



How Adolescents in Residential Care Perceive their Skills and Satisfaction with Life: Do Adolescents and Youth Workers Agree?

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Accepted: 30 October 2023 / Published online: 16 November 2023
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Abstract

Adolescents in residential care display a self-perception of their own skills that may differ from how their youth workers perceive them. This difference in perceptions may influence the way youth workers see the adolescents they serve and can have an impact on the development of these children. Moreover, how adolescents perceive their own skills may also influence other aspects, such as the degree of satisfaction they have in different areas of their lives. This article analyses perceptions of cognitive, emotional and social skills and their relationship with life satisfaction in a sample of adolescents in residential care in different European countries (Spain, Poland and Germany). At the same time, the relationships these adolescents establish within the residential setting, both with other peers and with the youth workers involved in their education, have also been used to assess their satisfaction. The research has collected quantitative data through 2 questionnaires, one for the children ($N=238$) and one for their youth workers ($N=217$). The results show that, in most aspects, the adolescents' self-perceptions and evaluations are higher than those attributed to them by their youth workers. Another important finding is that the average scores for satisfaction with aspects of life are low, many of them below 7 points (out of 10). Regression analyses indicate that higher skill ratings are associated with higher well-being. This article highlights the importance of changing the perspective of youth workers to a more positive one that supports, empowers and accompanies adolescents in residential care.

Keywords Perceived skills · Life satisfaction · Residential care · Adolescents · Youth workers and adolescents' perspectives

1 Introduction

One of the resources of child protection systems is residential care. Despite the controversy surrounding this type of care (Berridge et al., 2011), it is still quite widespread in European countries and elsewhere, with an intake of children who have suffered neglect, emotional abandonment, psychological, physical or sexual abuse in their families of origin and for whom neither kinship care nor non-kin foster care can be offered (Llosada-Gistau et al., 2015; López & del Valle, 2015). Some studies indicate that children in care tend to be adolescents, groups of siblings and children with behavioural or mental health problems (Ford et al., 2007; López and del Valle, 2015; Soriano et al., 2023).

In Spain, the residential care population is equivalent to 47% of the total number of children in out-of-home care according to data from the Ministry of Social Rights and 2030 Agenda (2022), and according to UNICEF & Eurochild, (2021) the in-care population represents 52% in Spain, 35.5% in Poland, and 52.8% in Germany. In Catalonia, the part of Spain where the study has been carried out, this population accounts for 57.7% of the population in alternative care (DGAIA, 2022).

Despite the large number of children in residential care, there are few studies on how practitioners working in residential children's homes perceive the abilities and life satisfaction of the children in their care. There is also little research on citizens' perceptions of children in residential care (Dodds, 2022). Overall, the area of perceptions is complex as there are several elements that could condition both the perceptions of young people and of professional teams. It has been asserted that adults show contradictory attitudes towards children in situations of protection (Bell, 2011), as they can be seen as both vulnerable and subjects to be controlled. On the other hand, in the area of perception among young people, social class and gender are identified as elements that have an impact (Dodds, 2022). Thus, knowing the practitioners' perceptions and comparing them with those reported by the looked-after children themselves is essential for identifying improvements that can be made to the children's quality of life, especially since they do not live in a family environment, but in a setting often viewed through a stigmatising lens (Llosada-Gistau et al., 2017). Furthermore, López and Del Valle (2015) have reported that children in residential care often perceive their future as uncertain, leading to feelings of insecurity, as well as a strong sense of being in a provisional situation.

Thus, the present study aims to fill this gap in the literature by analysing adolescents' perceptions of their (cognitive, emotional and social) skills, interpersonal relationships and life satisfaction, and comparing them with those attributed to them by the practitioners involved in their care.

1.1 Cognitive, Emotional and Social Skills

Choque-Larrauri and Chirinos-Cáceres (2009) identified three kinds of skills: i) cognitive skills, including decision-making, critical thinking and self-assessment; ii) emotional management skills, including coping with stress and self-control; iii)

social or interpersonal skills, including communication, refusal skills, assertiveness, aggressiveness and empathy. The present research is based on this classification.

