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The relationship between subjective well-being and residential out-of-home care in Spain: the children's voice

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1 Introduction

In recent years, the collection of data on the subjective well-being of children in the child protection system has begun, albeit tentatively, in some countries. We have examples in Spain with the application of the Children's Worlds Survey (www.isciweb.org) to youth in residential and family foster care (Llosada-Gistau et al., 2015; Llosada-Gistau et al., 2017). Studies on health and well-being have also been conducted in Brazil with children in residential homes (Cavalcante et al., 2009; Schütz et al., 2015), and in England with children in foster families (Selwyn & Briheim-Crookall, 2017).

At the same time, there is increasing evidence that two factors contribute enormously to the well-being of those who are involved in the child protection system, not only when they are children, but also in their transition to adulthood. We are referring to (1) stability in life pathways (see studies by Biehal et al., 2015; Sinclair et al., 2007), advising against changes in placement, care homes, social work educators and practitioners, or schools (Cameron et al., 2015). The other factor is (2) giving priority to education from early childhood to promote educational and social opportunities, not only in their present lives but also in the future (Harvey et al., 2015; Jackson & Cameron, 2014). Both factors exert an influence on well-being; the more stability children have within the protection system and the greater their inclusion is at school, the greater their life satisfaction (Llosada-Gistau et al., 2015). These factors have also been proven to contribute to child well-being in the general population (Montserrat et al., 2016).

In this article, we aim to look beyond these two factors and examine in greater depth other aspects that have an influence on the lives of the in-care population. This study focuses on 12-14-year-old adolescents in residential care and identifies factors within the child protection system which, according to the children themselves, have an impact on their subjective well-being. It is, therefore, aimed at providing relevant information for practitioners and policy-makers.

1.1 Children's subjective well-being

When we refer to people's quality of life we need to consider not only material, but also non-material, living conditions. Subjective well-being, a psycho-social component of quality of life, refers to the perceptions, evaluations and aspirations that people have with regard to different aspects of their lives (Campbell et al., 1976). Accordingly, subjective measures of

social reality can be as useful as objective measures when making decisions and promoting social policies.

In the case of childhood, studying children's subjective well-being implies, first of all, considering it as a stage of life with its own sociological characteristics (Casas, 2011), recognising that children are not passive agents, but active social agents. From this viewpoint, if permitted, children can become key informers not only in scientific research, but also in the development of social policies that affect them to a greater or lesser degree.

Increasingly, there is growing interest in exploring the subjective well-being of not only the general child population, but also that of sub-groups at risk. Selwyn et al. (2016) developed measures of subjective well-being for looked-after children in England from 4 years of age. Davern (2016) supported the use of instruments to measure subjective well-being to evaluate the impact of programs and public policy initiatives in Melbourne.

One important step forward in the study of children's subjective well-being has been the Children's Worlds Survey, based on a questionnaire designed for children aged 8,10 and 12 years old, in which over 30 countries have taken part. In addition, its use with the in-care population in Catalonia (Spain) has enabled the findings to be analysed in context (for further details, see Llosada-Gistau et al., 2015). These revealed significant differences in children's subjective well-being (SWB) depending on the type of placement. The lowest levels of SWB were found in children in residential care, while the highest levels (with mean scores similar to those of the general population) were observed in children in kinship and non-kin foster care. In Brazil, Schütz et al. (2015) also observed that children in residential care displayed lower levels of SWB than the general population of the same age. Living in family foster care can be said to be more in line with the so-called "normalisation paradigm" (Casas, 2011). It resembles more closely how the majority live and carries less stigma, especially kinship care, which offers greater stability and a stronger sense of belonging (Montserrat, 2014). In contrast, children in residential care often see an uncertain future for themselves, leading them to live in a constant state of "temporariness" (López et al., 2010).

However, it should be noted that, apart from the normalising or stigmatising characteristics of child protection systems, residential placements also provide shelter for failed foster placements, while practically never the other way around. In Spain, when a foster placement fails, the child is usually taken into residential care. In fact, results have shown that the subjective well-being of children in residential care who had previously undergone a failed foster placement was significantly lower (Llosada-Gistau et al., 2017).

