



Role of young people's personal network in subjective well-being: A longitudinal study in residential care

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ABSTRACT

The promotion of children's and young people's well-being has been recognized as a primary goal in residential care. Research shows that personal relationships are a key factor in well-being. However, young people in residential care are embedded in a dynamic social context, making it difficult to form close and long-lasting relationships. This study analyzed the impact of young people's personal networks on their subjective well-being. Data spanning 2022–2024 were collected in three waves via a classroom-based or self-administered online survey. The sample comprised 228 young people living in a residential care facility in Switzerland in at least the first wave of data collection. The young people's networks were collected through individual personal networks. Subjective well-being was measured using a slightly adapted version of the *International Survey of Children's Well-Being* (ISCWeB) questionnaire. Data were analyzed using fixed-effects panel regression. Notably, the number of supportive ties ($B = 0.08, p = 0.01$) and contact frequency with network members ($B = 0.13, p = 0.05$) were positively associated with subjective well-being. However, personal networks predominantly comprising friends had a negative effect on their well-being ($B = -0.01, p = 0.02$). Young people should have the opportunity to develop close and supportive relationships inside and outside the residential care facility they can rely on when they leave institutional care.

1. Introduction

Promoting children's and adolescents' well-being is a guiding principle of the Convention on the Rights of the Child (Ruck et al., 2014). Furthermore, it has been acknowledged as a primary goal in residential child and youth care, in addition to safety and permanency (Rosanbalm et al., 2016). Several studies have demonstrated that personal relationships are a key factor for children's and young people's well-being through various mechanisms (Dinisman et al., 2017; Moreira et al., 2021; Parker et al., 2015; Sabolova et al., 2020). In residential care, considerable attention has been given to the relationship between caregivers and young people as a determinant of well-being (Costa et al., 2020; Llosada-Gistau et al., 2020); however, other relationships play a pivotal role in children's well-being. For example, relationships with

peers (Llosada-Gistau et al., 2017; Llosada-Gistau et al., 2015) and family members (Cameron-Mathiasen et al., 2022) are associated with young people's well-being. Although young people in residential care are embedded in individual and complex networks of meaningful relationships (Roche, 2019; Theile, 2020), research has emphasized specific relationship types, such as with caregivers, peers, or biological parents, rather than examining their vital relationships as a whole. These vital relationships can also be understood as a personal network. This network comprises people in one's life who are personally considered as important, regardless of whether they get on well. Research has demonstrated that personal networks of young people in residential care are diverse in their composition, size, and structural features and, in most cases, go beyond the residential care setting (Kristan et al., 2022). Residential care is frequently characterized by

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recurrent changes in young people's personal networks owing to staff turnover (Costa et al., 2020; Moore et al., 2018), arrivals and departures of other children and young people (Roesch-Marsh & Emond, 2021), ambivalent family relationships (Cameron-Mathiassen et al., 2022; Roche, 2019), a young person's change of the residential care group or residential care facility (Riemersma et al., 2023), and leaving residential care (Marion et al., 2017). These constant changes make it difficult to form close relationships in residential care that last over time (Roesch-Marsh & Emond, 2021). Hypothetically, the characteristics of the personal network critically influence young people's well-being, including those in residential care and those who left institutional care; thus, this is associated with the assumption that some personal network configurations are more favorable for young people's well-being.

