



## Article

# Young Teenagers' Views Regarding Residential Care in Portugal and Spain: A Qualitative Study

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**Abstract:** Research on residential care has been well established in the literature. Nonetheless, research drawing from the actual experiences of adolescents is relatively scarce. A qualitative study was designed highlighting the voices of children, analysing their fostering experience, interpersonal relationships, their participation in daily decisions, and future aspirations. The sample included 33 early adolescents in residential care aged 12–14 in Portugal ( $n = 17$ ) and Spain ( $n = 16$ ). Results showed that there was agreement in terms of the importance given to education, their satisfaction with the material conditions of residential centre, and their dissatisfaction concerning matters of individuality, autonomy, participation, and socialization.

**Keywords:** residential care; Portugal; Spain; qualitative study



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## 1. Introduction

The care system for maltreated children has shown, in the context of post-industrialized Western countries, a tendency to favour foster care, and to promote a reduction in the percentage of children who are placed in residential care ([Official Journal of the European Union 2013](#); [Opening Doors for Europe's Children and Eurochild 2015](#); [United Nations General Assembly 2009](#)). In this context, Portugal and Spain, countries with a similar culture, religion and social structure, have some of the highest rates of children placed in residential care ([Ainsworth and Thoburn 2014](#); [Del Valle and Bravo 2013](#)). The latest available data reveal that the 97% of children in out-of-home care in Portugal are placed in residential centres ([Instituto da Segurança Social 2018](#)). In Spain, the latest official data on children admitted to out-of-home care services show that 40.2% of them are placed in residential care ([Ministerio de Sanidad, Servicios Sociales e Igualdad 2017](#)).

In both countries, residential care has a slight prevalence of male adolescent children and an increasing number of children with moderate to severe mental health problems ([Instituto da Segurança Social 2018](#); [Ministerio de Sanidad, Servicios Sociales e Igualdad 2017](#)). In any case, the profile of children is heterogeneous and, in many cases, they are in residential care due to the lack of foster families, i.e., in other countries these children would be in family foster care. Another characteristic is that in residential care more groups of siblings are found ([López et al. 2010](#)). In both countries most centres are run by non-governmental organisations, some of them Catholic. In some regions like Catalonia the workers in residential centres have a university degree (Social Education) as well as in Portugal (Social Education, Social Work or Psychology). In Spain, despite the efforts of the welfare regime to favour foster care and more “family oriented” residential settings

for children, in the last five years there has been an increase in the number of residential homes with a capacity for over 20 children, especially to foster the large numbers of unaccompanied migrant children entering the care system at older ages ([Ministerio de Sanidad, Servicios Sociales e Igualdad 2017](#)). In Portugal, changes in the residential care system are still in their early stages, with only a few recent initiatives involving emergency units or apartments for independent living with the intention of helping adolescents and young adults prepare for their transition towards independence ([Rodrigues et al. 2013](#)). More than 60% of the residential units continue to be large houses, with more than 25 children ([Rodrigues and Barbosa-Ducharne 2017](#)).

Within recent research focused on children's subjective well-being (SWB), several studies have concluded that the subjective well-being of children in residential care is significantly lower than that of children living with their families ([Heastbaek 2016](#); [Lausten and Fredriksen 2016](#); [Delgado et al. 2017, 2019](#)). Additionally, those studies concluded that children in residential care presented a higher rate of school failure and have fewer opportunities to decide on the use they make of their spare time, especially with regard to family relationships or leisure activities. They also show that children placed in residential care do not feel safe, heard, or loved by the adults around them to the same extent as other children in foster care; and only a minority consider their residential home a very good place to grow up.

In Catalonia (Spain), [Llosada-Gistau et al. \(2017\)](#) demonstrated how adolescents living in residential care reported lower SWB in all life domains when compared to those in foster care (kinship and non-kinship). Variables that might have an influence on their subjective well-being, include their interpersonal relationships, particularly with friends, and the possibility of being involved in decision-making processes. More recently, in a study developed in Portugal, [Delgado et al. \(2019\)](#) consistently concluded that children in residential care have the lowest subjective well-being compared to groups of children in foster care and in the general population, as well as a more pessimistic view towards their own future, less self-esteem, less participation in the decisions they make about how they spend their time and a greater sense of loneliness.

[Carvalho et al. \(2020b\)](#) compared the SWB of children in residential care and in foster families in Portugal and Catalonia (Spain), with a sample of 551 children, aged between 11 and 15. Children in residential care have a lower SWB compared to children in the foster care groups in both countries, confirming the widespread trend of previous studies. However, in the same study, authors observed that a large group of adolescents—half in Catalonia and one third in Portugal—live happily in residential centres, which shows that it is possible to live in a residential centre and have a high level of subjective well-being. However, the factors that determine the differences in the SWB levels among this group of children are still unknown.