Regarding age and gender, studies have shown that levels of subjective well-being decline with age in adolescence, although obvious differences by gender have not been observed (Casas, 2011; Rees & Main, 2015). While this is also true for the population in residential care as regards age, there are, in contrast, significant differences by gender (Llosada-Gistau et al., 2017). Thus, several authors have pointed to greater psychological distress in girls in both residential and family foster care, where Selwyn and Briheim-Crookall (2017) reported that almost one in four girls were not satisfied with their lives.

1.2 Residential care

In 2015, 42,628 children aged between 0 and 17 years were given support by the child protection services in Spain (MSSSI, 2017). Of these, 33.768 were in care due to administrative measures, 84.6% of whom as a result of the temporary suspension of parental

rights, and 15.4%, under a voluntary agreement with their parents. By type of placement, 40.2% were in residential care and the rest in family foster care, mainly in kinship care (38.1%).

In 2015, in Spain there were 1,058 residential homes, most of which (82.7%) were run by welfare organisations, while only 17.3% were state-owned. Despite attempts to reduce the size of these homes of mixed typology to 6 to 12 places, there are still centres that house 40 children or more. Homes offering specialised care for specific cases also exist (for adolescents with severe behavioural problems, therapeutic centres, homes for pregnant teenagers, etc.), although the majority are non-specific.

Many children in residential homes are awaiting foster families (López et al., 2010). To remedy this problem, the latest state legislation (Act 26/2015) was aimed at giving fresh impetus to family foster care and recommended against residential care for children under 6 years old. It is still too soon to provide data on its impact.

Specialised professional care is provided in residential homes. The ratio in Catalonia is 3-4 children per caregiver. Caregivers usually hold a Bachelor's degree in Social Education. The average cost per child in a non-specialised care home per day is €134, which is higher than the cost per child in foster care (FEDAIA, 2017).

One of the challenges currently facing child protection systems is the provision of care for children with complex life experiences and defiant behaviour. In a recent study conducted in different autonomous communities in Spain (González-García et al., 2017), the average length of stay in residential care was shown to be 42.6 months (children aged 6-17 years). Parental factors associated with children's admission to residential care included, above all, alcohol and drug abuse (40.3%), and a family history of mental health issues (30.3%). Results revealed a high prevalence of psychological and behavioural problems (61.1% within the clinical range in some of the broad band scales of the Child Behavior Checklist (CBCL)), and only 60% received mental health care. González-García et al. (2017) also point out that it is less common to place a child with high level of needs in a foster family compared with children without behavioural and psychological problems. It is a similar case with children who experience family breakdowns: they are more likely to end up in a residential centre.

These results fit perfectly within the international debate on residential care: the difficulties in understanding the different denominations and their definition, the role they play and the quality of care in the protection resources network (Whittaker et al., 2016). The Spanish Law 26/2015 pays particular attention to residential care homes for young people with behavioural problems.

Residential care is a complex and controversial issue and even more so in countries where it is still widespread. Yet, the fact is that residential homes exist and will continue to be the main home for many children during much of their childhood. They must be understood, therefore, from each social and cultural context, and changes and improvements should be promoted. A necessary first step is to study residential care by analysing the subjective well-being of the children themselves.

1.3 Research objective

All too often we generalise about at-risk populations on the basis of extreme cases. One such example is the children in care population, and especially those who live in residential care

homes. With the aim of understanding the different and diverse realities of residential care, where some children may be happy, or at least, happier than in their previous life situations, while others may feel tremendously unhappy, this study sets out to identify the factors in these children's daily lives that influence their subjective well-being based on their own perceptions and evaluations. The final objective is to influence decision-making by policy-makers and practitioners in their intervention processes, to advance in the improvement of the quality of life of this population.

2 Methodology

2.1 Study design and participants

A cross-sectional study was conducted in which the target population was in-care children aged between 12 and 14 years old in residential placement in Catalonia (Spain). A mixed methods study design was implemented combining a qualitative and quantitative approach. A sample of 12-14-year-olds (M = 13.2; DT = 1.0) with 379 subjects, representing 70% (response rate) of the total number of adolescents in residential care for this age group, was used for the quantitative analysis. 54% were boys and 79% had been born in Spain.

From a qualitative perspective, two focus groups with a total of 16 participants were analysed. Requirements for inclusion in the group were: to be in residential care, aged between 12 and 14 years old, and willing to participate. Apart from these criteria, the groups were balanced in terms of gender and place of birth.