2. Theoretical framework

To date, research has tended to emphasize factors related to the placement as a key determinant of young people's well-being in residential care (Llosada-Gistau et al., 2017, 2020). This view disregards the fact that young people are embedded in meaningful personal relationships extending beyond the boundaries of the residential facility and may exist before and after the placement. To overcome this limitation, the present study draws on the sociology of personal life (May & Nordqvist, 2019; Smart, 2007). According to Smart (2007), meaningful personal relationships largely shape people's personal lives. Arguably, relationships are built more by personal interest, affection, and friendship than by practical necessities or societal norms. From this perspective, people decide for themselves which relationships matter to them and, in doing so, shape and sustain their personal network. Building on these theoretical foundations, this study employed the convoy model of social relations (Kahn & Antonucci, 1980) to guide data analysis, as it provides a concrete theoretical framework for understanding personal networks. Furthermore, this model links social relations with well-being in a life course perspective. According to the convoy model, an individual is surrounded by supportive others who accompany them over their life course. The relationships in one's convoy vary in terms of closeness, quality, structure, and function. These attributes are determined by situational and personal characteristics. The convoy model highlights the protective function of social relationships within a life course perspective. Social support provided by the social relationships in the convoy is a key protective factor, as it acts as a buffer against stress. Over the life course, the form and amount of support required by an individual constantly change as needs and circumstances evolve. A convoy consists only of the important relationships in a person's life rather than all the ties an individual has. Therefore, a fundamental assumption of the model is that convoy members can be classified according to the degree of closeness. A convoy consists of three concentric circles, which represent the level of closeness to the focal person. Convoy members in the inner circle are those closest to the focal person, such as family members or close friends. These members are likely to be stable members of the convoy over the life course and provide a broad range of support. The second circle encompasses members who are less close to the focal individual than those in the first circle. However, members in the second circle provide support that goes beyond their role. Members in the third circle are the least close to the focal individual and are defined by more casual contacts. The type of support that these convoy members can provide is highly limited to their role. For instance, this could be a teacher who only provides school-related support to the focal person. The third circle is the least stable in terms of longevity because it is limited to a specific life domain, such as school. The characteristics of a convoy strongly influence an individual's well-being and the ability to cope with life's important tasks. Regarding social support, Antonucci and Akiyama (1994) highlighted the importance of the main and buffering effects that social support has on an individual's well-being. Main effects refer to a general feeling that problems and challenges can be dealt with owing to the availability of social support

regardless of whether a person experiences stressful events, whereas buffering effects refer to social support as a coping strategy when dealing with stressful life events.

The convoy model of social relationships is relevant to subjective well-being and associated with psychological and socioecological theories predominantly referred to in residential child and youth care. For example, according to the self-determination theory (Deci & Ryan, 1985), satisfying the need for social connectedness, among autonomy and competence, primarily motivates behavioral change. Social connectedness refers to the desire to be connected with others. In addition, the social convoy model is associated with Bronfenbrenner's (1979) ecological systems theory, emphasizing that different nested and interconnected environmental systems shape an individual's development. These systems range from close and immediate relationships (e.g., family and friends) to broader societal structures (e.g., social policy and culture). Accordingly, immediate relationships play the most influential role in human development.

3. State of research

3.1. Children's well-being

Well-being is closely associated with the quality-of-life and ideas about a good life (Ben-Arieh et al., 2014). Despite the lack of a consensus definition of child well-being (Lee, 2014), the concept of well-being is a multifaceted construct that encompasses various domains within an individual's life (Ben-Arieh et al., 2014; Fattore et al., 2017). Furthermore, a distinction is drawn between objective and subjective well-being (Axford et al., 2014). Objective well-being refers to outcomes, risk, and protective factors, whereas subjective well-being refers to a person's satisfaction with different aspects of their life or their life in general (Axford et al., 2014). Diener (1984) noted that objective conditions, such as health, comfort, or wealth, can influence subjective well-being; however, these conditions are not inherent and not necessarily part of subjective well-being. Within the long-standing tradition of research on child well-being, the inclusion of children and adolescents as the main source of information about their well-being is a relatively recent development (Ben-Arieh, 2010). In particular, research on the subjective well-being of young people in residential care remains in its early stages (González-García et al., 2022; Montserrat et al., 2022; Orúzar et al., 2019).

