residential child care (referred to as RCC) during lockdown. Broadly defined as "live-in-group-based programs for children and youth" (Whittaker *et al.*, 2022a, p. 5), RCC is considered a viable option – even if still highly debated – within the comprehensive full array of child, youth, and family care community services (see the debate over the Stockholm vs Malmo Declaration on Children and Residential Care; Whittaker *et al.*, 2022b). RCC delivers a temporary therapeutic care (Whittaker *et al.*, 2016), i.e., it implies "the purposeful use of a constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioral needs" (Whittaker, Del Valle, & Holmes, 2014, p. 24). To do so, RCC relies on "internal" structured practices[1] along with constant interaction with "external" stakeholders such as children's families, community-based formal and informal support resources to guarantee continuity of care.

Both the theoretical and practical aspects of RCC internal and external work were significantly disrupted by the COVID-19 lockdown, impacting activities, work schedules, and continuity of care with external stakeholders and community services (Carvalho et al., 2022; Costa et al., 2022). In order to understand in detail this disruption and explores the ways, if any, in which this sector has demonstrated resilience during the challenging circumstance of COVID-19 lockdown, this study adopt the construct of organizational resilience.

While resilience has traditionally been discussed in terms of individual capacity, organizational, and community resilience over the years have enabled a focus on psychosocial collective risk and protective factors involved in coping with adversity. What these two constructs have in common, despite their different areas of application, is the emphasis on *resistance*, *recovery*, and *creativity* (Migliorini *et al.*, 2021). Particularly with organizational resilience, these aspects are timely tied to prevention strategies, i.e., the organizational ability to anticipate potential threats (Evenseth *et al.*, 2022). However, not all organizations facing adversities can be considered resilient, as they may fail to ensure a certain level of well-being for their members. In this sense, it is essential to ask whether and how RCC has been able not only to cope with the traumatic event of the COVID-19 pandemic and related restriction measures but also to ensure the well-being of those who live and work there. While a significant body of research has focused on adolescents' well-being in RCC during lockdown (see Montserrat *et al.*, 2021, 2022), few contributions have addressed the well-being and perspectives of RCC workers, reinforcing their traditional underrepresentation in research. As a result, this workforce, which typically engages in physically and emotionally challenging work in difficult conditions, remained under-recognized (for example, they were not recognized as "essential workers" during lockdown, as noted by Carvalho *et al.*, 2022) and largely unsupported, even during the exacerbated circumstances of the lockdown (Parry *et al.*, 2020).

To bridge this gap, the article is structured as follows. In the first section, we provide an overview of the research context, with a specific focus on the Italian RCC system, particularly during the COVID-19 lockdown. Following this, after explaining our methodological approach, we present our findings, which have been categorized in terms of the main changes during

---

[1] In line with Redl's clinical work (1966, revised from Emiliani & Bastianoni, 1993/2017), adopting a therapeutic approach in RCC internal practices means: adapting the routines, rules, and procedures to the developmental stage of the child and their cultural background, being clinically flexible, and pursuing therapeutic goals in marginal environments, ultimately re-educating children to lead successful lives (Palareti *et al.*, 2020).

the lockdown, available resources, critical issues, and lessons learned. In the discussion section, we summarize our main findings and emphasize the organizational resilience capacity of the Italian RCC system in the face of such a disruptive event. After identifying limitations and areas for future research, in the conclusion, we discuss the implications for this welfare community and propose practical implications.

2. The Italian context of residential child care

In Italy, 2.7% of the children population[2] are separated from their families – due to issues of maltreatment, abandon and/or neglect – and accommodated in alternative care measures, i.e., either in foster families or in residential units. According to the most recent data (AGIA, 2022), there are approximately 3,600 of such units that offer socio-educational programs to 12,892 children and young people. The majority of them (60%) come directly from their birth families, often due to judicial decrees issued by juvenile courts (75%).

Historically, Italy has undergone a significant process of deinstitutionalization over the years, which began in the late 1960s and culminated with the passage of Law 149/2001, mandating the complete closure of institutions in 2006. However, today, due to 328/2000 Law that establishes the regional competence of social welfare, the country faces substantial challenges in comprehending, assessing, and harmonizing RCC practices and approaches within regions and local regulations. This has resulted in a high degree of fragmentation, various names for similar services, differing requirements, and a multitude of models and local cultures within the RCC system (Palareti *et al.*, 2022). Consequently, administrative and bureaucratic concerns often take precedence over program quality and service integration (James *et al.*, 2022).

Mostly administered by private NGOs and church-affiliated organizations, RCC units typically consist of small family-style or family-based group homes referred to as "comunità" (communities), hosting no more than 10 children. Staff is primarily composed of graduate educators, as mandated by recent Law 2443/2017, which established the requirement of an education degree for those working in RCC. Educators are typically organized in shifts to provide 24/7 coverage of the facility, with the coordination of a senior educator and/or social worker responsible for RCC overall management and day-to-day operations (Ross, 2008). Importantly, the manager's role also involves what Anglin (2004) called the "extra-agency work", which entails establishing close connections with external community stakeholders for tasks like contracting, securing funding, coordination, and networking. To a lesser extent, RCC units are run by residents as primary caregivers, assisted by non-resident paid educators and/or volunteers. External volunteers frequently support RCC units organized in shifts too.

This therapeutic work, aimed at promoting children's social inclusion, education, and empowerment, also relies on connections with external stakeholders such as community services and welfare professionals, which, in ecological terms, represent different ecological systems. RCC can thus be seen as an ecological niche integrated within a multi-vocal, multi-level, and community-oriented approach, which is often described as particularly challenging (Conway, 2009; Palareti *et al.*, 2012; McElvaney & Tatlow-Golden, 2016).

---

[2] It is the second lowest rate in Europe (UNICEF & Eurochild, 2021).

2.1 Italian RCCs under lockdown

In Italy, on the 8th of March 2020 – two days before the WHO declared COVID-19 a world-wide pandemic – it was imposed a strict lockdown, implying severe restrictions over all citizens' lives. Lasting to mid-May 2020, it went on with subsequent local lockdowns till April 2021 (the so-called Phase 2), resulting the most severe approach in Europe. Italian RCC facilities remained operative. However, they have been abruptly affected by significant disruptions, including limitations on family visits, exists (including school in-person attendance), and suspensions of external activities, such as extracurricular activities, and sports.

Despite these challenges, there has been limited investigation into this topic (as the current focus is on children's wellbeing) and less is known about RCC workers' perspectives. Notable exceptions are the work of Parry *et al.* (2020) and Whitt-Woosley *et al.* (2022) in the UK, the research of Costa and colleagues in Portugal (Costa *et al.*, 2022; Carvalho *et al.*, 2022), and the international collection of experiences made by Grupper and Shuman (2020) at the onset of the pandemic. On the whole, these studies report that – above their chronic documented high workload, understaffing and turnover (Colton & Roberts, 2006) – during pandemic RCC workers were forced to adapt to ongoing changes of practices related to: (a) work performances and organizational duties; (b) interactions with children, their families, and community; (c) work with colleagues and other professionals from internal and external agencies (i.e., supervisors, coordinators, social workers). Overall, this body of research lacks an in-depth examination of their perspectives. Furthermore, these studies originated in countries that, in contrast to Italy, comparatively adopted fewer stringent restrictions during the pandemic. To address this gap, this study examines the perspectives of RCC workers during the COVID-19 pandemic. Specifically, the goals of this article are: a) to explore changes, resources and critical issues in dealing with children, and "lesson learned", and b) to compare the perspectives of RCC educators and managers.

3. Methods

This study is part of a larger research project that was commissioned by an Italian Association of organizations running over 300 RCC units for vulnerable children and families, i.e., the Coordinamento Nazionale delle Comunità di Tipo Familiare per i minorenni [National League of Residential Child Care Units] (CNCM). To the best of our knowledge, this project is an original and unique investigation in Italy. Its general objective was to understand the perspectives of adolescents, educators, and managers regarding the management of the pandemic in RCC.

For the purpose of this article, we focus on the professionals' surveys and investigate the changes in their practices during the COVID-19 lockdown, focusing on critical issues and useful emerging practices.

3.1 Research project and procedure

Co-constructed by the first author of this article together with the National Bureau of the commissioning organization, i.e., CNCM, the study on professionals took place from June 2020 to May 2021. From June to November 2020, we discussed the aims and procedures and co-constructed the professionals' versions of the survey instrument, i.e., the EWF-CNCM Questionnaire. The questionnaire was then online uploaded using Google Forms, and tested by means of a pilot project in one facility of the network. After having consolidated the

instrument, we extended the survey on a national level through institutional communication. The submission phase lasted from November 2020 to March 2021. Educators and managers were recruited by the network and were given the link to the questionnaire. Respondent anonymity was assured. The procedures in this study were in line with ethical standards set by the Italian Psychological Association and the 1964 Helsinki Declaration. The research project was approved by the commissioning institution. Eligibility criteria for participating were working in RCC from (at least) March 2020 (when lockdown initiated), and Italian proficiency.