The study was conducted with the collaboration of the General Directorate of Care for Children and Adolesents (DGAIA), the Department responsible of the child welfare system in Catalonia (Spain). The first step was to send some information about the purpose of the study to all the directors of each residential centre.

For the quantitative data collection, an envelope was sent by post to all adolescents in their own name. Inside the envelope, participants could find a letter with a short description of the project, the questionnaire to be filled in, and a contact email address to answer any questions regarding the questionnaire. In order to protect the confidentiality of the answers, the directors of the residential centres were asked to ensure the appropriate precautions.

Regarding the qualitative data collection, two focus groups were conducted. All the residential centres of a specific area of the country were contacted. The researchers asked for the collaboration of the children who were aged between 12 and 14 years old. The ones who wanted to participate voluntarily were gathered together in two different days and two different and neutral places. The focus groups were conducted during 60 – 90 minutes approximately, and later on they were transcribed.

2.2 Instruments

For the quantitative analysis, the International Survey of Children's Well-Being questionnaire for 12 year-olds was adapted to adolescents in residential care and was pilot tested (Llosada-Gistau et al., 2015). This questionnaire contained 34 questions organised into different subject areas related to the children's lives: residential home or centre; your health; the things you have; how you spend your time; relationships with people; your school; your neighbourhood, and personal aspects. Three psychometric scales for measuring subjective well-being were included in the questionnaire. One was a modified version of the Personal Well-Being Index School Children (PWI-SC7: Cummins & Lau, 2005) which evaluated the following life

satisfaction items on an 11-point scale: your health; how self-confident you feel; the opportunities you have in your life; the things you have; relationships with people; your school, and how you spend your free time. The other was a 4-item (my life is going well; my life is how I want it to be; I have a good life, and I have what I want in my life) version of the Students' Life Satisfaction Scale (SLSS4: Huebner et al., 2006), where 0 = strongly disagree and 5 = totally agree. Finally, the single-item, Overall Life Satisfaction scale (OLS: Campbell et al., 1976) measured satisfaction with life in general on an 11-point scale.

For the qualitative analysis, two focus groups were conducted using a semi-structured script. This included the same subject areas as the questionnaire with the aim of understanding them better and exploring them in greater depth.

2.3 Data analysis

From the quantitative perspective, the three psychometric scales were used as dependent variables while the questionnaire variables, selected on the basis of the previously mentioned subject areas, were used as independent variables. The frequency and percentage distribution of the independent variables have been presented. To facilitate interpretation, the 11-point satisfaction scale independent variables were recoded into three categories according to mean scores: not satisfied (between 0 and 4), satisfied (between 5 and 8), and highly satisfied (between 9 and 10).

Mean and standard deviation were calculated on the three scales for each independent variable. The Student's t-test and ANOVA were used to compare levels of subjective well-being.

Finally, three multiple linear regression models were constructed for each psychometric scale. The three models were adjusted for age and gender and gave heteroscedasticity, which was corrected by using a robust multiple linear regression model.

For the qualitative analysis, the group sessions were recorded with the participants' consent and later transcribed. Content analysis was carried out as described by Bardin (2002): pre-analysis, exploration of material, result processing, inference and interpretation. At the same time, inter-rater reliability was assessed to ensure category validity. Quantitative and qualitative data triangulation was carried out to compare results as one of the possible combinations of the results from the different methods (Greene et al., 1989). These analyses required recoding in both the quantitative and qualitative stages until the final format was reached.

2.4 Ethical issues

All participants participated voluntarily and gave their informed consent with the specific prior permission of the child welfare authorities responsible for their guardianship (DGAIA). Participants were given the questionnaire in an envelope and those who took part sent the completed questionnaire back by post. No financial incentives were given. Confidentiality and anonymity of the data were respected throughout the entire process.

3 Results

The results were organised according to the six main categories (ordered by number of citations) that emerged in the focus group discussions. Although all areas of the questionnaire were addressed, participants discussed and expanded on six distinct topics presented below. Once these qualitative categories had been identified, the related quantitative variables were

selected from the questionnaire, triangulating the results obtained from both methodological perspectives (see Table 1).