For a more in-depth look at each of these skill sets, cognitive skills are understood as the mental actions or processes of acquiring knowledge and understanding through thought, experience and the senses (Van der Fels et al., 2015). Different typologies of cognitive skills exist, although most refer to executive skills, memory, fluid intelligence (or the ability to reason abstract concepts), crystallised intelligence (or the set of skills, strategies and knowledge that constitute the degree of cognitive development achieved through a person's learning history), academic skills, general knowledge, verbal comprehension, attention, and the ability to encode and analyse information, as stated by Schweizer and Wolfgang (2002) in their revision of Cattell's Investment Theory. In relation to cognitive functions, recent work (Camuñas et al., 2021) reviews and justifies this type of functions as one of the cognitive procedures most exposed and sensitive to the atmosphere of children (Noble et al., 2007). According to Camuñas et al., (2021) these functions are considered as keys to emotional and behavioural development, with special importance in childhood at risk of socio-educational exclusion, such as children in residential contexts.

Emotional skills can be defined as the set of skills, knowledge and attitudes that a person has to be able to understand, regulate and manage their own emotions. Denham (2005) classified self-awareness, understanding one's own emotions, self-management, emotional and behavioural regulation, social awareness and understanding of emotions as emotional skills.

Finally, social skills refer to a descriptive construct of valued social behaviours within a given culture that are highly likely to bring favourable outcomes to an individual, subgroup and community, and that can contribute to socially competent interactions during interpersonal tasks (Del Prette & Del Prette, 2021). Denham (2005) classified these as social problem-solving, relational skills, cooperation, knowing how to listen, turn-taking and help-seeking.

1.2 Perceptions on Skills of Children in Residential Care

Knowing the perception of the life skills of these children is a necessary exercise both for the children's own reflection and self-awareness and for practitioners working with them to know them better and to tailor their educational programmes. Choque-Larrauri and Chirinos-Cáceres (2009) pointed out that skills are an approach to developing competencies that enable children and adolescents to acquire the skills necessary for human development and to cope effectively with the challenges of daily life. Furthermore, the development of skills is related to the connection of cognitive, emotional, and social domains. In this regard, Diamond (2013) highlights self-regulation, which is related to those cognitive functions that allow children to organise information, plan actions or consciously inhibit their behaviour. In the emotional domain, emotion regulation has also been studied, as it has been found to develop interdependently with the executive functions of the cognitive domain, sharing common processes of attention control and areas of the brain (Calkins & Marcovitch, 2010).

In recent years, there has been an increasing amount of research on skills and evaluations of children in care. However, as Selwyin et al. (2017) noted, most of this work tends to be developed from the point of view of the adult of reference. And as stated by Casas (2011) it is necessary to continue to strengthen their vision and perspective as individuals with the right to participate in everything that affects them directly.

Other studies have focused on the social, emotional and behavioural difficulties of children in residential care (Briggs-Gowan & Carter, 2008; Goodman & Goodman, 2009; Morgan et al., 2009) often arising from a lack of stability in their lives, both within and outside the care system. In fact, research results in this area indicate that children and young people in residential settings have greater emotional, social and behavioural difficulties than their peers (Dodds, 2022; Ford et al., 2007). Therefore, it seems justified to focus on the perceptions constructed towards these children, since the self-beliefs that can act as motivators and conditioners of children's future behaviour (Jacobs et al., 2003, p. 34). In this sense, Montserrat et al., (2019) pointed out that negative adult perceptions can have a negative impact on children's self-image and self-esteem. In order to counteract these adult views, it is considered necessary to pay more attention to the development of self-perceptions of children in residential care. Furthermore, another aspect that justifies the importance of perceptions and their relationship with the development of skills can be found in the school context. For example, studies such as that of Harriss et al. (2008) show that although instability contributes to reducing learning, the skills of children and young people increase when their self-esteem increases.