3.2. Well-being and residential care

Adolescents' subjective well-being in residential care are markedly lower than those in the general population (Delgado et al., 2020; Dinisman et al., 2013; Llosada-Gistau et al., 2015; Schütz et al., 2015). Furthermore, young people's subjective well-being in residential care is significantly lower than those of young people living in other out-of-home care settings, such as foster or kinship care (Delgado et al., 2020; Llosada-Gistau et al., 2017, 2020). An explanation for low subjective well-being in residential care is that they experience more changes of placement and less stability and continuity in their personal relationships (Llosada-Gistau et al., 2020; Schütz et al., 2015). Moreover, young people's subjective well-being is higher in smaller facilities than in larger ones. The authors attribute this difference to the facilitation of more stable and personalized relationships in the smaller setting (Llosada-Gistau et al., 2020).

Factors that influence the subjective well-being of young people in residential care include agreement with placement, stability and satisfaction at school, leisure activities, frequency of computer use, satisfaction with caregivers, relationship with their mother, relationships with friends (Llosada-Gistau et al., 2017, 2020), and playing games with others (Gallardo-Masa et al., 2024). Evidence on gender differences in subjective well-being among children and adolescents in residential care remains inconclusive. Girls tend to have markedly lower levels of

subjective well-being than boys (González-García et al., 2022; Llosada-Gistau et al., 2017, 2020). Contrarily, in their trend study, Montserrat et al. (2022) found lower levels of well-being among girls in residential care at the first time point, but not at the second. The age-related decline in subjective well-being documented in the general population (Cavallo et al., 2015) was also evident among young people in residential care, with 15-year-olds having significantly lower levels of subjective well-being than 12-year-olds (Llosada-Gistau et al., 2017, 2020).

3.3. Personal relationships and well-being in residential care

The literature consistently recognizes the social dimension as a core component of subjective well-being (Ben-Arieh et al., 2014; Cummins, 1996; Lee, 2014). Children themselves describe their relationships, particularly with family and friends, as fundamental to their well-being (Fattore et al., 2017). Support from network members and satisfaction with personal relationships influence the subjective well-being of young people in residential care (Llosada-Gistau et al., 2017). Research on residential care has found that young people's relationships with family members, friends, and caregivers are important in their lives (Cameron-Mathiassen et al., 2022; Kristan et al., 2022; Llosada-Gistau et al., 2017, 2020; Pinchover & Attar-Schwartz, 2018; Roche, 2019). Although family relationships are often characterized as complex (Biehal & Wade, 1996; Cameron-Mathiassen et al., 2022), continued contact and regular family visits are considered important for young people's well-being (Dinisman et al., 2013; Sen & Broadhurst, 2011). For the parents, this applies to mothers and fathers (Semešiová et al., 2024; Shalem & Attar-Schwartz, 2022). Satisfactory and supportive relationships with caregivers are also considered to be important, particularly when family contact is difficult or lacking (Cameron-Mathiassen et al., 2022; Roche, 2019). Llosada-Gistau et al. (2020) argued that young people in residential care who feel well treated and heard by their caregivers have significantly higher levels of subjective well-being than those who are not. Costa et al. (2020) reported a marked moderating effect of emotional closeness with caregivers on the development of young people's well-being. However, this effect was observed only for a short period of time. According to Emond (2014), caregiver's emotional involvement is limited to the role and function of professional caregiving. However, for some young people in residential care, the lack of closeness with their caregivers can result in loneliness and abandonment (Cameron-Mathiassen et al., 2022). In addition, changes in placement or staff turnover may even make young people less likely to engage in close relationships (Moore et al., 2018). Correspondingly, Llosada-Gistau et al. (2020) reported that young people who always stayed in the same residential facility reported markedly higher levels of subjective well-being than those who switched residential facilities. Although young people in care maintain diverse networks (Roche, 2019), research on their friendships and peer relationships is scarce. Research findings on peer relationships and their effects on well-being are ambivalent. Peers, particularly friends, have been described as a source of everyday advice and social support (Emond, 2014) as well as fear and insecurity (Cameron-Mathiassen et al., 2022). Concerning frequency of contact, Llosada-Gistau et al. (2017) reported higher levels of subjective well-being among young people in residential care who went out with their friends at least once a week than those who never or rarely went out. Kristan et al. (2022) found that young people in residential care have smaller personal networks than their peers in the general population, with fewer (extended) family members and peers and less contact with their network members. Furthermore, boys in residential care were found to have fewer friends in their networks than girls (Günther, 2008). Cameron-Mathiassen et al. (2022) noted that friendships outside residential care have been underexplored in research on young people in residential care. Research indicates that upon leaving care, young people in residential care with smaller networks are more likely to experience limited social support and increased feelings of loneliness (Stubbs et al., 2023; Theile, 2020).