3.2 Participants

Participants were 366: 214 educators and 152 managers, working in Italian RCC at the time of the survey (November 2020-March 2021) and at the outbreak of the COVID-19 lockdown (March 2020). Overall, participants were: 73% females and 27% males, aged from 25 to over 60 years old (21% 25-30 yo; 17% 30-35 yo; 15% 35-40 yo; 17% 40-45 yo; 30% over 45 yo) and experienced in the field from a minimum of 1 year to a maximum of over 20 years (19% with less than 3 years of experience in RCC; 14% with 3 to 5 years of experience in RCC; 22% with 5 to 10 years in RCC; and 45% with more than 10 years of experience). For a detailed description of the sample, see Table 1.

Table 1. Participants' sample

		MANAGERS		EDUCATORS		TOT	
		N	%	N	%	N	%
GENDER	M	45	30	54	25	99	27
	F	107	70	160	75	267	73
AGE (YEARS)	25-30	3	2	73	34	76	21
	30-35	17	11	44	21	61	17
	35-40	25	16	32	15	57	15
	40-45	27	18	36	17	63	17
	>45	80	53	29	13	109	30
EXPERIENCE IN RCC (YEARS)	1-3	4	3	65	30	69	19
	3-5	11	7	41	19	52	14
	5-10	30	20	50	24	80	22
	>10	107	70	58	27	165	45
TOT		152	100	214	100	366	100

3.3 The questionnaire

The EWF-CNCM Questionnaire is a self-administered, self-reported, anonymous online survey designed specifically for this research project (refer to Supplementary Files A and B for educators' and managers' versions). The choice of having two types of respondents (and corresponding versions of the instrument) relies on the recognition of their different roles and perspectives both in ordinary times and in extraordinary circumstances, i.e., on one part, the educators' day-to-day close look to children's needs and behaviors, consequently impacting on daily practices, and, on the other part, the managers' broader look on the RCC system – and therefore organizational resilience – on the whole. Both versions[3] consist of 34 items,

---

[3] The educators' version was made of 3 sections: (1) Socio-demographic data; (2) Organizational management; (3) Children's management during lockdown and Phase 2. The Managers' version was made of 5 sections: (1) Socio-demographic data; (2) Children's management during lockdown and Phase 2; (3) Organizational management; (4) Everyday life arrangements; (5) External stakeholder management.

either open-ended and close ones. The underlying constructs of the instruments are based on two key principles: a) overcoming the traditional research neglect fot those working in RCC; b) The ecological approach applied to RCC (Palareti & Berti, 2009) that focuses on the continuity of care, involving collaboration with external stakeholders and considering the broader context of the RCC services. Due to the commissioning aims, the EWF-CNCM Questionnaire was constructed *ad hoc* and does not rely on validated standard scales or other already used materials.

For the purpose of this article, we will focus on the following dimensions:

− Most relevant changes in work practices during lockdown (item #27 of the Managers' version);
− Positive and negative aspects of RCC during lockdown (items #28 and #29 of the Managers' version; items #28 and #29 of the Educators' version);
− Critical issues and professional resources in dealing with children during lockdown (items #11 and #14 of the Educators' version);
− New practices developed during lockdown that have been incorporated into RCC daily routines (item #30 of both Managers' and Educators'versions).

3.4 Data analysis

In order to delve into RCC professionals' perspective, descriptive statistical analysis was conducted for closed-ended response items (items #28 and #29 in both Educators' and Managers' version). Thematic Analysis (Braun & Clarke, 2006, 2022) was employed for written responses to items #27 and #30 of the Managers' version of the Questionnaire, and for items #14 and #30 of the Educators' one. This process was performed by two coders (the first and second authors of this article) who closely and repeatedly read the open-ended responses. Consensus was reached after four rounds of coding. The coding categories derived from this process were used to systematically organize the data. Following Patton's (1990) approach, the themes that emerged demonstrated internal homogeneity and external heterogeneity.

4. Results

Results are organized in three sections: 1) changes that occurred in RCC during the lockdown; 2) resources and critical issues in dealing with children; and 3) "lessons learned", i.e., participants' insights on daily life aspects experienced during the lockdown that should or have already been integrated into RCC. Together with descriptive statistics, we present representative excerpts of the identified thematic categories for the textual responses.

4.1 Changes during Lockdown

When asked to list the main changes in RCC during the pandemic period, managers referred to changes related to: 1) organizational aspects, 2) general aspects of the unit, 3) children and 4) staff. Their responses have therefore been categorized into a three-part timeframe: 1) during the lockdown period (February to June 2020, encompassing compulsory confinement for everyone), 2) during the so-called "Phase 2" (May to June 2020, characterized by partial reopening of economic and social activities depending on the local assessment of infection diseases), and 3) during both phases. Table 2 presents the categories identified with most frequent sub-categories of responses.

Table 2. Most significant changes occurred during COVID-19 pandemic (Managers' responses)

	During lockdown	N (%)	Phase 2	N (%)	During both periods	N (%)	tot
Organizational aspects	Space management Reorganization of activities	16 (*33*) 13 (*27*)	Isolation due to infection/quarantine	1 (*100*)	Decrease in admissions Intensification of safety procedures	10 (*20*) 7 (*14*)	
		49		1		51	101 (*42*)
General aspects	Reorganization of the unit Support for distance learning	8 (*40*) 7 (*35*)			Increase in group cohesion Increase in staff-children relational quality	13 (*43*) 8 (*27*)	
		20		0		30	50 (*21*)
Children	Children's wellbeing decrease Changes in family relationships	9 (*45*) 6 (*30*)			Confinement/impossibility to carry out extra-curricular activities Increase in creativity/willingness to change	24 (*92*) 1 (*4*)	
		20		0		26	46 (*19*)
Staff	Changes in staff intervention Layoffs/resignations	11 (*69*) 5 (*31*)			Changes in staff cohesion Changes in staff collaboration	3 (*60*) 2 (*40*)	
		16		0		5	21 (*9*)
No changes		0		0		22	22 (*9*)
TOT	105 (*100*)		1 (*100*)		134 (*100*)		240 (*100*)

Regarding the temporal location of the changes, managers provided most responses primarily concerning both phases (134 responses) and, only secondary, concerning lockdown only (105 responses). One manager expressed her concerns exclusively on Phase 2, emphasizing the organizational aspects associated with the isolation procedure for infection management. Regarding the themes, managers primarily raised issues concerning organizational issues (42%), general aspects (21%) and children's issues (19%). Both staff issues and no changes accounted for 9% of the responses.

Reading together the organizational and general aspects raised by managers during lockdown, we observe that they were primarily concerned with space management, re-organization of the unit, and with reorganizing activities to support online schooling. As a matter of concern, they complain over a decrease in admission requests, which raised economic concerns. In terms of general aspects of managing RCC units during the lockdown in both phases managers expressed an increase in the unit cohesion between staff and children and an overall improved relational quality with children, as the following managers wrote:

> "We have developed a stronger team spirit, the relationships with online services have greatly lightened our burdens. We have a higher frequency and significance of meetings with social services. The kids have enjoyed a greater closeness with the educators and among themselves" (M-049)

According to this manager, the social cohesion within the unit seems to have fostered a positive outlook, not only in terms of relational quality between children and staff and between peers, but also in relation to other crucial community stakeholders such as social services.

Regarding changes concerning children during lockdown (which accounted for the 20% of the total responses concerning changes in lockdown), managers expressed a preoccupied stance about their decreased well-being. On the topic, one manager wrote:

> "Children's outings have been VERY limited and at sometimes completely cancelled, they have suffered a lot because of this. In our unit we limit the use of electronic devices (tv, PlayStation, etc.) but in this situation we have been forced to give in more than usual. We usually encourage the children to do sports, group activities, socializing, but unfortunately, we faced a wall" (M-015)

In this narrative, the severe limitation of outings is linked to children's suffering and used to justify changes in the habitual rules and management of electronic devices. Interestingly, this affective stance is conveyed not only through lexical choices but also by the use of bold characters when qualifying children's limitations. The observation of children's suffering corroborates the findings regarding children's changes during both the lockdown and subsequent phases. Practically all managers expressed concerns about their confinement and consequent inability to engage in extracurricular activities, such as sports and psychological therapies. This lack of engagement has had a profound impact on their daily lives, as the following excerpt shows.

> "Kids were very busy in the community with various hobbies and sports activities, and being deprived of this, they were deeply affected; remote learning was a great challenge for them to which they responded very well despite of everything" (M-073)

Qualifying RCC children as "deprived" of their community connections during lockdown is particularly relevant. The use of the word "deprived" for children in RCC recalled their adverse childhood experiences and the institutional deprivation to which they were traditionally being exposed (Emiliani & Bastianoni, 1993/2017). By stating that the children "were deeply affected", this manager reinforces again the emotional impact and highlights the difficulties with online schooling, which is described as "a great challenge for them". While this has been shown in recent literature (Costa et al., 2022), the manager reconstructs a positive image of children, succeeding at school "despite of everything".