Table 1. Data triangulation of the categories and subcategories (number of citations) with the items of the questionnaire

Categories	Subcategories	Questionnaire items
1. The importance of, and difficulties related to relationships with friends (59)	Problems with receiving visits from friends at the home (14) Schedule restrictions for going out with friends (13) To carry out activities with friends from outside the centre (12) How to explain to the friends that you live in a residential centre (9) The company of the other children at the home (6) To have friends is a source of well-being (5)	Frequency of talking with friends Frequency of going out with friends Having enough friends Having a good time with friends during last week Satisfaction with classmates Satisfaction with housemates Having kind friends
2. Participating and being listened to (43)	Not being able to give the opinion on visits or outings with the biological families (22) To demand to be heard (13) More opportunities for collective participation (8)	To be listened and took into account by caregivers To be listened and took into account by teachers Satisfaction with how the adults listen to them
3. Having their material needs covered (40)	The lack of furniture and space in the bedroom (10) The lack of clothes (9) Pocket money (8) To have food and a house (7)	To have a quiet place to study in the home To have good clothing
4. The relationship with caregivers (32)	The caregivers helped, cared about and looked after them (19) Difficulties in the relationship with the caregivers (9) Caregivers who are not committed to their job and do not show empathy towards them (4)	Frequency of having a good time with the caregivers To be well treated by the caregivers Satisfaction with the caregivers Satisfaction with the director Satisfaction with the rest of the personnel at the centre
5. Satisfaction and dissatisfaction with living in a residential home (19)	Excessive and very strict rules at the centre (12) Punishments / consequences of failure to comply the rules (7)	To be happy to live in the residential home Size of the residential centre To prefer a different solution instead of a residential home To feel safe at the centre Satisfaction with the life at the centre
6. Access to ICT and leisure activities (19)	Economical resources to practice free-time activities (10) Computer, mobile phone, Internet and consoles (9)	Frequency of practising free-time activities Access to Internet To have a mobile phone

Following the bivariate analysis, three multiple linear regression models were tested, using the three psychometric scales as dependent variables, and adjusted for age and gender. The *gender* variable reached statistical significance in the three models and we observed that, regardless of the rest of the variables introduced in the model, girls showed lower levels of SWB than boys. Regarding age, the PWIS-SC7 model showed that youngsters over 13 and 14 years had lower levels of SWB than 12 year-olds, regardless of gender and the other independent variables. The *country of origin* variable did not reach statistical significance (see Table 2).

Table 2. Subjective well-being means by gender, age and place of birth

		N	%	PWI-SC7	OLS	SLSS4
				M (DT)	*M (DT)*	*M (DT)*
		379	100%	75.7 (17.2)	67.7 (31.3)	52.9 (26.1)
Gender	Boys	204	53.8%	78.2 (16.6)	74.4 (28.4)	57.4 (26.4)
	Girls	175	46.2%	72.3** (17.5)	59.8** (32.7)	47.7** (24.7)
Age	12 years old	110	29.0%	79.8 (16.5)	71.4 (30.3)	55.7 (26.1)
	13 years old	110	29.0%	74.5 (18.4)	70.7 (32.4)	51.9 (26.4)
	14 years old	159	42.0%	73.7** (16.3)	63.0** (30.8)	51,7 (25,8)
Born in Spain	No	79	20.8%	77.0 (17.3)	65.3 (32.5)	54.5 (26.1)
	Yes	300	79.2%	75.4 (17.2)	68.3 (31.0)	52.5 (26.1)

The variables that best fitted the regression models (see Table 4) from each of the areas analysed in the bivariate analysis (see Table 3) were included as independent variables. The three models using PWI-SC7 (R^2 = 12.58), SLSS4 (R^2 = 12.39) and OLS (R^2 = 12.31) were statistically significant ($p < 0.001$), and showed great explanatory capacity.