4. This study

This study is part of the research project 'The personal life of young people in residential care - StePLife'. The StePLife project examined the personal lives of young people in residential care in Switzerland, emphasizing their personal relationships and residences. Based on the personal life perspective (Smart, 2007) and social convoy theory (Kahn & Antonucci, 1980), this study examined the longitudinal association between young people's personal network and their subjective well-being. To our knowledge, the convoy model has only been applied to residential child and youth care in Kristan et al.'s (2022) cross-sectional study. Notably, young people's convoys in residential care differ from those of the general population by having less-favorable social relationships. They investigated the relationship between social convoy and loneliness. This study expands knowledge about the social convoys of young people in residential care by applying a longitudinal design and employing methods to measure the causal effect of the convoy on young people's subjective well-being. The convoy model highlights that major life transitions often change the amount and form of social support needed. Therefore, the study sample includes young people who transitioned out of residential care during the longitudinal data collection. The study results are intended to help caregivers and other professionals in residential care to support young people in building and maintaining their convoys in a life course perspective to ensure well-being despite challenging life circumstances and transitions.

This study was conducted in Switzerland. Owing to the federal structure in Switzerland, a country comprising 26 cantons, there is great heterogeneity regarding the organization and infrastructure in residential care and other child welfare services. Furthermore, owing to the lack of national data on residential care in Switzerland, there is no reliable information on the number and characteristics of children and young people in residential care (Fellmann et al., 2020). In this country, residential child and youth care is diverse in facility and referral types. In simple terms, there are three types of residential care facilities: children and youth homes, where children are placed for child protection reasons and from where they attend public schools; specialized boarding or residential schools, where children with school-related problems are placed, either in addition to child protection issues or because there is no suitable specialized school near their parents' home; and intervention centers with open, semilocked, and locked units. Regarding the referral type, a rough distinction can be made between compulsory and agreed placements (Schnurr & Gautschi, 2023). Compulsory placements are based either on the Swiss Civil or Juvenile Penal Code. Voluntary placements are not associated with parental right restriction but require that parents agree to the placement. Such placements are usually facilitated by a social service.

5. Methods

5.1. Data collection and sample

Data were collected as part of the StePLife project in three waves in 2022–2024, each wave 1 year apart. Data collection in the first wave was performed by either the researcher or facility staff using an online questionnaire in a classroom setting. In the second and third waves, young people who had left residential care independently completed the online questionnaire. Others were again interviewed in classroom setting in their facilities, analogous to the first wave. Data were collected in three different types of facilities, including children and youth homes with and without internal schooling, and in intervention centers. All participants were informed verbally and in writing about the study and their rights. For participants aged <14 years in the first wave, written parental consent was obtained. The study participants received compensation of 15, 20, and 30 Swiss Francs in the first, second, and third waves, respectively.

In the initial step, a list of all residential child and youth care

organizations in German-speaking Switzerland was generated, which included 206 organizations; these organizations were asked to participate in the study, of which 113 agreed. All young people who met the study criteria were informed about the study and the conditions for participation in these organizations. Of them, 559 from 90 facilities agreed to participate in the first wave of the panel study, 430 in the second, and 356 in the third wave. This translates into a 36.3% dropout rate from the first to the third wave. Owing to the lack of data on children in out-of-home care at a national level in Switzerland, constructing a reliable assessment of sample representativeness is impossible. The study sample comprised 228 young people and included only cases with complete data on all variables across the three waves. These participants were from 82 different residential care facilities. Table 1 presents the characteristics of the study participants. During data collection, 156 participants remained in residential care in the second and 115 third waves, respectively.