According to SWB studies' approach, children's experiences, opinions and feelings, should be prioritized in terms of data collection ([Casas 2011](#); [Wilson et al. 2020](#)). Besides, listening to the voice of children in care is fundamental to the residential care system, allowing them to become subjects capable of intervening in the world around them and being heard ([González et al. 2015](#)). However, while there exists established literature on residential care (e.g., [Courtney and Iwaniec 2009](#); [Gilbert et al. 2011](#)), research based on cases drawing from the actual experiences of adolescents is still relatively scarce ([Townsend et al. 2020](#); [Wilson et al. 2020](#)). With these considerations in mind, a qualitative study was designed comparing the experiences of a group of children in residential care in Spain and Portugal, two neighbouring countries with a similar socio-cultural matrix where the increased placement of children in residential care is noticeable. The main research question is: What a group of young teenagers think and how they evaluate their experience of being in residential care in Portugal and Spain? The objectives of the research established to answer this question are to identify and compare young teenagers' experiences in both countries around (1) their fostering experience in residential care; (2) their interpersonal relationships and interactions inside and outside the residential centre; (3) issues related to

their participation and autonomy within the residential context; and (4) adolescents' future aspirations.

## 2. Materials and Methods

The same qualitative exploratory study was applied in Spain and Portugal, framed within the hermeneutical or interpretive paradigm, as described in the field of educational research, based on the constructivist perspective (Sandín 2003). Both teams in Portugal and Spain designed the structure of the project to be able to replicate it in a similar way as possible in each country. In order to go deeper into the specific proposed objectives, it was decided to apply the technique of focus groups with children, two in each country. The characteristics of the groups, their segmentation variables, the interview script, and the type of group moderation were agreed a priori and are detailed below. It was also agreed that the dissemination of results would be done at two levels: On the one hand, the scientific dissemination in a joint way, and on the other, the dissemination aimed at the field of residential practice in each country.

### 2.1. Participants

Two focus groups were conducted in each country with a total of 33 participants, 17 in Portugal and 16 in Spain, balanced by sex and age (see Table 1). The participants were selected through a convenience sampling based on some segmentation variables: medium-sized, well-communicated residential centres in the same city, with children of both sexes and age diversity. We defined the minimum and the maximum number of children in each focus group, independently of the number of children in each institution. However, the medium size of the 6 + 2 chosen institutions is similar in both countries.

**Table 1.** Characteristics of the participants according to residential centres and countries.

	Portugal ( <i>n</i> = 17)	Spain ( <i>n</i> = 16)
Sex	35.3% boys; 64.7% girls	56.3% boys; 43.7% girls
Mean age (range)	13.1 (11–16)	13.2 (12–15)
Country of origin	100% born in Portugal	82.2% born in Spain
Number of residential centres	2	6
Number of places in the RC	Between 20/22	Between 7/20

In Spain, adolescents were from six different residential centres of two province capital cities and, in Portugal, they were from two different residential centres of two districts capital cities Porto and Braga, the second and seventh most populous cities.

### 2.2. Instruments and Procedure

The participants' recruitment process included obtaining authorization from the relevant authority for the protection of children, and the presentation of the research project to the directors at the residential centres and children aged between 11 and 16 years old. After the explanation of the project, they decided about their participation on a voluntary basis. They were informed about the objectives and what their participation in the focus groups consisted of. In general, they were highly motivated to express their opinion and their experience in residential care. The criterion for the number of participants for each group was a minimum of 6 and a maximum of 10 people, which was accomplished. The four focus groups were facilitated by a moderator and the assistance of another member of the research teams who conducted only observational tasks. The average time was between 90 and 120 min. The moderation was based on a semi-structured script according to the objectives. Thus, there was a block of questions devoted to their experience in residential care; a second one about their relationships; a third block regarding their participation and autonomy in residential care; and the fourth about their future aspirations. The moderator asked the questions and children discussed and expressed their opinions fluently.

In Spain, the two focus groups were held in two university facilities, well communicated with the residential centres. The transport of the children was provided. Those attending were offered a small gift and a snack. In Portugal, the focus groups were conducted in the facilities of the two institutions with authorization of their directors, aspect that we will comment on in the discussion section.