Table 3. Subjective well-being means by independent variables

	N	%	PWI-SC7	OLS	SLSS4
			M (DT)	*M (DT)*	*M (DT)*
	379	100	75.7 (17.2)	67.7 (31.3)	52.9 (26.1)
1. The importance of, and difficulties related to relationships with friends					
My friends are kind to me Agree	295	78.5	77.7** (16.5)	69.9** (30.0)	55.6** (25.2)
I have enough friends Agree	303	81.7	77.6** (16.4)	69.7** (30.6)	55.8** (25.7)
Satisfaction with classmates Totally satisfied (9-10)	180	48.2	84.8** (12.7)	78.4** (26.1)	60.4** (24.7)
Satisfaction with housemates Totally satisfied (9-10)	156	41.4	81.5** (16.1)	75.9** (29.4)	59.5** (25.6)
Frequency of talking with friends Every day or almost everyday	204	55.8	78.8** (16.2)	69.8 (30.8)	57.0** (26.8)
Frequency of going out with friends Every day or almost everyday	56	15.3	82.9** (11.1)	73.6* (29.9)	61.9** (25.5)
To have a good time with Friends last week Every day or almost everyday	184	50.4	79.9** (15.5)	72.8** (28.4)	59.7** (25.6)
2. Participating and being listened to					

To be listened and took into account by caregivers Agree	267	72.4	79.5** (15.1)	72.6** (27.9)	57.7** (24.8)
To be listened and took into account by teachers Agree	282	75.6	78.8** (15.2)	71.3** (29.3)	55.4** (24.9)
Satisfaction with how the adults listen to them, in general Totally satisfied (9-10)	176	46.4	85.8** (12.3)	80.1** (25.6)	63.1** (24.8)
3. Having their material needs covered					
To have good clothing Yes	341	92.4	76.9** (16.5)	69.1** (30.5)	54.8** (25.3)
To have a quiet place to study in the home Agree	254	68.8	79.1** (14.9)	72.1** (27.9)	56.9** (24.9)
4. The relationship with caregivers					
Frequency of having a good time with the caregivers Every day	103	28.5	84.4** (13.5)	76.3** (30.4)	62.5** (25.6)
To be well treated by the caregivers Agree	312	84.3	78.3** (15.5)	70.2** (29.6)	56.6** (25.3)
Satisfaction with the caregivers Totally satisfied	144	38.0	84.2** (14.1)	77.0** (28.4)	63.6** (25.9)
Satisfaction with the director Totally satisfied	178	47.1	82.9** (13.6)	75.4** (28.6)	60.3** (25.9)
Satisfaction with the rest of the personnel at the centre Totally satisfied	206	54.6	79.8** (17.2)	70.0** (32.3)	55.9** (27.6)
5. Satisfaction and dissatisfaction with living in a residential home					
To be happy to live in the residential home Happy	175	46.3	84.6** (11.9)	79.0** (23.5)	65.3** (21.6)
Size of the residential centre 30 places or more	122	32.2	72.3** (19.3)	63.7 (33.6)	48.1** (27.7)
To prefer a different solution instead of a residential home Yes	160	44.2	71.6** (16.5)	61.7** (32.8)	45.5** (25.9)
To feel safe at the centre Agree	273	76.3	79.3** (15.4)	73.0** (27.1)	57.4 (24.5)
Satisfaction with the life at the centre Totally satisfied	89	23.5	89.3** (10.0)	84.6** (23.9)	68.8** (24.3)
6. Access to ICT and leisure activities					
Access to Internet Yes	320	87.0	77.1** (16.4)	69.0* (30.2)	54.0* (25.8)
To have a mobile phone Yes	131	35.3	76.9 (15.4)	73.6** (27.1)	56.3* (25.3)
Frequency of practising free-time activities Every day	74	20.2	82.2** (13.9)	78.0** (26.2)	58.5** (24.1)

* p <0.1 ** p <0.05, Note: Due to space issues, the negative or intermediate values of the scales of the degree of agreement and satisfaction are not stated.

Table 4. Multiple regression models taking into account the three psychometric scales to measure subjective well-being