Only residually, in our dataset, did managers account for changes in staff. Still, the issues raised are important as during the lockdown most educators altered their usual modes of intervention while others resigned, leading the sector to turnover and disruption (Carvalho et al., 2022). Finally, concerning the lockdown period, no manager provided a "no changes" response, while for both periods, 16% did, opening interesting reflections on the broader

chronosystem. It may be the case that RCC units readapt very quickly to the pandemic scenarios and overall without much difficulty.

4.2 Resources and critical issues

In the questionnaires, we asked respondents to share their views on both the positive and negative aspects of RCC during the lockdown (see Table 3).

Table 3. Positive aspects of RCC during lockdown (Educators' and Managers' responses).

EDUCATORS	N (%)	MANAGERS	N (%)
Communication with children	91 (42)	Communication with children	78 (51)
Daily schedule	52 (24)	Outdoor and indoor recreational spaces	28 (18)
Outdoor and indoor recreational spaces	39 (18)	Daily schedule	27 (18)
Daily entertainment and activities	19 (9)	Daily entertainment and activities	6 (4)
Indoor and outdoor work out spaces and activities	7 (3)	Indoor and outdoor work out spaces and activities	4 (3)
Communication with families	7 (3)	All abovementioned aspects	3 (2)
		Other	6 (4)
TOT	**215 (100)**	**TOT**	**152 (100)**

If the two subsamples display similar percentages of responses when highlighting RCC most positive outcomes during the lockdown – particularly, daily schedule (24% for the educators' sample vs. 18% for managers), the presence of outdoor and indoor recreational spaces (18% for both groups), workout spaces (3% for both groups), and daily entertainment and activities (9% for the educators' sample vs. 4% for managers) – they differ in two specific elements. For both groups, the primary source of satisfaction during the lockdown period was communication with children. However, it is interesting to note that managers appear to be particularly proud of this result, with more than half stating that it was the best aspect of their work during the lockdown (educators did for the 42%). This difference can be explained by the fact that educators emphasized an additional aspect, which is good communication with children's biological families, that wasn't mentioned by managers.

Table 4 presents the responses regarding the worst aspects of RCC during lockdown.

Table 4: Negative aspects of RCC during lockdown (Educators' and Managers' responses)

EDUCATORS	N (%)	MANAGERS	N (%)
The entertainment	44 (22)	The entertainment	42 (28)
The organization of the day	43 (21)	Lack of spaces	24 (16)
Lack of spaces	37 (18)	The organization of the day	21 (14)
Lack of physical activity at home (or outside)	28 (14)	Lack of physical activity at home (or outside)	21 (14)
Communication with families	20 (10)	Communication with families	14 (9)
Communication with young people	12 (6)	Communication with young people	1 (1)
Other	18 (9)	Other	29 (19)
TOT	**202 (100)**	**TOT**	**152 (100)**

Both groups identified four elements as particularly critical: 1) entertainment (22% for educators vs. 28% for managers), 2) lack of space (18% for educators vs. 16% for managers), 3) organization of the day (21% for educators vs. 14% for managers), and 4) lack of physical activity at home or outside (both 14%). Residually, communication with biological families (around 10% for both groups) and communication with children (6% for educators vs. 1% for

managers) were considered critical by some. While their perspectives align in most cases, it is interesting to note that when it comes to the lack of space, managers again claim it as particularly troublesome, while for the educators the organization of the day and communication with children are more critical. To gain further insights into the educators' perspectives, we asked them to provide detailed evaluations of the critical aspects in dealing with children (see Table 5).

Table 5: Most critical issues in dealing with children during lockdown (Educators' responses)

EDUCATORS' MOST CRITICAL ISSUES IN DEALING WITH CHILDREN DURING LOCKDOWN	N (%)
Containing their desire to go out	54 (*24*)
Having to create new activities at home	44 (*20*)
Not being able to hug/touch them	43 (*19*)
Managing their anxieties	29 (*13*)
Their aggressiveness/opposition	16 (*7*)
Their requests for explanations	10 (*5*)
Other responses	26 (*12*)
TOT	**222 (*100*)**

The educators' responses concerning the most critical aspects in dealing with children during lockdown bring forth two primary concerns. On one side, their difficulties in organizing new activities at home (20%) is exacerbated by the inability to touch or hug children (19%), which is typically a common way of interacting with children. On the other side, if we combine the responses from the categories of "containing children's desire to go out" (24%), "children's aggressiveness/opposition" (7%), and "children's requests for explanation" (5%), we observe that for more than one educator every three had difficulties in managing children's externalized symptoms, as anger and acting out (Montserrat *et al.*, 2022). To a lesser extent, they also expressed concerns regarding the management of one of the most frequent internalized symptoms in RCC (*Ibidem*), which is anxiety (13%).

Table 6 displays educators' responses concerning their professional resources developed with children during lockdown. They have been divided into ten categories following the international classification of core skills for working (ILO, 2007) (see Table 6).

Table 6. Professional resources developed with children during COVID-19 pandemic (Educators' responses)

EDUCATORS' PROFESSIONAL RESOURCES DEVELOPED WITH CHILDREN DURING COVID-19 PANDEMIC	N (*%*)
Emotional support skills	148 (*53*)
Adaptability	31 (*11*)
Creativity	22 (*8*)
Leadership	19 (*7*)
Communication skills	16 (*6*)
Group management skills	14 (*5*)
Problem solving	13 (*5*)
Organization skills	6 (*2*)
Technical skills (i.e., animator skills)	4 (*1*)
Critical thinking	1 (*0*)
No resources found	4 (*1*)
No responses	1 (*0*)
TOT	**279 (*100*)**

Among the professional resources developed with children during lockdown, more than one educator every two reported skills of emotional support, followed by adaptability skills (11%) and creativity (8%). The wide range of other options mentioned by educators indicates the diversity of recognized competencies. However, only 1% stated that they did not gain any resources from the pandemic. Overall, these results highlight the provision of "emotional resilience". In further detail, under the theme of "emotional support", various skills were mentioned, including active listening, patience, empathy, closeness, and the emotional management, as expressed by the following educator:

> "Being able to wait together with them, realizing that we are truly all in the same boat, in the same house, sharing interventions not for them but with them" (E-055)

By using repeated expressions of togetherness such as "wait together", "all in the same boat", "in the same house", "sharing", and twice "with them", this educator's narrative explicitly depicts the strengthened relationships and proximity with children.

"Adaptability", i.e., the second most frequently mentioned skill, encompasses resources such as resilience, flexibility/adaptation, and resistance, as the following excerpt illustrates:

> "Adapting to a theoretically impossible situation, the slowness of the relationship, our shared boredom, resilience, and empathy towards those who experience daily precariousness even without a pandemic" (E-123)

This educator's narrative is constructed by relying upon a list of actions ("adapting") and nominal expressions ("slowness", "shared boredom", "resilience", empathy") accounting for the resources developed with children. "Sharing" is again a key term used to convey what adults and children faced together: boredom, resilience, and empathy "towards those who face daily challenges even without a pandemic". This last expression of solidarity with strangers and people in vulnerable situations within the external community seems to be built upon ideologies of fraternal connection and religious principles upon which many Italian RCC units are built (see Palareti et al., 2022). Therefore, this narrative pictures the lockdown as "a theoretically impossible situation", conveying the meaning of a paradoxical challenge posed to individuals who have already been challenged in their lifetimes. However, the fact of having adapted to this strenuous situation reinforces RCC organizational resilience.

4.3 Lessons Learned

To gain insights into the practical lessons learned from the pandemic, we solicited participants on the daily life aspects experienced during the lockdown that should be or have already been integrated into RCC (Table 7).

Table 7. Daily life aspects acquainted during the lockdown that it would be interesting to incorporate in RCC everyday life (Educators' and Managers' responses).

	EDUCATORS	N (*%*)	MANAGERS	N (*%*)	TOT
Activities/practices with children	Fixed-group activities Physical activities	20 (*22*) 14 (*15*)	Group laboratories/activities Dialogue/confrontation activities	24 (*38*) 7 (*11*)	
		90 (***39***)		**63** (***46***)	**153** (***41***)
Organizational activities/practices	Hygiene practices Planning/organization	15 (*40*) 10 (*27*)	Online meetings and trainings Space sanitization	6 (*20*) 6 (*20*)	
		37 (***16***)		**30** (***22***)	**67** (***18***)
Soft skills	More time for educational relationships Slower times	7 (*26*) 4 (*15*)	Unity and sense of community More communication skills with young people	3 (*19*) 3 (*19*)	
		27 (***11***)		**16** (***12***)	**43** (***12***)
No resources found		**78** (***34***)		**28** (***20***)	**106** (***29***)
TOT		**232** (***100***)		**137** (***100***)	**369** (***100***)

Although educators and managers share a similar order of "lessons learned" from the pandemic – with activities involving children being the primary focus (41%), followed by a significant percentage of respondents indicating that they found no resources (29%) and residually organizational activities (18%), and the development of soft skills (12%) – there were some distinctions between the groups. Educators appeared to be generally more affected by the challenges of the lockdown and reported fewer or no discernible legacies (more than one every three), while managers expressed more evidence of organizational improvements.