### 2.3. Data Analysis

All the focus groups were recorded and transcribed verbatim. Once transcribed, the members of the research team in each country did a reading in order to identify the main themes that guided the subsequent analysis. A content analysis was conducted for each country team separately, which was followed by a comparative analysis between the two teams. The steps followed in the content analysis were as follows: (i) successive readings of the transcripts; (ii) text coding and definition of the categories of analysis; (iii) separation of the text according to the categories of analysis; and, finally, (iv) articulation of the contents into results according to the research objectives.

### 2.4. Ethical Aspects

Children participated on a voluntary basis and gave their informed consent with the specific prior permission of the authority for the protection of children and the directors of the residential centres in both countries. Confidentiality and anonymity of the data were respected throughout the entire process, in Spain according the Act 3/2018, of Personal Data Protection and guarantee of digital rights and in Portugal according to the Law 58/2019, 8 August, about Personal Data Protection.

## 3. Results

The results are shown according to the main categories and subcategories selected (Table 2), comparing the answers of the focus groups in Portugal and Spain.

**Table 2.** Categories and subcategories.

Categories	Subcategories
A. Fostering experience in residential care	General assessment
	Positive aspects
	Negative aspects
	Satisfaction with the resources
B. Interpersonal relationships and interactions	Birth family
	Caregivers
	Friends
	People who they trust
C. Participation and autonomy	Participation
	Autonomy to decide
D. Future aspirations	Expectations (mainly on education)
	Desires
	Worries

In the tables below (Tables 3–6), a detailed list of the identified topics for each subcategory is provided according to the answers from each country, showing youngsters' degree of agreement. Less than 20% of children mentioning the topic is considered a weak degree of agreement among youngsters, between 20% and 50% moderate, and more than 50% is considered strong.

**Table 3.** Description of subcategories about the fostering experience in residential care by countries.

	Portugal	Spain
<b>General assessment about residential care</b>		
Good solution	✓✓	✓✓
A preference not to stay in residential care	✓✓	✓✓
<b>Positive aspects</b>		
The importance of the diversity of activities	✓✓	✓
Living with other youth, forming new relationships	✓	✓✓
Improved living conditions	✓	✓
Access to some goods or activities	✓	✓✓
Support for the transition into adulthood		✓
<b>Negative aspects</b>		
Lack of privacy	✓✓✓	✓✓
Living away from their extended family	✓✓	✓
Too many rules, less freedom		✓✓
Fewer opportunities because there are too many children	✓✓	
Punishments, hostile environment		✓✓
<b>Satisfaction with resources</b>		
No (with furniture, clothes, money, access to Internet, etc.)	✓✓	✓✓✓
No (with mobile-phone restrictions)	✓	✓✓
Yes	✓✓	

Note: ✓ = weak, ✓✓ = moderate, ✓✓✓ = strong (concerning the degree of agreement among youngsters).

**Table 4.** Description of subcategories about ‘Interpersonal relationships’ by countries.

	Portugal	Spain
<b>Family of origin</b>		
Being with family makes children feel good	✓✓	✓✓
Regular family contact is important	✓✓	
A desire for longer family visits	✓	
Family problems (negative impact on youth well-being)	✓	✓
Difficulties when parting	✓	
Would rather not have family visits	✓	
Conflicted feelings	✓	
<b>Carers</b>		
Punishing, rude, shout		✓✓
Patient and loving	✓✓	
Do not listen		✓✓
Do not value the positive things		✓✓
Lack of empathy		✓
Lack of involvement and commitment		✓
<b>Friends</b>		
Having friends outside the residential centre	✓✓✓	✓✓✓
Friends accept and understand the care situation	✓✓	✓✓✓
Restrictions to meeting friends		✓✓✓
Going out with friends makes them feel good	✓✓	✓✓
Have friends in the residential centre	✓✓	
Do not like to tell others of their care situation	✓	✓
Discrimination in the past	✓	
<b>A person who we trust</b>		
Practitioners/caregivers	✓✓	
Friends	✓✓	
Family members		✓✓

Note: ✓ = weak, ✓✓ = moderate, ✓✓✓ = strong (concerning the degree of agreement among youngsters).

**Table 5.** Description of subcategories about participation and autonomy by countries.

	Portugal	Spain
<b>Participation</b>		
The lack of a voice in the decision-making process	✓✓	✓✓
Assemblies		✓✓✓
<b>Autonomy in decision making</b>		
Ask for permission to spend the pocket money	✓✓	✓
Uncertainty regarding the outcomes of requests		✓✓

Note: ✓ = weak, ✓✓ = moderate, ✓✓✓ = strong (concerning the degree of agreement among youngsters).