	PWISC7	OLS	SLSS4
Gender (ref: Boys)			
Girls	-3.195**	-11.94***	-8.424***
	(-5.648 - -0.743)	(-17.70 - -6.173)	(-13.18 - -3.666)
Age (ref: 12 years old)			
13 years old	-3.580**	2.652	-1.348
	(-6.807 - -0.353)	(-4.548 - 9.853)	(-7.313 - 4.617)
14 years old	-4.046***	-4.929	-2.100
	(-6.958 - -1.135)	(-11.62 - 1.766)	(-7.913 - 3.714)
I have enough friends (ref: Disagree)			
Neither agree or disagree	9.820***	5.371	5.388
	(2.424 – 17.22)	(-10.02 - 20.76)	(-5.329 – 16.10)
Agree	11.79***	9.925	13.53***
	(5.034 – 18.55)	(-2.932 - 22.78)	(3.642 – 23.42)
Satisfaction with housemates (ref: Dissatisfied)			
Satisfied	3.896*	4.395	0.614
	(-0.640 – 8.431)	(-5379 – 14.17)	(-7.312 – 8.541)
Very satisfied	6.446**	8.643 *	3.737
	(1.522 – 11.37)	(-1.515 - 18.80)	(-4.486 - 11.96)
Frequency of going out with friends (ref: Never or almost never)			
1 or 2 days a week	2.064	3.633	0.423
	(-0.803 - 4.930)	(-2852 – 10.12)	(-4.898 - 5.744)
Every day or almost every day	6.222***	4.354	6.452*
	(2.961 - 9.482)	(-4.570 – 13.28)	(-0.432 – 13.34)
Satisfaction with how the adults listen to them, in general (ref: Dissatisfied)			
Satisfied	16.05***	23.50***	18.35***
	(9.986 – 22.11)	(10.11 - 36.89)	(9.409 - 27.30)
Very satisfied	26.42***	33.19***	24.82***
	(20.12 - 32.72)	(19.42 - 46.96)	(15.26 - 34.39)
To be happy to live in the residential home (ref: Unhappy)			
Neither happy or unhappy	1.062	4.378	7.541**
	(-2.867 – 4.991)	(-5.309 – 14.06)	(0.980 – 14.10)
Happy	7.546***	10.97**	18.48***
	(4.006 - 9.11)	(1.689 – 20.25)	(12.28 - 24.69)
Access to internet (ref: No)			
Yes	7.664***	6.702	5.934
	(3.503 - 11.83)	(-3.419 - 16.82)	(-1.326 – 13.19)
To have good clothing (ref: No)			
Yes	8.715**	11.59*	11.48**
	(2.094 – 15.34)	(-2.089 - 25.27)	(1.837 – 21.13)
Constant	25.50***	9.830	-2.366
	(13.74 - 37.27)	(-16.00 - 35.66)	(-19.22 – 14.49)
Sample	337	337	337
R-squared	0.573	0.292	0.370
Confidence interval in parentheses			

*** p <0.01 ** p <0.05 * p <0.1

The results for each category are discussed below.

3.1 The importance of, and difficulties related to relationships with friends

This was the most discussed topic in the focus groups. Six sub-categories emerged from the qualitative analysis. Schedule restrictions for going out with friends or receiving visits from friends at the home was a major concern for them and was blamed on the inflexibility of the regulations. They also highlighted the importance of being able to carry out activities with friends from outside the centre:

> "Timetables for going out are really strict and there are people like me, who are young and like to go out more, and more so now summer's coming. And we have to be back by 9 o'clock on Fridays or Saturdays". (Boy)

They would all like to be allowed to sleep at friends' houses and have friends over to sleep at the residential home. They said that this would normalise their situation and it would not be so complicated to explain where they lived since, for most of them, this could be complex and uncomfortable. They also appreciated the company of the other children at the home, and generally agreed that having friends (inside and outside) was a source of well-being.

These statements were clearly related to the results of the statistical analysis: fifty-eight percent of the children in the residential home never, or almost never, went out with their friends and only 15% said they went out every day, or almost every day. The latter displayed higher levels of SWB than the rest and differences in all three scales were statistically significant. The same occurred with talking to friends: participants who felt they had enough friends, and those who thought their friends were nice to them, showed greater SWB than the rest of their peers. Regarding the relationship with their friends at the residential home and their classmates at school, those who were highly satisfied with this relationship had higher SWB scores, achieving statistical significance for these items on all three scales.

In addition, in the regression, the children who felt they had enough friends and those who could go out with their friends every day had greater levels of SWB regardless of the rest of the variables included in the PWI-SC7 and SLSS4 models. In contrast, satisfaction with classmates reached statistical significance on the PWI-SC7 scale, but not in the other two models.

3.2 Participating and being listened to

They were very concerned about not being able to give their opinion on visits or outings with their biological families, either in relation to seeing them more, reducing the number of visits or changing them, as shown by the number of times these issues were mentioned in the focus groups.