However, both groups highly valued the new activities that were experimented with children during the lockdown, with educators emphasizing fixed-group and sport activities, and managers highlighting group activities and dialogues. One educator exemplified this sentiment by recalling a list of activities:

> "Weekly discussion about what is happening outside the unit, critical reading of information conveyed by the media." (E-026)

This excerpt listing two actions (weekly discussions and critical readings) highlights the significance of socializing children to have a broader perspective of the world around them as one of the enduring impacts of the lockdown. Particularly, it conveys an integrated view with the external community and contrasts "the institutional model of intervention" (Palareti *et al.*, 2022) that was typical of RCC as closed autonomous entities. On the same topic, but with a different viewpoint, a manager shared the following perspective:

> "Loosening of weekly workloads: previously, children had a busy weekly schedule, useful in many ways but with a negative impact on their relationships with educators and therefore on the possibility of effective support towards change" (M-063)

With this response, the manager acknowledged the importance of striking a balance between children's extracurricular and internal relationships with staff in RCC. The excerpt begins with a nominal expression accounting for the main changes during lockdown, i.e., educators' smoother workloads due to the reduction of children's extracurricular activities that usually imply busy schedules, with many practical duties outside the unit for educators. The subsequent narrative recalls the pre-COVID-19 situation in which children's busy schedules of external activities – although mitigated by the expression "useful in many ways" – de facto hindered deeper relationships with educators. By recognizing the impact of the lockdown in terms of better internal relationships, the manager – in contrast to what her colleague previously conveyed – seems to prioritize internal cohesion as a means of supporting children's change.

In total, 18% of the entire sample converge in acknowledging the significance of organizational activities and practices as important legacies of the pandemic. Managers emphasize this point more than educators (22% vs. 16%), as they recognize the impact of digital communication for staff communication and teamwork, and communications with families as well. They named, for instances, actions such as: "Use of platforms for network meetings and training" (M-015), and "Video calls in place of phone calls" (M-054).

The residual category of "soft skills" highlights the shared interest of both educators and managers in relational matters. It is particularly noteworthy that managers mentioned the heightened sense of community and improved communication with young people as legacies of the enforced confinement. For example, in the following excerpt a manager wrote:

> "Being a second reception facility for unaccompanied minors that hosts children of different and, in some cases, even conflicting cultures, the lockdown offered us the opportunity to develop a sense of community. This allowed us to face the current phase in a lighter way" (M-069)

In this excerpt, the manager acknowledges that the lockdown provided RCC with unique opportunities to address and navigate conflicts between (migrant) young people coming from different backgrounds. Particularly, in this narrative, the manager emphasizes the importance of the internal sense of community, which allowed them to navigate intercultural conflicts and lockdown tensions in a "lighter way".

5. Discussion

By drawing on one of the few investigations conducted with RCC professionals during the COVID-19 pandemic, this study contributes to the body of research of Community and Social psychology dedicated to RCC (Bastianoni *et al.*, 1996; Libby *et al.*, 2005; Cicognani *et al.*, 2008; Palareti & Berti, 2009; Vaz Garrido *et al.*, 2016; Emiliani & Bastianoni, 2017; Pedrazza *et al.*, 2018; Saglietti, 2019; Saglietti & Marino, 2022; Saglietti & Zucchermaglio, 2022). Our findings highlight three key aspects that contribute to this understanding.

1) *Educators' and managers' different viewpoints*. While there is significant convergence in the experiences of educators and managers regarding the lockdown in RCC, they do hold slightly different perspectives when evaluating the best and worst aspects of the lockdown, and the "lessons learned". Managers appear to focus more on internal organizational elements – resources and challenges in the domain of changes, innovations, and concerns – and

internal sense of community, picturing RCC more as closed autonomous entities. On their side, educators take an integrated view of their services by being particularly aware of the crucial role of communication with external stakeholders, i.e., families, in shaping the internal climate of RCC. At the same time, however, differently from managers, one-third of educators stated that they found no resources at all during the lockdown.

2) *The emotional cost (and few rewards) of working during traumatic times with clients who have experienced trauma.* Both managers and educators raised concerns about the "double deprivation" experienced by children in RCC who, if already suffered from adverse childhood conditions, during the COVID-19 restrictions had to deal with a more severe forced confinement compared to their peers. The emotional cost of working with them under these conditions begins first with making sense of the lockdown intended as a "theoretically impossible situation" and continue with elaborating on the individual and collective emotions during and after the lockdown. Furthermore, consistent with recent data on youth at risk (see Pulcinelli & Pistono, 2022), RCC workers claimed that children's wellbeing declined during the pandemic, requiring additional emotional containment. It is precisely by managing children's externalizing symptoms that educators expressed their major difficulties. This aligns with recent literature affirming that externalized disorders are high in RCC (Whittaker et al., 2022b), particularly during the lockdown for boys (Montserrat *et al.*, 2021, 2022), who represent the vast majority of RCC users in Italy (Palareti *et al.*, 2022). Taken together, these aspects highlight the need to consider the emotional toll on educators, that, more than other professionals working in this field (Vang *et al.*, 2022) and other types of "essential workers" of the pandemic (Valtorta *et al.*, 2022), must be considered vulnerable in terms of burnout rates, compassion fatigue and vicarious trauma (Audin *et al.*, 2018; Pedrazza *et al.*, 2018). However, educators also recognized that their professional growth was particularly evident in the sphere of emotional support, i.e., in their patience, active listening and control, together with adaptability and creativity, two key aspects of organizational resilience. In this sense, they can be regarded as the emotional resilient legacies of the lockdown in RCC.

3) *Innovations triggered by the pandemic and organizational resilience.* Corroborating Carvalho and colleagues' results (2022), this article demonstrates that RCC professionals innovated both their usual internal practices and external relations with stakeholders during lockdown. Within the units, they established new activities, such as commenting on world news, organizing group laboratories, holding systematic meetings, and facilitating collective participation occasions (Seim & Slettebø, 2011). Additionally, they negotiated new rules with children and paid increased attention to hygiene practices. Within their organizational duties, they shifted to online staff communication and trainings. Communication practices with families also adapted, with video-calls replacing traditional phone calls, and online communication became more prominent with social workers and other external stakeholders. These innovations were facilitated by a renewed sense of internal social cohesion and external solidarity with the wider community. In so doing, our results shed light on how the COVID-19 pandemic significantly influenced the reorganization of RCC practices, impacting the broader resilience of individuals, units, and communities – encompassing organizational resilience and fostering community resilience too. During the lockdown, RCC workers reported experiencing an initial "liminal suspension" (Powley, 2009), offering temporal opportunities to readjust and renew internal relationships. This period led professionals to innovate their care duties, with many recognizing the expansion of their professional competencies. In the subsequent phases, this internal cohesion generated a "relational redundancy", wherein "individuals found ways to connect with large numbers of people and extend to others outside of their usual

relationships" (*Ibidem*, p. 1310). In this case, RCC workers seemed to have reinforced their connections with external stakeholders and agencies.

5.1 Limitations and future research

The study acknowledges several limitations related to its context, design, sampling, and measures. Firstly, the study was conducted in Italy, where the severity of the imposed lockdown differed from other European countries, posing interrogatives in terms of international comparison. Secondly, the sample was self-selected through a snowball approach and may not be representative of the entire Italian RCC system, potentially introducing issues of social desirability. However, anonymity was ensured in the survey, and further analyses suggest that desirability bias is unlikely to have significantly influenced the results. Additionally, the study did not use standard scales or existing questionnaires, posing challenges for direct literature comparisons (but see Supplementary Materials A and B). Nonetheless, the analysis conducted demonstrated consistency, and theoretical comparisons can be made by drawing upon existing literature of the field. To address these limitations and better understand the lingering aftermath of the lockdown on RCC, future research should delve into professionals' perspectives by using in-depth interviews and longitudinal studies, as well as incorporating naturalistic observations of their daily work practices.

5.2 Practical Implications

By focusing on RCC professionals' perspectives during COVID-19 lockdown, the current study has implications for future possible public health emergencies as well as for normal circumstances. In both scenarios, in fact, our study underlines the need for prevention strategies played by professionals both internally and externally RCC to sustain organizational and community resilience. For what is concerning the internal work, as this study sheds light on the emotional toll experienced by educators during traumatic times, we highlight the importance of comprehensive and trauma-informed training (Bailey *et al.*, 2019) and supervision. As it is the case for the commissioning organization, these results have already stimulated the development of two training programs, which during 2022 and 2023 involved around 60 managers and over 100 educators. Regarding practices with external stakeholders and enlarged community, we recommend interprofessional programs and systematic community interventions as a healing process following the disruption in community life caused by confinement and necessary adjustments. This process should reestablish and strengthen organizational practices that promote effectiveness through relational processes. Powley (2009) describes this as "resilience activation, implying the beginning of a larger process of healing and rehabilitating from crisis and traumatic events" (p. 1321).

6. Conclusion

The insights provided by this study outline several key implications for the context of residential child care during crises such as the COVID-19 lockdown.