**Table 6.** Description of subcategories about future aspirations by countries.

	Portugal	Spain
<b>Expectations (focusing on education)</b>		
Aim to continue their education	✓✓✓	✓✓
Do not aim to continue their education	✓	✓
Undecided		✓
<b>Desires</b>		
Wish to be rich/have a “wealthy” profession	✓✓	✓✓✓
Hope to return to their birth family	✓	✓✓
Hope to have a partner/to build their own family	✓	✓✓
Wish to be adopted	✓	
Maturity, seriousness		✓
<b>Worries</b>		
Living in poverty	✓	✓
Lack of support when leaving the residential centre	✓	
Death of a family member		✓
To be adopted	✓	

Note: ✓ = weak, ✓✓ = moderate, ✓✓✓ = strong (concerning the degree of agreement among youngsters).

### 3.1. Fostering Experience in Residential Care

The opinion of children about whether the residential centre was a good solution for them was divided (Table 2). On the one hand, half of the children in Portugal and in Spain thought that it was a “good solution” in terms of guaranteeing better life conditions when compared to their birth families, by providing them food, a house and access to some activities or goods their families could not afford, such as the enrolment in certain schools or in leisure activities.

*At the residential centre ( . . . ) we have better conditions than what we would have at home. (Boy, Portugal)*

*You get money, you get money for school trips, you get free food, you pay nothing. And you have after school activities, I play soccer [ . . . ] in summer you can go to summer camps and meet people from outside. (Boy, Spain)*

Children in Spain and Portugal also valued positively the wide range of activities residential centres provided in terms of fun and amusement, such as going to the beach, eating in restaurants, enrolling in summer camps or taking part in community events. Additionally, in Spain few children added the fact that the centre provides them with more opportunities in terms of supporting their transition into adulthood by helping them financially and providing guidance in the search for employment. Although they agreed on mostly valuing the material conditions alongside the opportunities for fun and amusement provided by the placement, relational aspects were also underlined by some children in both groups: they appreciate the opportunity to meet new people and living with other children which helped them feel less alone.

*... and you know many more kids like you, you're not alone. You live with a lot more people and you're not alone like when you live with a family. (Girl, Spain)*

On the other hand, around half of the children in both countries stated they would prefer other solution instead of residential centre and highlighted the negative aspects of living in residential centres, although there were relevant differences in their responses. In Portugal, some children stated that they would prefer to live with their families rather than in the residential centre. Indeed, for many of them the worst aspect of living in a residential centre was the fact that they lived separated from their relatives (parents, aunts, uncles, cousins, grandparents, etc.).

*Okay, the differences of being in my mother's house and in the institution are very huge, because if I were in my mother's house I could always be in contact with my family, but as I am in this institution, I can only be [in touch] on the cell phone, and often my uncles want to talk to me but I am in this institution. (Boy, Portugal)*

On the contrary, in the Spanish group, children mostly underlined feelings of injustice associated with their situation instead of the desire to return to their birth families. They saw themselves as victims of an undesirable situation and many of them spoke in terms of changing their pasts or even their families. Indeed, when talking about the negative aspects of living in a residential centre, children in Spain mostly underlined aspects related to the operational side and the overall environment, instead of the homesickness reported by children in Portugal. A moderate number of children complained about the strict rules (having less freedom compared to living with a family), the severe punishments, and the "hostile" environment, in terms of arguments between them and disrespect towards the caregivers. See the following dialogue between two boys in Spain:

*Parents make fewer rules at home, there are so many rules [here in the residential centre] that it's stressful. (Boy1, Spain)*

*If you do not follow the rules, you are punished without activities, you would have to stay in your room all day without being with your peers, without watching TV ... just eating and playing in the room. (Boy2, Spain)*

*I feel very locked in. (Boy1, Spain)*

*I feel very watched. (Boy2, Spain)*

Furthermore, Spanish children were much more critical than children in Portugal with the resources provided by the residential centre. With a strong degree of agreement, they complained about having insufficient clothes, although some of the complaints were more related to the rules associated to the resources instead of their quantity: they stated they could not buy (or wear) what they wanted, nor could they wear earrings as they desired.

*We always lack clothes, maybe we have a pair of shorts and they tell us that one more and that's it. (Girl 1, Spain)*

However, some participants in Portugal and Spain shared a similar opinion in relation to the access and use of mobile phones, which they felt was very restricted in comparison with their classmates.