> "They should put themselves in our shoes, because they [the caregivers] see everything through their eyes, but don't know how we experience it". (Girl)

In fact, this issue was one in which they clearly demanded to be heard. Participants claimed that adults made decisions on their lives without consulting them, that they listened to them out of obligation, and in many cases, failed to understand them.

> "If they [adults] listened to us, everything would go better". (Girl)

In this respect, they called for more opportunities for collective participation, such as assemblies, recently established according to them, where changes, especially with regard to regulations, could be promoted or encouraged.

These results also coincided with the answers to the questionnaire in which the children who were most in agreement that caregivers and teachers listened to them, and those who were satisfied with how adults listened to them, had higher mean SWB scores than the least satisfied. Statistical significance was reached in the three SWB indicators.

In addition, satisfaction with being listened to by adults became a key variable in the three regression models. Thus, for example, in the PWI-SC7 model, being satisfied, or highly satisfied, compared to not being satisfied with how adults listened to them increased the youngsters' mean SWB score by 16 and 26 points, respectively, regardless of age, gender and the other variables included in the model.

3.3 Having their material needs covered

Participants focused on furniture and space. They highlighted not only the lack of space for privacy (the majority said they shared a bedroom), but also inadequate furniture for organising their personal belongings or for studying. Another complaint was lack of clothes (they protested because they were not allowed to decide when and what to buy and some complained about the poor condition of their clothing). They also complained about food and pocket money. They claimed to get between €5 and €8 per week, depending on the residential home where they lived, but the majority said they were not allowed to manage it on their own.

In addition, the statistical analysis revealed that the children who had a quiet place to study in the home (31% said they did not), and those who had good clothing, scored much higher in SWB, and differences in the three scales were statistically significant. The *clothes in good condition* variable reached statistical significance in both the multiple regression PWI-SC7 model and the SLSS4 model.

3.4 The relationship with caregivers

> "I know there are all sorts of caregivers; some are good, others are bad, and some you neither like nor dislike because you practically never see them". (Boy)

We identified 19 textual citations referring to the good relationship the children had with their caregivers at the centre. They said that the caregivers helped them, cared about them, looked after them, listened to them and prepared activities for them. However, some children also reported difficulties in the relationship, especially if they were often scolded or punished. In general, they would like caregivers to be more committed to their job and show greater empathy towards them:

> "If he [the caregiver] comes here to work then he should be more involved with the job. He shouldn't just come here to earn money, because he's working with children who've been through a lot of stuff; it's not just any kind of work". (Girl)

The quantitative data corroborated the importance that establishing a positive relationship with caregivers had for the youngsters. Those who considered they were treated well by their caregivers, and those who felt they had a good time with them displayed higher SWB scores in all three indicators.

Slightly less than half (47%) said they were highly satisfied with the director and 55% were highly satisfied with the rest of the personnel at the centre (cooks, cleaning staff, administration). These youngsters had significantly higher levels of subjective well-being.

3.5 Satisfaction and dissatisfaction with living in a residential home

The excessive number of rules, and the consequences of failure to comply, was one of the main issues that provoked great dissatisfaction; for example, having very strict schedules (for doing homework, going out, going to bed, etc.), not being allowed to have a pet, not being allowed to wear earrings or choose their own clothes, to name but a few. However, they also claimed to feel good in the residential home:

> "It depends on the situation, but it's better to be in a residential centre than at home with problems". (Boy)

In the questionnaires, youngsters who were happy to live in their residential home (46%), or who would not prefer another solution (56%), or who felt safe (76%), or those who were more satisfied with their lives in the home (24%), displayed significantly higher mean SWB scores than the rest in all three scales.

In addition, participants living in residential homes with fewer places had higher mean SWB scores than those who lived in larger homes. Statistical significance was reached in the PWI-SC7 and SLSS4 scales. Being happy to live in a residential home was a variable that reached statistical significance in the three regression models. In the PWI-SC7 model, the mean SWB score was increased by 9 points as a result of being happy to live in a residential home compared to being dissatisfied, regardless of age, gender and the rest of the variables included in the model.

3.6 Access to ICT and leisure activities

On several occasions participants discussed their problems in relation to access to a computer, mobile phone, Internet and also consoles. Their use was restricted and they complained that schoolmates had them. The quantitative data confirmed that most youngsters in residential care did not have a mobile phone (65%). The remaining 35% that did have higher levels of SWB on the three scales (reaching statistical significance on the OLS scale). This was also true for youngsters who had access to the Internet (reaching significance on the PWI-SC7 scale). Participants said they had more opportunities to practise free-time activities now they were in the residential home than living with their families, and they had more access to school materials and excursions. The questionnaires also revealed that the youngsters who did not do extra-curricular activities had lower levels of subjective well-being.