5.2. Measures

5.2.1. Dependent variable

Subjective well-being was conceptualized multidimensionally as satisfaction with different life domains (Fattore et al., 2017). It was evaluated using a 16-item index based on the *International Survey of Children's Well-Being* (ISCWeB) questionnaire (Rees, 2017). The index includes the following life domains: the people they live with, relationships with friends, family, being listened to by adults, places where they live, school, health, things they have, time management, free time, safety, future prospects, and self. For this study, 14 of 15 items that were translated into German from the international comparative ISCWeB study (Rees, 2017) were used. The item that covered satisfaction with one's neighborhood was excluded because many children in residential care in Switzerland have multiple places of residence and, therefore, have multiple neighborhoods. Two items covering satisfaction with one's own family and free time were added to the German version. Research suggests that both are essential life domains for children in residential care in Switzerland (Ahmed et al., 2020). The item concerning family that was developed by the research team is as follows: *How satisfied are you with your family?* The item regarding free time was adapted from the English version of the ISCWeB study (Rees, 2017) and translated by the research team. This adaptation process resulted in the

Table 1
Participant characteristics.

	n = 228	%
<i>Gender</i>		
Female	120	52.6
Male	99	43.4
Nonbinary	9	4.0
<i>Age</i>		
11	1	0.4
12	16	7.0
13	25	11.0
14	57	25.0
15	55	24.1
16	47	20.6
17	23	10.1
18	4	1.8
<i>Nationality</i>		
Swiss	166	72.8
Other	50	21.9
Unknown	12	5.3
<i>Facility type</i>		
Children's home	86	37.7
Special school home	126	55.3
Intervention center	16	7.0
<i>Residential care</i>		
In RC at wave 1	228	100.0
In RC at wave 2	156	68.4
In RC at wave 3	115	50.4

16-item index that was utilized for the present study. To consider the longitudinal design of this study and the specific circumstances of residential care in Switzerland, minor adjustments were made to the wording of some items. For example, instead of asking respondents regarding their satisfaction with their home, we asked about their satisfaction with the places where they live, as many children in Swiss residential care regularly spend their weekends and holidays at their family's home.

5.2.2. Independent variables

A personal network approach was employed to evaluate the young people's social convoy. Their personal network was captured in a three-stage process. First, the participants were asked to read the following name generator (McCarty et al., 2019) and list up to 13 people: *Which people (or animals) were important to you last year, even if you did not always get along well?* Respondents were free to define what "important" meant. Second, participants were asked to provide some information on the listed individuals, such as relationship type (e.g., mother, father, friend, and pet) and contact frequency. Third, the participants indicated who among the listed individuals would support them as needed. The regression model used five independent variables covering the structure and composition of the personal network.

The network structure was evaluated using the contact frequency between the respondent and its network members and with the number of supportive ties in the personal network. The *contact frequency with network members* was calculated by initially asking the respondents to indicate how often they met each network member and contacted via the internet or telephone calls. Both contact types were measured using an eight-point scale from "never" to "daily." Then, the mean frequency of contact between the respondent and all network members was calculated. The *number of supportive ties in the network* was calculated by counting the number of network members who would support the respondent when needed. The *network composition* was assessed using three variables capturing the share of the following relationship types in the personal network: members of the family of origin (i.e., parents and siblings), friends, and professionals; the assessment was conducted by calculating the percentage of these relationship types in the network. The value of each of these three variables is 0%–100%. A high share of one of these variables indicates that the network is oriented toward a specific relationship type.

5.2.3. Control variable

Residential care has a considerable effect on young people's well-being (Dixon, 2008). Therefore, a dichotomous variable was created for each wave reflecting whether the respondent remained in the same residential care setting as before. This information was obtained during the second and third waves by asking respondents where they currently live. Respondents could report multiple residences. If residential care was no longer reported, the case was coded as having left residential care.