Finally, another negative aspect which both groups agreed upon, although mostly reported by youth in Portugal, was the lack of privacy. Youngsters stated the lack of a protected space to safeguard their belongings, as well as the absence of a private and quiet place to do their homework or other personal activities. Furthermore, some children living in centres in Portugal (with a larger capacity than the facilities of the Spanish participants) pointed out that, due to living with so many others, they had fewer opportunities and suggested limiting the number of children per centre, instead of increasing it (as it was indeed happening):

*In the 4th year, when I came in to do math homework, I was studying and there were a lot of people talking here and I messed up a lot. (Girl, Portugal)*



*I don't know, because maybe here it is more difficult to manage things because there are so many of us at the home. (Girl, Portugal)*

### 3.2. Interpersonal Relationships

Regarding the communication with the birth families while being in care, around half of the children in both countries stated that family contact made them feel good (Table 4). In Portugal, several children agreed that regular contact was important and some would like to have prolonged visits. A Portuguese girl explained how difficult the farewells were for her.

*Answering your question, what I find most difficult about our parents and family visiting, is to see them go. It is because we have the feeling of wanting to go with them and that's all. (Girl, Portugal)*

However, there were, in both groups, few children that reported the negative impact that some family issues had on their own well-being. A boy in Portugal explained to have conflicted feelings about family visits and another stated clearly that he did not like family visits because of the negative past experiences.

*I like my mother's visits, of course, I like my mother a lot, but I know my mother, I trust my mother but, at the same time, I don't trust her, because she has done serious things to me, that's all [...]. (Boy, Portugal)*

*I don't like my mother's visit, because of what she did to me when I was little, she did something very serious. (Boy, Portugal)*

Regarding the relationship between the children and their caregivers, both groups assessed it differently. On the one hand, in Portugal a moderate number of children described the professionals in the residential centre as "angels" or "good people", highlighting their patience, their concern about them, their love and affection, and how they felt treated as "their children".

*[Carers] give us a lot of affection and try to do the best for our life. (Boy, Portugal)*

*The carers' assistants here treat us as if we were their children. (Girl, Portugal)*

On the other hand, in Spain, despite defining the residential centre as "a place where there are people who help and care for us" some of them highlighted more negative or hostile attitudes of their educators towards them such as "being rude", "being a pain", "shouting a lot" or "being prone to punish for little things". Others underlined that they did not feel listened to, valued or understood by them. Besides, few underlined the lack of personal commitment and involvement beyond the professional realm.

*They [caregivers] should put themselves in our shoes more, because they see it from their perspective, but they don't know what we are going through. (Girl, Spain)*

*They [caregivers] should not shout, they should punish as little as possible, and only punish us for serious things. (Boy, Spain)*

As far as the relationship with peers is concerned, more than half of the children in both groups rated it highly positive. The majority of the youngsters affirmed that they had friends outside the residential centre and that their friends knew they lived in a residential centre and they did not feel discriminated or rejected by them. Furthermore, some children in both groups reported that going out with friends was the most pleasant activity for them and made them feel good.

*They [friends] try to help us. (Boy, Portugal)*

*Friends ... when I'm with them I feel very good. (Boy, Spain)*

However, a few children in both groups described how it was difficult to explain the situation to classmates to help them understand. Some of them felt disgusted when peers asked them too many questions. Few children preferred not to tell their classmates that they lived in a residential centre. Furthermore, two children in Portugal reported having



been discriminated against (or bullied) in the past by their peers at school due to their family situation.

*I don't like to say I'm in a residential centre. They don't understand where I am, and they think it's a closed centre with people who have problems on the streets. (Boy, Spain)*

It is worth highlighting that, with a strong degree of agreement, participants in Spain claimed that they encountered constraints about mixing and going out with friends due to the rules of the residential centre and the care system. See the following dialogue:

*Now we have a rule that they [friends] cannot go upstairs and this bothers us a lot. (Girl1, Spain)*

*Going home to sleep at a friend's house, but they [caregivers] have to think about it a lot. (Girl2, Spain)*

*Sometimes they can come in here, if it's to do homework or something. Depending on your age or responsibility, they can come to play at the centre or not. (Boy1, Spain)*

*I can't meet my friends, because I have very little time to go out. Only half an hour. (Boy2, Spain)*

*Well, we don't go out . . . . (Boy3, Spain)*

Finally, around half of the children in Portugal stated that they mainly trust and ask for the help of professionals in the residential centre and friends, while a similar number of children in Spain affirmed that they would rather trust and ask for the help of their birth family.

### 3.3. Participation and Autonomy

When discussing the ability to make decisions about their own lives (Table 5), both groups agreed: around half of the children in Spain and in Portugal stated that they did not feel listened to by their caregivers or social workers. This applies to relevant issues such as family visits, the given rules of the residential centre, and for leisure time activities and even the decoration of their own room.