Gage and Lierheimer (2012) focused on self-perceptions of young people with social, emotional or behavioural difficulties and showed that young people's own self-perceptions were generally more positive. Such differences in perceptions often mean that the different stakeholders involved are not working in the same direction. Serbati and Gioga (2017) reported discrepancies between childcare professionals in setting goals for working with young people. They also highlighted the importance of all educational agents agreeing on work plans, sharing responsibilities and monitoring the children's progress in their work to ensure the children's well-being. Along the same lines, other authors have indicated the importance of sharing the evaluation of existing resources and vulnerabilities not only of children but also of their families, and sharing objectives and measures to be taken (Daly, 2012; Serbati et al., 2012, 2015).

1.3 Subjective Well-Being of Children in Residential Care

Child well-being is multifaceted in its concept, domains, implications, contexts, and components that comprise the well-being of children. In this study, we refer specifically to children's subjective well-being (SWB), a broad concept that includes the affective and cognitive evaluations that children make about their lives (Diener, 2000). This article explores the first one, the satisfaction with life overall and by domains (family, friends, school, leisure time, etc.) based on children's own views. In recent decades, there has been an increasing research into children's subjective

wellbeing, with the development and testing of psychometric instruments (Ben-Arieh et al., 2014; Savahl et al., 2019), using context-free scales like the Student Life Satisfaction Scale (Huebner et al., 2003) and the one item Overall Life Satisfaction (OLS), and domain-specific scale like the Personal Well-being Index – School Children (PWI-SC, Cummins & Lau, 2005) and The Brief Multidimensional Student Life Satisfaction Scale (Huebner et al., 2003).

There is a lack of reliability attributed to answers given by younger children (Verhellen, 1997), promoting the belief among some researchers that to know their situation they should ask the adults closest to them, usually families and teachers, but not the children themselves. Thus, the resulting information was not strictly speaking about children's subjective well-being, but about the perceptions attributed to them by adults. However, it is necessary to reaffirm that children show specific characteristics for the developmental stage they are in and, as Ben-Arieh (2008) points out, their views can serve as an objective indicator to promote social policies.

Llosada-Gistau et al. (2017) also noted that adolescents in residential care are competent informants for scientific research. In this regard, studies have reported significantly lower levels of subjective well-being in the in-care population compared to the general population (Llosada-Gistau et al., 2015, in Spain; Schütz et al., 2015, in Brazil; Rees, 2012, in the UK), and within the system, lower levels among children in residential care compared to those in foster care (Llosada-Gistau et al., 2017) and among children in residential care, lower levels among those in therapeutic residential care, special or closed homes (González-García et al., 2022) comparing to those in non-therapeutic residential centres which are very common in Spain (see Llosada-Gistau et al., 2015). It is important to be highlighted since our study compares the results according to whether the adolescents are in open or closed centres. Among those in residential care, girls also score significantly lower than boys on life satisfaction (Llosada-Gistau et al., 2017, 2019; Ortúzar et al., 2019) and lower among those in closed centres (González-García et al., 2022). There is also a decreasing trend in life satisfaction as age increases, as noted by some authors both for children in the general population (Casas et al., 2013; Tomy, 2014; Viñas et al., 2015) as well as in children in residential care (Llosada-Gistau et al., 2015).

Studies focusing specifically on children in care within the child protection system enable us to identify the factors and conditions that this same system can provide to increase their subjective well-being (García-Molsosa et al., 2019).

1.4 Social Relationships within Residential Care Homes

One of the most relevant areas in terms of subjective well-being (also in the general population) is that of interpersonal relationships, an aspect that has been taken into consideration in this study, in line with studies that identified the social and relationship aspects as a critical domain of children's Subjective Well-being (Goswami, 2012; Savahl et al., 2019). Authors such as Soldevila et al. (2013) have also highlighted social relationships as a conditioning element in the quality of life in residential contexts, finding that children in residential care showed a lack of positive affection from some of the centre's staff involved in their education. In this sense,

there is evidence linking the existence of social support from educational teams for children and young people with lower levels of emotional and behavioural problems (Erol et al., 2010) and higher subjective well-being (Dinisman et al., 2013).

Previously, the work of Holder and Coleman (2009) included in the analysis of social relationships the identification of positive and negative aspects that predicted and correlated children's happiness. Other studies focused on the field of social skills highlight the importance of positive social relationships as a protective factor for resilient psychological development of children in residential contexts (Fournier et al., 2014).