Leaving care was coded as 0 and encompasses various scenarios, such as returning to the family of origin, transitioning to independent living, or, in some cases, moving from residential to foster care. Not leaving residential care was coded as 1. Nevertheless, they may have experienced transitions as a change of facility or group within the facility.

6. Results

Table 2 presents the means (*M*), standard deviations (*SD*), and correlations of the variables of interest considering all observations from the three data collection waves (*N* = 684). Pearson's correlations indicated small-to-moderate significant correlations between the variables.

Per Dougherty (2011), a fixed-effects rather than a random-effects model was employed for data analysis because the study sample was not random. Table 3 presents the results of the fixed-effects panel

Table 2
Descriptive statistics of the study variables.

Variable	N	M	SD	Min.	Max.	1	2	3	4	5	6
1 Subjective well-being	684	6.97	1.49	2.38	10	1					
2 Contact frequency with network members	684	5.87	1.15	1	8	0.23**	1				
3 Number of supportive ties in the network	684	5.61	3.21	0	13	0.13**	-0.16**	1			
4 Share of family-of-origin members in the network	684	35.30	26.23	0	100	0.13**	0.14**	-0.18**	1		
5 Share of friends in the network	684	27.94	26.34	0	100	-0.07	0.09*	0.08*	-0.47**	1	
6 Share of professionals in the network	684	7.14	14.88	0	100	-0.04	-0.20**	0.03	-0.22**	-0.21**	1

Note: * $p < 0.05$. ** $p < 0.01$; Pearson's correlation

Table 3
Fixed-effects panel regression model results.

	B	Robust SE	95% CI		p	η_p^2
			LL	UL		
Intercept	5.706	0.671	4.389	7.024	0.000	0.139
Contact frequency with network members	0.133	0.066	0.003	0.262	0.045	0.009
Number of supportive ties in the network	0.080	0.027	0.026	0.134	0.004	0.019
Share of family-of-origin members in the network	0.000	0.003	-0.007	0.006	0.973	0.000
Share of friends in the network	-0.006	0.003	-0.012	-0.001	0.019	0.012
Share of professionals in the network	0.000	0.006	-0.011	0.010	0.932	0.000
RC (ref. Cat = Not RC)	-0.417	0.143	-0.697	-0.136	0.004	0.019

Note. DV = Subjective well-being; robust standard errors HC3; balanced model; $N = 228$ /observations = 684. CI = confidence interval; LL = lower limit; UL = upper limit. LSDV approach; Adj. $R^2 = 0.610$.

regression model tested using the least-squares dummy variables approach. Because the Breusch–Pagan test for heteroscedasticity rejected the null hypothesis, heteroskedasticity-robust standard errors were used. The HC3 estimator was utilized per Hayes and Cai (2007). Furthermore, Table 3 includes the partial eta square value (η_p^2), which was used as a measure of within-person effect size (Sommet & Lipps, 2025). Notably, the contact frequency with the network members and the number of supportive ties had a significant positive effect on subjective well-being. Concerning the three variables on the composition, only friends' share in the network had a significant effect on subjective well-being. The higher the friends' share in the personal network, the lower the level of subjective well-being.

7. Discussion and conclusion

Drawing on the social convoy model of social relations (Kahn & Antonucci, 1980), this study analyzed the role of personal networks in the well-being of young people in residential care. Panel regression analysis confirmed the assumptions of the convoy model, considering contact frequency with network members and number of supportive ties exerted a positive effect on the subjective well-being of young people. The result on the positive effect of contact frequency and availability of support is consistent with other research findings regarding residential care. For instance, frequent contact with friends outside the residential care facility is crucial in providing normality to young people in their lives (Gallagher & Green, 2012). Furthermore, contact with family members can maintain young people's sense of their origins (Sen & Broadhurst, 2011). Research that explored outcomes in residential care mostly found positive associations with contact frequency. Huefner et al. (2015) reported that frequent visits to their families exerted a positive effect on various outcomes, such as decreased disruptive behavior and

improved goal achievement. Sen and Broadhurst (2011) obtained similar results. Research investigating the frequency of contact between young people and their mothers did not find an association with emotional and behavioral adjustment difficulties (Shalem & Attar-Schwartz, 2022). The present study complements these findings by demonstrating the causal relationship between the frequency of contact and availability of support and subjective well-being.