*I can't choose when to see my family, they decide for me. And if I say I want to do more or less, they do not listen to me. (Girl, Spain)*

*We have many activities here, but they don't ask for our opinion, they just sign us up right away even though there are many activities we don't like, but we go anyway. (Boy, Portugal)*

Participants in Spain strongly reported that they have recently started holding assemblies in the residential centre. Nonetheless, these were seen and described as a means of “asking for” things and raising concrete demands to the residential centre's staff, what seems to be a missing opportunity for young people to engage in horizontal organisation and participation regarding not only in the everyday issues but also in more fundamental ones such as their future opportunities or family situation. Some of these children pointed out that sometimes the demands were accepted and sometimes they were not, depending on the issue.

*We have had assemblies recently, and what we do is ask for permission and things (Girl, Spain)*

*We talk about everything in general. It depends on what we ask for in this assembly whether it is accepted or not (Boy, Spain)*

Regarding children's financial autonomy, pocket money was also subjected to control and limitations by the residential centre's staff, as reported by some children in both groups.

*Yes, we have to ask [for pocket money]. And they [carers] point out what we can spend. (Boy, Portugal)*

### 3.4. Future Aspirations

Future aspirations related to their educational pathways were slightly different between the two groups (Table 6). The majority of the children interviewed in Portugal wanted to continue studying beyond compulsory education, either following professional or academic pathways, whereas the response from the Spanish group was not so unanimous and some were undecided.

*I would like to . . . [go to college]. (Boy, Portugal)*

*I don't know what to do . . . I don't think I'll continue studying. (Boy, Spain)*

However, children mainly manifested their will to continue studying and both groups had only a small number of children who wanted to find a job after compulsory education.

Regarding children's future expectations in the long term, an important number of children in both groups, especially in Spain, imagined themselves as "wealthy" people as a way of escaping from their past, having a better life and being happy. Indeed, some children in the Portuguese group wished "to become rich". Similarly, children in Spain desired to become professionals with high incomes, such as footballers, architects, computer technicians, designers, lawyers, or actresses, among others. Accordingly, the thought of struggling economically in the future was a highlighted worry for some of the children in both groups.

*The money, making ends meet . . . the food, having enough to eat. (Boy1, Spain)*

*To be left without a home. (Boy2, Spain)*

Furthermore, some children from both countries (especially in Spain) imagined themselves with a partner or their own family. Additionally, a few children in Spain imagined themselves in the future as "serious" and "mature". However, on the other hand, when imagining their future, around half of the children in Spain expected to live with their birth families in the future and/or help them, whereas in Portugal there were a few children that stated so.

*If I could make three wishes I would ask to be with my family and I do not know . . . . (Girl, Spain)*

Besides, in Portugal few participants desired to be adopted whereas for one girl this was her main worry.

*I am afraid that instead of going home, I will be adopted, but I know that I will not be adopted. (Girl, Portugal)*

Finally, it is worth noticing that in Portugal, one girl felt afraid of having no support in the future when they come of age, while in the Spanish group this was highlighted, in a positive sense, for some children as one of the advantages of living in the residential centre:

*Because there will come a time when we will start to become independent, and now we have support from a lot of people and when that time comes . . . I don't know, I'm afraid, I don't know, I'm afraid of the future. (Girl, Portugal)*

## 4. Discussion

According to the results, the residential care experience of children in both groups have many similarities. Indeed, despite living in different countries and having had no contact between them, many participants' answers were almost identical. First of all, they valued the material aspects of the residential centres when comparing them to the reality of their birth families. In this sense, residential care may compensate for the lack of resources in the children's lives at home, stemming from the poverty of their birth families which were from a similar socio-economic background in both countries (Carvalho et al. 2020a, 2020b).

Accordingly, the complaints about the resources they had in the residential centre were more related to their individuality, autonomy, and socialization rather than to material

resources. This can be explained by the organization of residential centres, (especially those with a large number of places) which have defined rules, schedules, and structured activities (Rodrigues and Barbosa-Ducharme 2017). Following from this, the restrictions on the use of mobile phones was a major shared complaint; of course, this is what made them feel “different” from their peers and less “free”, imposing more difficulties to their socialization and subjective well-being (Casas 2011). The residential centres “control function” is challenged by the general use of technology and social networks in our society and, according to results, how to deal with it is still to be resolved by residential care in both countries. Additionally, the lack of privacy was a shared complaint for children in both countries, linked with the fact that they are adolescents, and, at this age, privacy is a major need. In Portugal, this issue is currently being reviewed under new social policies, but the installed capacity and the lack of resources undermine a quick transformation on this matter (e.g., Rodrigues et al. 2013).