4 Discussions and conclusions

Focusing on children who are living in a residential centre, the aim of the study was to identify the factors in these children's daily lives that influence their subjective well-being based on their own perceptions and evaluations. The objective has been achieved, and the main factors that children consider to have an impact on their lives were presented.

Results point to important implications for psycho-social interventions and childhood policies: by enhancing the interpersonal relationships that these youngsters have and promoting their participation in decision-making that affects their lives, their subjective well-being is boosted. This is also the case when adequate personal and study spaces, as well as access to free-time activities and ICT are ensured. The importance of reviewing existing

regulations in residential homes has been highlighted, since they were perceived in this study as too strict and inflexible, thus stigmatising them and depriving them from having the same opportunities as their peers. Similarly, results revealed the relevance that the relationship with their caregivers had for their well-being, while being in agreement with living in a home increased life satisfaction. Not only did all these factors influence their subjective well-being, but they might also act as compensating factors for the situation of vulnerability in which they are immersed.

The most discussed topic in the focus group was the importance of, and difficulties related to relationships with friends. This topic is concurrently a source of well-being and a major concern. Participants agreed that having friends from the residential centre and also from outside it is a positive aspect in their lives. Moreover, the participants who affirmed going out everyday or almost everyday, also reported statistically significant higher level of SWB compared with children who never or almost never go out with friends. Having problems with schedule restrictions for going out with friends and receiving visits from them at the residential centre were the major concerns exposed by participants.

These results are in line with studies on subjective well-being in which interpersonal relationships are one of the main domains in global life satisfaction (Casas, 2011). Similarly, the link between participation and subjective well-being in the child population (González et al., 2015) is showing signs of becoming one of the predictors of subjective well-being in childhood, an aspect that has been significantly highlighted in this study in the regression analysis. Satisfaction with being listened to by adults became a key variable in the three regression models. Participants demanded to be consulted by adults, especially when the decision to be made is about them.

The results on the importance of the relationship with caregivers coincide with findings by Soldevila et al. (2012) and Barros and Fiamenghi (2007), which indicate it is a key aspect in social intervention processes. Relationships of trust, skills in empathy and communication, as well as professional commitment have become key elements for analysis.

These youngsters compare themselves to their classmates and perceive many limitations in the use of ICT and access to some resources, as a result of highly inflexible regulations, and this causes discomfort and dissatisfaction. This is no minor issue since being "protected" from harmful situations often means that their mobile or online relationships – especially with their birth families and other people who might take advantage of their vulnerability – are controlled. There is still a long way to go to ensure that protection does not detract from social participation.

The access to some material resources from participants is another factor in these children's lives that influence their subjective well-being and they highlighted some claims. However, the participants mentioned that being in a residential centre is giving them other opportunities that they would probably not be able to have if living with their families, for example they are able to practise free-time activities. We have observed that the perception that youngsters have of being in a residential home is as important, or more important, than actually living in one. The implication is clear: their participation in the entire intervention process is crucial, since their subjective well-being will depend on it (Llosada-Gistau et al., 2017).

Studying the psycho-social components of quality of life not only allows the study of well-being at population level (Casas, 2011), but also enables us to analyse and understand what

influences the positive evaluations on a population's own well-being (in this case, the residential in-care population). These results can have an impact on decision-making and the organisation of welfare services.

This study, among others, is highlighting the need to listen to children's voices, as it has been pointed out by other authors too (see for example Lansdown, 2010; Skivenes & Strandbu, 2006). Children can show us the changes and improvements that need to be implemented. Sometimes it is difficult to find studies where children from the child protection system are giving their opinions about their own lives, even some ones have been carried out, for example the study from Bessell (2011). Our study tried to do so, not only considering answers on a questionnaire, but also giving them the opportunity to talk more in depth about some topics during the focus group. The main limitation about this methodology of data collection is that children have not been involved in the process of identification of the categories and the interpretation of the results. The authors consider that for future studies this could be added as part of the project and it would add more quality to the data.

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