Concerning social support availability in the personal network, Singstad et al. (Singstad et al., 2021) reported that perceived social support was positively associated with young people's quality-of-life in residential care. Although quality-of-life and subjective well-being are related yet distinct theoretical concepts, this study highlights Singstad et al.'s (2021) findings by demonstrating that the number of supportive ties influences the young people's subjective well-being. Furthermore, social support availability has a preventive function against loneliness in residential care (Kristan et al., 2022). In fact, loneliness is associated with adolescents' lower subjective well-being; however, social support functions as a protective moderator against the negative effects of loneliness on well-being (Goodfellow et al., 2022). The relevance of social support was stressed concerning transition out of care, highlighting its role in helping young people navigate this critical period (Okland & Oterholm, 2022; Schofield et al., 2017). Therefore, supportive relationships should be built and sustained during placement, so they can be relied upon during transition.

Findings on the influence of network composition are less consistent with the assumptions of the convoy model and existing research in residential child and youth care. This study examined the effect of network composition on young people's subjective well-being by analyzing the share of family-of-origin members, friends, and professionals in their personal network. A significant negative effect was observed in the share of friends, implying that the level of subjective well-being is lower among young people whose personal network is oriented toward friends. Friends play a key role in the lives of adolescents and contribute to well-being via various mechanisms, with research identifying the quality of friendship as an important factor (Alsarrani et al., 2022). The study results indicate that the negative effects of friendships come into play when they take up a large share of the network. For young people in residential care, friendships are more likely to change due to the fluctuation in residential care facilities. Hence, friendships may be a source of disappointment and negative emotions owing to frequent termination of relationships with friends and peers. Moreover, a high share of friends in young people's network may be an indicator of a lack of contact with family members. Studies have demonstrated that peer support becomes increasingly present when family relationships are not supportive (Stubbs et al., 2023). Therefore, friends would have a compensatory role. A high share of friends indicates that the networks are more homogeneous in terms of role distribution, which limits the heterogeneity of support that can be provided. Although friendships serve many positive functions, they may not offer support and guidance that comes from relationships with adults (Hiles et al., 2013; Stubbs et al., 2023). Furthermore, research on young people in the general population has shown that peer influence can generate pressure, encouraging adolescents to engage in behaviors they might not otherwise choose (Jaccard et al., 2005). In doing so, peer pressure can limit young people's opportunities to develop their

individuality. Therefore, adolescents with a high share of friends within their personal network are more vulnerable to peer pressure, engaging them in unwanted behaviors, which can negatively affect their well-being. Further explanation could be that the negative effect of a high share of friends in personal network on subjective well-being is associated with experiences of peer discrimination (Ćosić et al., 2025). Moreover, positive and negative moods are transmitted within personal networks (Eyre et al., 2017). Therefore, friendships among adolescents from burdened family backgrounds may serve as a source of mutual understanding and support and a space where negative experiences reinforce each other, thereby contributing to a more negative perception of the world.

Contrary to the negative effect of friendship-oriented networks on subjective well-being, no significant effects were observed regarding the share of family-of-origin members. Hence, personal networks with a strong or weak orientation toward family-of-origin members have neither a positive nor negative effect on young people's subjective well-being. Regarding the convoy theory, family members would be considered inner-circle members; (Kristan et al., 2022) confirmed this assumption in residential care. Furthermore, research on care leavers has shown that family relationships contribute to stability, highlighting the relevance of personal relationship longevity (Sulimani-Aidan, 2020). According to the convoy theory, longevity is a characteristic of relationships to network members of the inner circle (Kahn & Antonucci, 1980). Because research highlights the ambivalent nature of family relationships of young people in residential care (Cameron-Mathiasen et al., 2022; Roche, 2019) and those who have left care (Torbenfeldt Bengtsson & Mølholt, 2018), the negligible effect of the share of family members may indicate that there is no clear pattern in this regard. Although contact with family is crucial and desired, other relationships may be ranked higher and also provide a sense of family (Roche, 2019).