Adolescents in this study highly valued the interpersonal aspects, especially their relationships with peers inside and outside the residential centre: friends were important to them and made them feel good. However, they found important limitations related to their ability to socialise outside the residential centre: stemming from the strict rules of the residential centre (mainly in Spain), the difficulty to explain their situation to others and being understood, or experiences of bullying in school. In line with other research, the interpersonal relationships among adolescents, as well as with carers and teachers, are especially important to these children and positively correlate with their subjective well-being (e.g., Delgado et al. 2019; Pérez-García et al. 2019). Moreover, Campos et al. (2019) have shown that participation in clubs, contact with siblings, parents and other significant adults are negatively, and significantly, correlated to several mental-health problems (e.g., depression, anxiety, aggressive behaviour, etc.). Having said that, contact with birth families was very important for children in this study: in general terms, even when living in alternative care, it made them feel good, although at the same time many of them were able to identify the negative impact of family related issues or bad experiences in the past, and some of them preferred to avoid contact entirely. Positive and negative consequences of contact have been studied, namely concerning children in foster care (e.g., Carvalho and Delgado 2014; Delgado et al. 2017). To put this result into context, in the centres in Catalonia and Portugal, by law all children have a visiting agreement with their family authorised by the protection team. This agreement can only be restricted if the visits are deemed to be harmful to the child. Therefore, for some children these contacts are important even if they know they cannot return to their families. Another issue is that of child participation in decision-making about visits. The suitability of the visits is often assessed by the protection team on the basis of the parents’ progress rather than the children’s opinion, and there are children in the groups who disagreed with the way the visits were being conducted. This is an issue that needs urgent improvement.

According to the results, there are some limitations regarding the provision of spaces of participation and autonomy in residential care. Children in both countries did not feel listened to. Assemblies were described as a means of “asking for” things and raising concrete demands to the residential centre’s staff rather than an effective vehicle for stimulating horizontal organization and participation. According to other research in this field, the voices of children should be heard because this increases their self-esteem and gives them responsibility in decision-making, especially when concerning their own lives (e.g., Carvalho et al. 2020a, 2020b; González et al. 2015; Rodrigues et al. 2019). Moreover, some research link well-being with the importance children attach to participation and involvement, that is, the possibility of being able to contribute to the evolution of their life and to the management of the residential centre (Rodrigues and Barbosa-Ducharme 2017). When young people are listened and had a voice in daily life, residential care is more likely to be a positive and safe experience for them (Moore et al. 2018; Schofield et al. 2016).

In this line, participants in this study demanded greater participation in decision making processes and a gradual transfer of more autonomy given to them by their care-

givers. More specifically, participants demonstrated a high capacity to reflect on their own family situation: they were capable of seeing the positive and negative aspects of family influences and to value their impacts on their own well-being. However, they felt ignored during the decision-making process on this issue. Paradoxically, there are studies showing that professionals agree on valuing the voice of children when it comes to the process of removal and/or reunification (e.g., [Carvalho et al. 2018](#); [Carvalho et al. 2020a](#)), however, it seems that the professionals' practice does not match their own opinions on this subject. Is there a "fear" among the professionals? Do they tend to overprotect the children and adolescents that are already capable of expressing their own point of view? This can give space to the appearance of a secondary victimization ([Setckley 2020](#)).

It is worth highlighting that, according to findings, education is important to children in residential care: they wanted to continue studying beyond compulsory education and they linked education with better opportunities in life. To have money, a job and a family was the major future aspiration for these children. They desired to change their lives and escape from their past, in line with other studies showing that children in residential care continue to be optimistic with regard to their future (e.g., [Delgado et al. 2019, 2020](#)). Nevertheless, children in residential care have shown less satisfaction with school than children in foster care or in the general population ([Delgado et al. 2019](#)) and are thus more likely to fail in school and drop out when compared to other children in care or in other vulnerable situations ([Berridge et al. 2020](#)). This has an evident negative impact on their opportunities later in life and on their well-being. How to address this issue requires more research, policy and attention in practice.