1) *Differentiated Management between Educators and Managers.* The observation of distinct perspectives between educators and managers suggests the need for differentiated approaches. While managers focus on internal organization, educators highlight the importance

of external link with communities and families. This understanding could guide the development of training and support programs tailored to the specific needs of each role, thereby promoting more effective crisis management.

2) *Addressing Emotional Costs with Appropriate Training.* The identification of the significant emotional costs faced by educators during the lockdown reveals the importance of providing specific training and support for managing externalized symptoms. Implementing trauma-informed training programs can help mitigate the risk of compassion fatigue (Audin et al., 2018), ensuring a more effective response to children's needs and a lower rate of professionals' turnover (Colton & Roberts, 2007).

3) *Supporting Innovations and Organizational Resilience.* The innovations undertaken during the lockdown, both internally and in external relationships, highlight the organizational resilience of residential care facilities. These new practices could serve as models for the future, suggesting the importance of encouraging flexibility and creativity in emergency responses. Investing in continuous training to maintain and enhance these new skills is essential to support long-term organizational resilience.

Acknowledgments

References

Amerio, P. (2000). *Psicologia di comunità [Community Psychology]*. il Mulino.

Anglin, J. P. (2004). Creating "Well-Functioning" Residential Care and Defining Its Place in a System of Care. *Child & Youth Care Forum*, 33, 175–192. https://doi.org/10.1023/B:CCAR.0000029689.70611.0f

Audin, K., Burke, J., & Ivtzan, I. (2018). Compassion Fatigue, Compassion Satisfaction and Work Engagement in Residential Childcare. *Scottish Journal of Residential Child Care*, *17*(3), 1–25. CC BY-NC-ND 4.0

Autorità Garante per l'Infanzia e l'Adolescenza (AGIA) (2022). *La tutela dei minorenni in comunità [Child protection in residential care].* Retrieved October 25, 2023, from: https://www.garanteinfanzia.org/sites/default/files/2022-09/La%20tutela%20dei%20minorenni%20in%20comunit%C3%A0_WEB.pdf

Bailey, C., Klas, A., Cox, R., Bergmeier, H., Avery, J., & Skouteris, H. (2019). Systematic review of organisation-wide, trauma-informed care models in out-of-home care settings. *Health & Social Care in the Community*, *27*(3), 10-22. https://doi.org/10.1111/hsc.12621

Bastianoni, P., Scappini, E., & Emiliani, F. (1996). Children in residential care: How to evaluate behavioural change. *European Journal of Psychology of Education*, *11*(4), 459-471. https://doi-org/10.1007/BF03173284

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi-org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, *9*(1), 3–26. https://doi.org/10.1037/qup0000196

Carvalho, H. M., Mota, C. P., Santos, B., Costa, M., Matos, P. M. (2022). From Chaos to Normalization and Deconfinement: What did the Pandemic Unveil in Youth Residential Care. *Child and Adolescent Social Work Journal*, 40, 797–809. https://doi.org/10.1007/s10560-021-00808-2

Cicognani, E., Albanesi, C., & Zani, B. (2008). The Impact of Residential Context on Adolescents' Subjective Well Being. *Journal of Community & Applied Social Psychology*, *18*, 558-575. https://doi.org/10.1002/casp.972

Colton, M., & Roberts, S. (2007). Factors that contribute to high turnover among residential childcare staff. *Child & Family Social Work*, *12*(2), 133-142. https://doi.org/10.1111/j.1365-2206.2006.00451.x

Conway, P. (2009). Falling between minds. The effects of unbearable experiences on multi-agency communication in the care system. *Adoption & Fostering*, *33*(1), 18–29. https://doi.org/10.1177/030857590903300103

Costa, M., Matos, P. M., Santos, B., Carvalho, H., Ferreira, T., & Pinheiro Mota, C. (2022). We stick together! COVID-19 and psychological adjustment in youth residential care. *Child Abuse and Neglect*, *124*, 105444. https://doi.org/10.1016/j.chiabu.2021.105370

Emiliani, F., & Bastianoni, P. (1993/2017). *Una normale solitudine. Percorsi teorici e strumenti operativi della comunità per minori* [*A Normal Solitude: Theoretical Frameworks and Operational Tools of the Community for Minors*]. Carocci.

Evenseth, L. L., Sydnes, M., & Gausdal, A. H. (2022). Building Organizational Resilience Through Organizational Learning: A Systematic Review. *Frontiers in Communication*, *7* https://doi.org/10.3389/fcomm.2022.837386

Fasulo, A., & Zucchermaglio, C. (2008). Narratives in the workplace: Facts, fiction and canonicity. *Text & Talk*, *28*(3), 351-376. https://doi.org/10.1515/TEXT.2008.017

Grupper, E., & Shuman, S. (2020). *Residential care centers during the Covid-19 Pandemic: A survey of 13 countries – members of FICE-International.* Working paper. Retrieved July 3, 2022, from https://bettercarenetwork.org/sites/default/files/2020-10/residential_care_finacovid19l.pdf

James, S., Wilczek, L., Kilian, J., Timonen-Kallio, E., Bravo, A., Del Valle, J. F., Formenti, L., Petrauskiene, A., Pivoriene, J., & Rigamonti, A. (2022). A Comparative Analysis of Residential Care: A Five-Country Multiple Case-Design Study. *Child Youth Care Forum*, 51, 1031–1062. https://doi.org/10.1007/s10566-021-09666-6

ILO (2007). *Portability of Skills*. International Labour Office Governing Body.

Lewis, R. L., Martin, P. P., & Guzman, B. L. (2023). Introduction to volume 2 – COVID-19 and vulnerable populations. *Journal of Community Psychology*, *51*(6), 2327-2330. https://doi.org/10.1002/jcop.23072.

Libby, M., Rosen, M., & Sedonaen, M. (2005). Building youth-adult partnerships for community change: Lessons from the Youth Leadership Institute. *Journal of Community Psychology*, *33*, 111-120. https://doi.org/10.1002/jcop.20037

Mannarini, T., Salvatore, S., & Zucchermaglio, C. (2021). La prospettiva culturale [The Cultural Perspective]. In C. Arcidiacono, N. De Piccoli, T. Mannarini & E. Marta (Eds.), *Psicologia di Comunità. Volume 1. Prospettive e concetti chiave [Community Psychology. Volume 1. Perspectives and key concepts]* (pp. 60-77). FrancoAngeli.

Marzana, D., Novara, C., De Piccoli, N., Cardinali, P., Migliorini, L., Di Napoli, I., Guidi, E., Fedi, ARollero, C., Agueli, B., Esposito, C., Marta, E., González Leone, F., Guazzini, A., Meringolo, P., Arcidiacono, C., & Procentese, F. (2022). Community dimensions and emotions in the era of COVID-19. *Journal of Community and Applied Social Psychology*, *32*, 358-373. https://doi.org/10.1002/casp.2560

McElvaney, R., & Tatlow-Golden, M. (2016). A traumatised and traumatising system: Professionals' experiences in meeting the mental health needs of young people in the care and youth justice systems in Ireland. *Children and Youth Services Review*, 65, 62–69. https://doi.org/10.1016/j.childyouth.2016.03.017

Migliorini, L., Cecchini, C., Chiodini, M. (2021). Resilienza [Resilience]. In C. Arcidiacono, N. De Piccoli and T. Mannarini (Eds.). *Psicologia di comunità. Vol. 1: Prospettive e concetti chiave [Commnity Psychology. Volume 1: Perspectives and key concepts]* (pp. 122-135). FrancoAngeli.

Montserrat, C., Garcia-Molsosa, M., Llosada-Gistau, J., & Sitjes-Figueras, R. (2021). The views of children in residential care on the COVID-19 lockdown: Implications for and their well-being and psychosocial intervention. *Child Abuse and Neglect*, *120*, 105182. https://doi.org/10.1016/j.chiabu.2021.105182

Montserrat, C., Llosada-Gistau, J., Garcia-Molsosa, M., & Casas, F. (2022). The subjective well-being of children in residential care: Has it changed in recent years?. *Social Sciences*, 11, 25. https://doi.org/10.3390/socsci11010025

Ochs, E., & Capps, L. (2001). *Living Narratives. Creating lives in everyday storytelling*. Harvard University Press.

Palareti, L., & Berti, C. (2009). Different ecological perspectives for evaluating residential care outcomes: Which window for the black box? *Children and Youth Services Review*, *31*(10), 1080–1085. https://doi.org/10.1016/j.childyouth.2009.07.011

Palareti, L., Berti, C., & Emiliani, F. (2012). Comunità residenziali e lavoro di rete nella prospettiva ecologica dello sviluppo [Residential Child Care and Networking in the ecological framework perspective], *Psicologia Clinica dello Sviluppo*, *16*(1), 71–95. https://doi.org/10.1449/37091

Palareti, L., Bastianoni, P., Emiliani, F., Ciriello, M., Ravazzi, L., & Olezzi, G. (2020). Che cos'`e terapeutico nel Therapeutic Residential Care? Come analizzare e sostenere la dimensione terapeutica nelle comunità residenziali [What is therapeutic in Therapeutic Residential Care? How to support and analyse the therapeutic dimension in residential care]. *Psicologia Clinica dello Sviluppo*, *24*(2), 261-284. https://dx.doi.org/10.1449/97005

Palareti, L., Canali, C., Rigamonti, A., & Formenti, L. (2022). Residential Care for Children and Youth in Italy: An evolving system. In J. K. Whittaker, L. Holmes, J. F. Del Valle, & S. James (Eds.), *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges* (pp. 239-255). Oxford University Press.