The third category in network composition, utilized as a predictor herein, is the share of professionals in the personal network. Kristan et al. (2022) noted that the young people mainly assigned professionals to the second circle, which, per the convoy theory, would limit to some extent the type of support they provide to their role. Therefore, a higher share of professionals would have a rather negative effect on well-being because these relationships are not considered as close and lasting as those in the first circle. However, the share of professionals in the personal network did not significantly affect subjective well-being. Young people in residential care are often reliant on professionals, particularly caregivers (Roche, 2019). This study finding indicates that although young people depend on professionals and describe them as important, their role has a limited influence on their subjective well-being. This may be because professional boundaries limit young people's perception of these relationships as part of their private sphere, implying that relationships with people from the public sphere, such as professionals, are less relevant for subjective well-being.

Considering the findings on network composition, the association between the social convoy and well-being may differ for young people in residential care compared with those in the general population. Qualitative research can clarify the findings regarding the negligible effect of the share of family members and professionals. Considerably, Fino's (2023) study could be relevant, demonstrating that satisfaction with different domains of well-being (e.g., affective well-being, school satisfaction, and life satisfaction) are associated with the person offering social support.

8. Limitations

First, the analysis did not consider the share of the exact network members present in the network in the second and third waves; this knowledge would be needed in understanding what role continuity in social relationships plays in well-being, which is highlighted by the convoy model. Second, the longitudinal analysis only considered three measurement points covering a time span of 2 years; this is a short

section of the residential care biography of most young people in institutional care. Third, the operationalization of the social convoy model was simplified to reduce the time required to complete the questionnaire by not asking participants to allocate their network members in concentric circles but provide information on the relationships and the network members themselves. Thus, it was not possible to measure the convoy model in all its complexity.

9. Practical implications

The convoy theory emphasizes the relevance of long-lasting and close relationships over lifetime. Changing residences can negatively affect the convoy by making it more difficult to maintain pre-existing close relationships across geographical distances. Practitioners should know that residential care is a transition-intensive setting, as entering care, changing the facility or group, and leaving care involve a change of residence that can negatively affect young people's personal networks. Herein, the frequency of contact with network members and number of supportive relationships exert a positive effect on well-being; therefore, practitioners should ensure that young people in care have sufficient opportunities for regular contact with members of their personal network, even over long geographical distances; this may include opportunities for digital and physical contact. Therefore, residential care facilities need to develop settings and rules so that young people can create and use these opportunities. For example, opportunities for physical contact can be created for young people to invite family and friends to the residential care group for meals, perhaps even for overnight stays if appropriate, or allow overnight stays with friends.

When children or young people enter residential care, they already have a personal network. Hence, residential care staff should discuss these pre-existing networks with young people, analyze them, and develop individual strategies for network maintenance and further development. Because residential care represents only a temporary stage in young people's biographies, they should have ample opportunities to develop close relationships outside the residential care facility such that they can provide support after leaving care. Therefore, practitioners should be familiar with young people's networks for maintaining key relationships and identifying potential gaps in support. Although friendships can be a valuable source of support, according to the present findings, they can have a negative effect on young people's subjective well-being. Therefore, residential care staff should engage with young people regarding these potential negative influences and help them develop the skills to set healthy boundaries. Considering that transitions into, within, and out of residential care can impact young people's social convoys, professionals should consider them with foresight, particularly while preparing for and supporting transitions. Adopting a social convoy perspective across the life course can help practitioners provide sustainable support and promote young people's well-being beyond institutional care.

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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