On the other hand, some relevant differences were found among the answers of children living in residential centres in Portugal and Spain. Maybe the most relevant is that children in Spain were much more critical with regard to aspects related to the functional aspects, the overall environment, the professionals and the resources they had in the residential centres, and those in Portugal were less critical. The distinctive way in which teenagers characterized their caregivers is a good example. In Portugal, children highlighted the emotional side: the love and affection that the caregivers devoted to their relationship. [Moore et al. \(2018\)](#) and [Sala-Roca \(2019\)](#) highlighted the importance of consistent, reliable, and lasting relationships with caregivers, when they are caring, proactive, and available. In Spain on the other hand, professionalism seemed more important to the carers: highlighting the enforcement of strict rules and the lack of a personal commitment and involvement beyond the professional realm. Therefore, a possible explanation to the different reactions among children in the two countries could be the more regulated nature of residential care in some Spanish regions and a more informal one in the Portuguese context. Other study in Portugal concluded that the adolescents' perception of quality of relationship was associated with emotional/relational factors, but not with contextual factors like time living in institution, or their age of entry into the institution ([Costa et al. 2020](#)). However, there is another explanation that comes from an issue of methodology: in Spain the groups were held in a space outside the residential context, so the participants could feel freer to criticise the centre; in contrast, in Portugal, the groups were held in the centres' facilities and this could influence them to be less critical. These differences constitute a limitation in the study and refer us to the difficulties that arise when replicating studies in different countries.

In Portugal, the transition to residential centres seems to not be so well-accepted given the importance children attach to the reunification with their families. In Spain, on the other hand, adolescents emphasize the injustice associated with their situation, which is mirrored even in the rules they have to comply with within residential units, and they aspire to a "normal" life even if it forces them to change families. However, doubts and contradictions also arise in the adolescents' thoughts, which ultimately reflect the adaptation processes to the challenges and uncertainties that their lives pose to them. In Spain, some teenagers affirmed they had someone they trust (members of their birth family) despite not expressing a desire for reunification. On the other hand, in Portugal,

despite children's desire to return home, none of them consider their birth families to be reliable confidants. That desire may express the devotion and need to be linked with their families and an ambiguous loss that attachment theory can explain (Bolbwy 1951), or maybe residential centres do not provide a consistent alternative in this matter, because caregivers' changes and shifts rotation may originate a sense of uprooting. Llosada-Gistau et al. (2017) highlighted the importance for adolescents at risk of the relationship with educators, a key factor of resilience.

The comparison of the narratives shows how each group, in each country, decided to answer to the same questions. Their testimonies legitimized the content analysis conducted and highlighted the points on which they agreed. Nevertheless, it also marks differences in relation to the functioning of residential care and in the way they envisage the role of the biological family in their lives. The differences reflected child protection practices which we cannot dissociate from social policies, which in turn translates distinct cultures and priorities in residential care units.

Our work confirms the existing knowledge about the need for improve continuous and consistent relationship with peers in a residential context that values participation and autonomy. Soler et al. (2017) referred that overly directed, accompanied or guided processes can limit the possibilities of empowerment. The ideal action would be the one in which the just balance between guidance and freedom of action combines the presence and absence of adults, who should always maintain a role of encouragement, support, listening, and review. On the other hand, young people should participate in decisions that impact on their lives, especially in major life decisions, and have the opportunity to express their views that adults must take seriously (McPherson et al. 2021; Moore et al. 2018; Rodrigues et al. 2019; Schofield et al. 2016). This meaningful participation constitutes a challenge for the organizational culture of residential centres as it cannot be limited to formal compliance, a one-off event, but must ensure that young people are listened and taken seriously, beforehand, during decision discussion and also and specially during monitoring and evaluation of the intervention (Bouma et al. 2018).

This is a study based on a small group of children that neither allows nor intends the conclusions to be extrapolated to the entire population. However, the similarities and differences among the group of children in Portugal and in Spain suggest some interesting implications for policy and practice in the field of residential care: (a) there appears to be a need to adjust the size of the residential care units, as well as the space available inside them, in order to guarantee respect for privacy and provide personalized attention; (b) there also exists a demand to develop training in residential units about conflict management and the application of sanctioning rules; (c) relationships with peers and significant adults, especially outside the residential environment, such as their inclusion in leisure time activities, should be supported and promoted; (d) a balance between the need for security and the exercise of authority should be sought, without compromising the autonomy and gradual exercise of freedom that adolescence and the transition to adulthood inevitably demand; (e) there is also a call for the promotion of real and significant participation in decision-making processes inside the residential centres. This paper is a contribution to the theoretical review and to the state of the art, since the research that has been conducted is of quantitative cut, calling for deeper qualitative studies. With this study it was possible to explore, for the first time, using a qualitative methodology and with the active participation of children, their views on residential care, and especially the impact they should have on the implementation of policy and practice in this field.

Finally, for further research, it would be important to explore whether permanence has influence on children's responses and determines differences in SWB. The use of quantitative methods in future studies may be an important complement to this area of research, giving a broad view of the factors that influence well-being in children's lives. On the other hand, a more in-depth comparison in terms of care systems (politics, laws, withdrawal processes, residential centres, professionals, etc.) would be interesting, since Portugal and Spain share a similar socio-economic and cultural reality.



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