Parry, S., Williams, T., & Oldfield, J. (2020). Reflections from the frontline: 'The reality for children and staff in residential care' during COVID-19. *Health & Social Care in the Community*, *30*(1), 212-224. https://doi.org/10.1111/hsc.13394

Patton, M. (1990). *Qualitative Evaluation and Research Methods.* Sage.

Pedrazza, M., Berlanda, S., De Cordova, F., & Fraizzoli, M. (2018). The Changing Educators' Work Environment in Contemporary Society. *Frontiers in Psychology*, *13*(9), 2186. https://doi.org/10.3389/fpsyg.2018.02186

Powley, E. H. (2009). Reclaiming resilience and safety: Resilience activation in the critical period of crisis. *Human Relations*, *62*(9), 1289-1326. https://doi.org/10.1177/0018726709334881

Pulcinelli, C. & Pistono, D. (2022). Atlante dell'infanzia (a rischio) 2022 - "Come stai?". La salute delle bambine, dei bambini e degli adolescenti *[Atlas of Childhood (at risk) 2022 - "How Are You?". The health of girls, boys, and adolescents*]. Save the Children.

Redl, D. (1966). *When We Deal with Children: Selected Writings*. The Free Press.

Ross, A. L. (2008). Transformation Education: A Vehicle for Structuring Group Care Organizations to Increase Service Quality and Effectiveness. *Residential Treatment for Children & Youth*, *24*(1-2), 131–157. https://doi.org/10.1080/08865710802147596

Saglietti, M. (2019). 'Inevitable distinctions'. The discursive construction of unaccompanied minors' agency in Italian residential care. Language and Dialogue, *9*(1), 172–190. https://doi.org/10.1075/ld.00037.sag

Saglietti, M., & Marino, F. (2022). Accomplishing Intergroup Relations in Group Homes: A Discursive Analysis of Professionals Talking About External and Internal Stakeholders. *Frontiers in Psychology*, 13. https://doi.org/10.3389/fpsyg.2022.784345

Saglietti, M., & Zucchermaglio, C. (2022). Children's participation and agency in Italian residential care for children: Adult-child interactions at dinnertime. European Journal of Psychology of Education, *37*(1), 55–83. https://doi.org/10.1007/s10212-021-00531-7

Seim, S., & Slettebø, T. (2011). Collective participation in child protection services: partnership or tokenism? *European Journal of Social Work*, *14*, 497-512. https://doi.org/10.1080/13691457.2010.500477

UNICEF & Eurochild (2021). *Better data for better child protection systems in Europe. The case of Italy.* Retrieved October 25, 2023 from https://eurochild.org/uploads/2022/01/Italy.pdf

Valtorta, R. R., Baldissarri, C., & Volpato, C. (2022). Burnout and workplace dehumanization at the supermarket: A field study during the COVID-19 outbreak in Italy. *Journal of Community & Applied Social Psychology*, *32*, 767-785. https://doi.org/10.1002/casp.2588

Vang, M. L., Pihl-Thingvad, J., & Shevlin, M. (2022). Identifying child protection workers at risk for secondary traumatization: A latent class analysis of the Professional Quality of Life Scale-5. *Journal of Traumatic Stress*, *35*(6), 1608-1619. https://doi.org/10.1002/jts.22863

Vaz Garrido, M., Nunes Patrício, J., Calheiros, M. M., & Lopes, D. (2016). Comparing the Social Images of Youth In and Out of Residential Care. *Journal of Community & Applied Social Psychology*, *26*, 439-455. https://doi.org/10.1002/casp.2273

Vezzali, L., Hodgett, D., Liu, L., Petterson, K., Stefaniak, A., Trifiletti, E., & Wakefield, J. R. H. (2022). The societal relevance of communities in the COVID-19 era. *Journal of Community & Applied Social Psychology*, *32*, 351-357. https://doi.org/10.1002/casp.2614

Whittaker, J. K., Del Valle, J. F., & Holmes, L. (Eds.). (2014). *Therapeutic Residential Care for Children and Youth: Developing Evidence-Based International Practice*. Jessica Kingsley Publishers.

Whittaker, J. K., Holmes, L., del Valle, J. F., et al. (2016). Therapeutic residential care for children and youth: A consensus statement of the international work group on therapeutic residential care. *Residential Treatment for Children & Youth*, *33*(2), 89–106. https://doi.org/10.1080/0886571X.2016.1215755

Whittaker, J. K., Holmes, L., Del Valle, J. F., & James, S. (2022a). Residential Care for Children and Youth in a Cross-National Perspective, in J. K. Whittaker, L. Holmes, J. C. F., del Valle, & S. James (Eds.), *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges* (pp. 3-15). Oxford University Press.

Whittaker, J. K., Holmes, L., Del Valle, J. F., & James, S. (2022b). Future Prospects and Challenges for Residential Care for Children and Youth. Seeking Direction from a Cross-National Analysis, in J. K. Whittaker, L. Holmes, J. C. F., del Valle, & S. James (Eds.), *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges* (pp. 429-442). Oxford University Press.

Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). Foster care during the COVID-19 pandemic: A qualitative analysis of caregiver and professional experiences. *Child Abuse & Neglect*, *124*, 105444. https://doi.org/10.1016/j.chiabu.2021.105444

Supplementary Material A - EWF-CNCM Questionnaire – Educators' version

SELF-ADMINISTRATED QUESTIONNAIRE FOR EDUCATORS WORKING IN RESIDENTIAL CHILD CARE (A1)
Section 1
Thank you for opening this questionnaire.
 This survey is part of a research that CNCM is doing throughout Italy to understand how residential child care have managed the Covid-19 pandemic, the lockdown and what is related. The survey includes questionnaires to managers, coordinators, educators and young people who have experienced this period in residential child care.
The goal is to understand your perspective as educator in a residential child care unit. If, for any reason, you do not wish to participate in this survey, we still thank you and confirm that, as stated in the informed consent, you can withdraw your consent at any time.
The questionnaire is anonymous. The researchers conducting this survey cannot identify who you are or which community you are writing from. The survey does not entail any risks. Shall we begin?

SECTION 2 - "SOMETHING ABOUT YOU"
1. You are:
> a. Female
> b. Male

2. How old are you?
Text insertion

3. How long have you been working in the field of residential care?
> a. For more than ten years
> b. From 5 to 10 years
> c. From 3 to 5 years
> d. From 2 to 3 years
> e. From 1-2 years
> f. For one year

3.1 What type of facility do you work in?
> a. In a residential child care unit (and I am resident here)
> b. In a residential child care unit with rotating staff
> fc In a semi-residential facility for children and young people
> d. In a parent-child residential child care unit
> e. In multiple residential child care units (covering shifts in two or more units)
> f. In a semi-independent living program for young adults
> g. Other:

4. What is your highest educational qualification?
> a. PhD (Doctorate)
> b. Postgraduate specialization
> c. Master's degree or equivalent (including old degree programs)
> d. Bachelor's degree
> e. High school diploma
> f. Middle school diploma
> g. Other:

5. What type of training do you have?
> a. Medical training
> b. Psychological and psychotherapeutic training
> c. Educational training
> d. Social work training
> e. Legal training
> f. Economic training
> g. I have multiple qualifications in two of these areas
> h. Other:

SECTION 2 – "ORGANIZATIONAL MANAGEMENT"
6. During the lockdown, were you on duty?
> a. YES
> b. NO

7. During the lockdown, did you contract the virus?
> a. YES (go to Question 7.1)
> b. NO (go to Question 7.2)

7.1. If YES, how were you supported by your organization?
> a. I couldn't stay home from work
> b. I was on sick leave until the COVID-19 test came back negative
> c. I was forced to take vacation days

d. I was laid off
e. Other:

8. From February/March 2020 until now, what perception have you had regarding the organization of health and safety issues for yourself and your colleagues?
    a. Working safely, as much as possible
    b. A general underestimation of safety and health issues for workers
    c. All aspects related to the health and safety of workers were taken seriously
    d. A relative lack of interest in the health and safety aspects for workers
    e. Other:

9. From February/March 2020 until now, what perception have you had regarding the organization of work?
    a. Substantial confusion
    b. Difficulty
    c. Lack of interest
    d. Seriousness
    e. Genuine interest
    f. Finding solutions to new problems
    g. Resilience and trust
    h. Other

10. Has your organization made any special requests to you during this period?
    a. YES (Go to Question 10.1)
    b. NO (Go to Question 11)

10.1. If YES, what were they?
    a. They asked me to stay and live in the unit for an extended period of time
    b. They sked me to stay and sleep for a few extra nights
    c. They asked me to isolate before returning to work
    d. They created a lockdown team of fixed RCC workers for the entire duration of the period
    e. Other:

SECTION 3 – "MANAGING CHILDREN DURING THE LOCKDOWN"
11. During the lockdown, what was the most challenging aspect for you in managing children?
    a. Their aggression/opposition
    b. Their demands for explanations
    c. Their need to be heard
    d. Not being able to hug/touch them
    e. Managing their anxieties
    f. Containing their anger
    g. Containing their desire to go out
    h. Having to devise with new indoor activities
    i. Other:

12. And in the subsequent phases?
    a. Their aggression/opposition
    b. Their demands for explanations
    c. Their need to be heard
    d. Not being able to hug/touch them
    e. Managing their anxieties
    f. Containing their anger
    g. Containing their desire to go out
    h. Having to devise with new indoor activities
    i. Other:

13. And now?
    a. Their aggression/opposition
    b. Their demands for explanations
    c. Their need to be heard
    d. Not being able to hug/touch them
    e. Managing their anxieties
    f. Containing their anger
    g. Containing their desire to go out
    h. Having to devise with new indoor activities
    i. Other:

14. In general, from February/March 2020 until now, what professional resources do you think you have developed in your relationship with children?
    Text insertion

15. In general, from February/March 2020 until now, what difficulties have you encountered in your relationship with children?
        Text insertion

16. In general, during the lockdown and in the subsequent phases, what professional lessons do you think you have learned about your work?
        Text insertion

SECTION 4 - "TEAMWORK RELATIONSHIP DURING THE LOCKDOWN AND PHASE 2"

17. In general, during lockdown and subsequent phases, what were the strengths of your relationship with your colleagues?
        Text insertion

18. What were the most critical issues of dealing with your colleagues during lockdown (and in the subsequent phases)?
        Text insertion

19. Have there been more conflicts than usual within the team?
        a. YES
        b. NO

20. Have there been more disorganization episodes than usual within the team?
        a. YES
        b. NO

21. Has there been more irritability episodes than usual within the team?
        a. YES
        b. NO

22. Have there been more anxiety episodes than usual within the team?
        a. YES
        b. NO

23. Has there been more burnout than usual within the team?
        a. YES
        b. NO

24. Did some of your colleagues resign during that period?
        a. YES
        b. NO

25. Have you or any of your colleagues refused to go to work?
        a. YES
        b. NO

25.1. Why?
        a. There was insufficient personal protective equipment (PPE)
        b. There were no clear protocols
        c. We did not receive clear communication on how to respond
        d. I have personal risk factors
        e. Other:

26. How were these (possible) episodes taken into consideration by your organization?
        a. They are unaware (or have little knowledge) about it
        b. They know but showed limited interest
        c. They know and tried to intervene (unsuccessfully)
        d. They know and we discussed them to find a solution
        e. They know and resolved the issue

27. In general, what is your perspective on the attitude of you and your colleagues during the lockdown?
        Text insertion

28. During the lockdown, which aspect do you believe was the most lacking in your unit's educational offer?
        a. Daily schedule organization
        b. Communication with the children
        c. Communication with families
        d. Entertainment
        e. Presence of adequate spaces (indoor and outdoor)
        f. Presence of physical activities at home (or outside)
        g. Other:

29. During the lockdown, which aspect do you believe was the most qualitatively significant in your unit's educational offer?

a. Daily schedule organization
b. Communication with the children
c. Communication with families
d. Entertainment
e. Presence of adequate spaces (indoor and outdoor)
f. Presence of physical activities at home (or outside)
g. Other:

30. Are there any aspects of RCC unit life that emerged during the lockdown that you would/have already incorporated into your unit's daily routine?
Text insertion

31. Did you keep track of what happened to/among the children during the lockdown?
a. YES
b. NO

31.1. How did you keep track of it?
a. Using the usual tools (Individualized Education Plans, logbooks, etc.) (Go to Question 32)
b. Using new tools (Go to Question 31.2)

31.2. What new tools/means did you use to keep track of what was happening with the children?
Text insertion

32. Did you keep track of what happened within the educational team during the lockdown?
a. YES
b. NO

32.1. How did you keep track of it?
a. Using the usual tools (verbal communication, logbooks, etc.) (Go to Question 33)
b. Using new tools (Go to Question 32.2)

32.2. What new tools/means did you use to keep track of what was happening with the children?
Text insertion

33. Who did you feel closest to during that period? 3 OPTIONS FOR RESPONSE
a. The coordinator and/or manager
b. One or more colleagues
c. The entire team
d. One (or more) of the social workers
e. One (or more) of the other professionals working with children
f. The supervisor
g. A colleague from another RCC unit
h. Children and youth (or a specific one)
i. Other:

34. During the lockdown period and afterwards, did you have the opportunity to interact with other RCC workers?
a. YES
b. NO

35. Is there anything else you think you need to share with CNCM?
Text insertion

Supplementary Material B - EWF-CNCM Questionnaire – Managers' version

SELF-ADMINISTRATED QUESTIONNAIRE FOR MANAGERS WORKING IN RESIDENTIAL CHILD CARE (A1)
Section 1
Thank you for opening this questionnaire.
This survey is part of a research that CNCM is doing throughout Italy to understand how residential child care have managed the Covid-19 pandemic, the lockdown and what is related. The survey includes questionnaires to managers, coordinators, educators and young people who have experienced this period in residential child care.
The goal is to understand your perspective as educator in a residential child care unit. If, for any reason, you do not wish to participate in this survey, we still thank you and confirm that, as stated in the informed consent, you can withdraw your consent at any time.
The questionnaire is anonymous. The researchers conducting this survey cannot identify who you are or which community you are writing from. The survey does not entail any risks. Shall we begin?

SECTION 2 - "DEMOGRAPHIC DATA"
1. What is your current role?
> a. General Manager
> b. Unit Coordinator
> c. Other: please specify

1.1. How long have you been in this role?
> a. More than ten years
> b. Five to ten years
> c. Three to five years
> d. Two to three years
> e. One to two years
> f. Less than a year
> g. Less than six months

2. You are:
> a. Female
> b. Male

3. How old are you?
> a. 25-30
> b. 30-35
> c. 35-40
> d. 40-45
> e. 45-50
> f. 50-55
> g. 55-60
> h. Over 60 years old

4. How long have you been working in the field of residential care?
> a. For more than ten years
> b. From 5 to 10 years
> c. From 3 to 5 years
> d. From 2 to 3 years
> e. From 1 to 2 years
> f. For one year

5 How many units do you manage?
> a. One (Proceed to Question 6)
> b. Two (Proceed to Question 5.1)
> c. Three (Proceed to Question 5.1)
> d. Four (Proceed to Question 5.1)
> e. More than four (Proceed to Question 5.1)

5.1. What types of units are they/is it?
> a. Residential child care units (and/or semi-autonomous services, transitional services)
> b. Residential and semi-residential child care units
> c. Residential child care units and units for parents with children
> d. Other: please specify

6. What is your highest level of education?
> a. Ph.D. (Doctorate)
> b. Postgraduate specialization
> c. Master's degree or equivalent (including old degree system)
> d. Bachelor's degree
> e. High school diploma
> f. Middle school diploma

g. Other: please specify

6.1. What type of training is it?
      a. Medical
      b. Psychological and psychotherapeutic
      c. Educational
      d. Social work
      e. Legal
      f. Economic
      g. I have multiple qualifications in two of these areas
      h. Other: please specify

SECTION 3 – "MANAGING CHILDREN DURING LOCKDOWN"

7. Were you on duty during the lockdown?
      a. YES
      b. NO

8. Did you contract the virus during the lockdown?
      a. YES (go to Question 7.1)
      b. NO (go to Question 7.2)

9. During the lockdown, did anyone (staff and/or children) in the residential child care unit contract the virus?
      a. YES (go to Question 7.1)
      b. NO (go to Question 7.2)

9.1. If YES, who was affected?
      a. One or more child
      b. One or more staff member
      c. Both youth and staff members

10. Did you have sufficient space in the unit to manage proper isolation (if necessary or in cases of infection)?
      a. YES
      b. NO

10.1. And now? Do you have sufficient space to manage isolation?
      a. YES
      b. NO

11. During the lockdown and Phase 2, did you experience any incidents of youth running away?
      a. YES (Proceed to Questions 11.1 and 11.2)
      b. NO (Proceed to Question 12)

11.1. If YES, when did these incidents occur?
      a. Only during the lockdown
      b. Only during Phase 2
      c. In both phases
      d. In these recent weeks

11.2. If YES, how did you handle these incidents?
      a. Children were not allowed to return after the runaway
      b. Children were isolated as a precautionary measure upon their return to the unit
      c. Children returned without a period of isolation
      d. Children were isolated in another facility before their return to the unit
      e. Other: please specify

12. During the lockdown and Phase 2, did you experience any incidents of self-harm?
      a. YES (Proceed to Question 12.1)
      b. NO (Proceed to Question 13)

12.1. If YES, when did these incidents occur?
      a. Only during the lockdown
      b. Only during Phase 2
      c. In both phases
      d. In these recent weeks

13. During the lockdown and Phase 2, did you experience more frequent incidents of acting out (aggression, opposition, difficulty controlling impulses) compared to other periods?
      a. YES (Proceed to Question 13.1)
      b. NO (Proceed to Question 14)

13.1. If YES, when did these incidents occur?
        a. Only during the lockdown
        b. Only during Phase 2
        c. In both phases
        d. In these recent weeks

14. During the lockdown and Phase 2, did you experience a higher frequency of incidents with psychiatric significance compared to other periods?
        a. YES (Proceed to Questions 14.1 and 14.2)
        b. NO (Proceed to Question 15)

14.1. If YES, what specific incidents occurred?
        Text insertion

14.2. If YES, when did these incidents occur?
        a. Only during the lockdown
        b. Only during Phase 2
        c. In both phases
        d. In these recent weeks

15. During the lockdown period, how did you handle communication with children's families?
        a. Suspended in-person visits, but maintained the same frequency through video calls or online meetings
        b. Suspended in-person visits, but replaced with telephone calls (without video)
        c. Suspended in-person visits, but reduced the frequency of video calls or online meetings with families
        d. Suspended in-person visits, but increased the frequency of video calls or online meetings
        e. Continued in-person visits, but with physical distancing and appropriate personal protective equipments (PPE)
        f. Continued in-person visits without any specific precautions
        g. Other: please specify.

15.1. During the lockdown period, what kind of relationship did you have with children's parents?
        a. We had the possibility to build a dialogue with them
        b. It was very difficult to build a dialogue with them
        c. We felt attacked by them, without being able to explain ourselves
        d. We did not engage in a dialogue with them
        e. Other: please specify

16. During the lockdown period, how did you manage the relationships with children's teachers?
        a. We had the possibility to build a dialogue with them
        b. It was very difficult to build a dialogue with them
        c. We felt attacked by them, without being able to explain ourselves
        d. We did not engage in a dialogue with them
        e. Other: please specify

17. During the period of school closure, how did you manage online schooling?
        a. Children managed this aspect by themselves
        b. Children managed this aspect by themselves independently, but negotiated various aspects of this with us
        c. Children needed constant support from us
        d. Not all the children were able to participate toonline school due to a lack of suitable spaces and computers
        e. None of the children were able to participate to online school due to a lack of suitable spaces and computers
        f. Children were not interested by online school
        g. Other: please specify

18. In general, how was the management of children during the lockdown and Phase 2?
        Text insertion

SECTION 4 – "MANAGEMENT OF STAFF DURING LOCKDOWN AND PHASE 2"
19. How was the overall management of staff during the lockdown and Phase 2?
        Text insertion

20. How did you organize the shift coverage?
        a. We didn't need to make any changes to the shifts
        b. We extended the working shifts and removed the co-presence of staff members
        c. We reduced the working shifts and removed the co-presence of staff members
        d. We extended the working shifts but did not remove the co-presence of staff members
        e. We reduced the working shifts but did not remove the co-presence of staff members
        f. We hired additional personnel
        g. Other.

20.1. Did this organizational change lead to cost increasing?
        a. YES (Proceed to Question 20.2)

b. NO (Proceed to Question 21)

20.2. If YES, how did you deal with this increase in costs?
        a. We requested (and obtained) an increase and/or supplementation of fees
        b. We requested (but did not obtain) an increase and/or supplementation of fees
        c. We requested (and obtained) private donations
        d. We requested (but did not obtain) private donations
        e. We did not request assistance, but received it from private sources
        f. We did not request assistance
        g. Other

21. Were regular team meetings maintained?
        a. YES (Proceed to Question 21.1)
        b. NO (Proceed to Question 21.2)

21.1. If YES, how were they maintained?
        a. We held them in person with the same frequency
        b. We held them remotely with the same frequency
        c. We held them outdoors with the same frequency
        d. We held them with irregular and/or reduced frequency
        e. Other: please specify

21.2. If NO, why were team meetings for staff discussion not maintained?
        a. We did not have them even before lockdown
        b. There was no time available to hold them
        c. We did not have access to remote communication tools
        d. We were not interested in having them
        e. Other: please specify

22. Was staff supervision maintained?
        a. YES (Proceed to Question 22.1)
        b. NO (Proceed to Question 22.2)

22.1. If YES, how did you manage staff supervision?
        a. We held them in person with the same frequency
        b. We held them remotely with the same frequency
        c. We held them outdoors with the same frequency
        d. We held them with irregular and/or reduced frequency
        e. Other: please specify

22.2. If NO, why were staff supervisions not conducted?
        a. We did not have them even before lockdown
        b. There was no time available to hold them
        c. We did not have access to remote communication tools
        d. We were not interested in having them
        e. The supervisor was not available to conduct them remotely
        f. Other: please specify

23. Was staff trainings maintained?
        a. YES (Proceed to Question 23.1)
        b. NO (Proceed to Question 23.2)

23.1. If YES, how did you manage staff trainings?
        b. We held them remotely with the same frequency
        c. We held them outdoors with the same frequency
        d. We held them with irregular and/or reduced frequency
        e. Other: please specify

23.2. If NO, why were staff trainings not conducted?
        a. We did not have them even before lockdown
        b. There was no time available to hold them
        c. We did not have access to remote communication tools
        d. We were not interested in having them
        e. The trainer(s) was not available to conduct them remotely
        f. Other: please specify

24. In general, what is your perspective on the team's attitude during the lockdown?
        a. Collaborative, available, and resilient
        b. Collaborative but very anxious
        c. Not collaborative towards the organization but available for the children
        d. Not collaborative and not available for the children

e. I have not had the opportunity to verify it
f. Other: please specify

25. Make a list of the staff's most relevant resources during the lockdown and subsequent phases (max 3 answers)
Text insertion

26. Make a list of the staff's most relevant critical issues during the lockdown and subsequent phases (max 3 answers)
Text insertion

SECTION 5 - "MANAGING DAILY LIFE IN RESIDENTIAL CHILD CARE DURING LOCKDOWN, PHASE 2, AND CURRENTLY"
27. What significant changes in the organization of the residential child care have occurred from February/March 2020 to the present that you have not yet listed in this questionnaire?
Text insertion

28. During the lockdown, which aspect do you believe was the most lacking in your unit's educational offer?

a. Daily schedule organization
b. Communication with the children
c. Communication with families
d. Entertainment
e. Presence of adequate spaces (indoor and outdoor)
f. Presence of physical activities at home (or outside)
g. Other:

29. During the lockdown, which aspect do you believe was the most qualitatively significant in your unit's educational offer?
a. Daily schedule organization
b. Communication with the children
c. Communication with families
d. Entertainment
e. Presence of adequate spaces (indoor and outdoor)
f. Presence of physical activities at home (or outside)
g. Other:

30. Are there any aspects of RCC unit life that emerged during the lockdown that you would/have already incorporated into your unit's daily routine?
Text insertion

SECTION 6 – "MANAGING KEY STAKEHOLDERS DURING LOCKDOWN"
31. During the lockdown, were you able to continue your dialogue with the different services taking care of the children?
a. YES
b. NO

31.1. Who did you communicate with the most during that period, on average?
a. Social workers
b. Psychologists responsible for our children
c. Neuropsychiatrists
d. Law enforcement agencies
e. General practitioners (and/or specialists)
f. Juvenile court judges
g. Other: please specify

31.2. Who did you communicate with the least during that period?
a. Social workers
b. Psychologists responsible for our children
c. Neuropsychiatrists/psychiatrists
d. Law enforcement agencies
e. General practitioners (and/or specialists)
f. Juvenile court judges
g. Other: please specify

31.3. The category of stakeholders that you felt closest to as a residential child care during that period? (max 3 answers)
a. Social workers
b. Psychologists responsible for our children
c. Neuropsychiatrists/psychiatrists
d. Law enforcement agencies
e. General practitioners (and/or specialists)
f. Juvenile court judges
g. Local administrators

h. Donors
i. Volunteers
j. Other: please specify

32. From February/March 2020 until now, have you had the opportunity to interact with representatives from other RCC units and/or networks?
a. YES
b. NO

33. From February/March 2020 to the present, did you have the opportunity to interact with representatives ofCNCM?
a. YES
b. NO

33.1. Was it easy to contact CNCM?
a. YES
b. NO

33.2. Who did you get in touch with CNCM?
a. National President (Mr. Fulvi)
b. National Vice President (Mr. Carli)
c. CNCM representatives of your region
d. Members of the Executive Committee
e. Writing to the designated email address
f. Other: please specify

33.3. For what issues did you get in touch with CNCM?
a. To understand what personal protective measures to take in the unit
b. To exert pressure on national decision-makers regarding specific issues
c. To understand how to manage outings for the children
d. To understand how to handle children's families
e. To exert pressure on local decision-makers
f. Other: please specify

33.4. In relation to your expectations, how satisfied do you feel with the response from CNCM?
a. Fully satisfied
b. Partially satisfied
c. Partially dissatisfied
d. Dissatisfied

34. Is there anything else you think you need to share with CNCM?
Text insertion