Thus, the area of social relationships in residential contexts is configured as relevant, since it is considered that the promotion of positive relationships between practitioners and children contributes to their well-being (Steels & Harriet, 2017) and to greater emotional management in situations of stress and pressure on children (Hammen, 2016).

2 Research Questions and Objectives

From the reviewed literature we ask not only what perceptions adolescents in residential care have about their skills and their assessment of their life satisfaction, but also whether this differs from the views of their practitioners (also called youth workers). But even further, we ask what the relationship between perceptions of skills and life satisfaction is.

Therefore, this article focuses on analysing the perceptions of adolescents aged 10–17 in residential care in different European countries (Germany, Poland, and Spain). The areas analysed are perceptions of their cognitive, emotional, and social skills, life satisfaction and social relationships, bearing in mind the adolescents' own assessments and those attributed to them by practitioners in the children's home.

Specifically, the objectives were:

1. To find out how adolescents perceive their cognitive, emotional, and social skills, as well as how practitioners involved in their education attribute these skills to them. To analyse the results according to gender, age, and type of adolescents' home.
2. To analyse adolescents' life satisfaction by domains and with life as a whole, as well as the attributions from practitioners. To analyse the results according to gender, age, and type of adolescents' home.
3. To analyse social relationships within residential care homes according to how they are rated by the adolescents themselves and their practitioners and analyse the results according to gender, age and type of adolescents' home. This objective tries to deepen interpersonal relations, an aspect that is not only linked to the two previous objectives—both in social skills as one of life satisfaction's domain, but also due to its relevance in the residential centres (Hammen, 2016; Kendrick, 2013).

4. To assess the extent to which adolescents' life satisfaction can be predicted by their self-perceived cognitive, emotional, and social skills through regression analysis.

3 Method

A cross-sectional study with quantitative data collection is presented.

3.1 Participants

A convenience sample was used. The criteria for inclusion in the research were as follows:

- Adolescents aged 10—17 years living in residential children's homes run by the three organisations participating in the study (reference anonymised) in Spain (specifically in Catalonia), Poland and Germany. Each organisation had to select a minimum of 40 adolescents.
- The youth workers (practitioners working with children and adolescents) of reference of each of the participating adolescents.

A total of 34 adolescents' homes participated, with a majority from Catalonia, the region where the organisation coordinating the project was based. In total, 18 from Catalonia, 6 from Poland and 10 from Germany. Most of the participating residential homes were open, i.e., the adolescents ($N=188$) live in the home but go to schools in the area, as well as make use of the health, leisure, and cultural services of the community. Thirty adolescents' homes in the sample did not provide such services, and only 4 (3 in Catalonia and 1 in Poland) had in-house schooling facilities ($N=49$ adolescents). These were homes for adolescents requiring more specialised support.

Overall, the sample consisted of 455 people, 238 adolescents and 217 youth workers. The characteristics of the participants can be found in Table 1. It is worth noting that there were a majority of boys among the adolescents and a majority of women among the youth workers. About gender identity, the questionnaire had four options: boy (or man), girl (or woman), diverse, and no indication. In the data analysis, diverse category included diverse and no indication.

The mean age of the adolescents was 15.3 years ($SD=1.766$) and that of the youth workers, 32.1 years ($SD=8.335$). Youth workers included social workers (85.1%), social educators (3.3%) and other profiles related to the world of education (11.6%). Among the adolescents, 77.7% were born in the country where the study was conducted and 22.3% were born in a different country from the one where they were currently living. However, it is not the objective of this research to compare countries since it is not a representative sample by country; In any case, it can be considered representative of the three participating organizations, but we cannot say that these organizations are representative of their respective country.

Table 1 Agent by gender identity and country

	Children (Ch) Youth workers (YW)	Boy		Girl		Diverse		Total	
		N	%	N	%	N	%	N	%
Catalonia	Ch	94	62.3	52	34.4	5	3.3	151	100
	YW	31	23.7	98	74.8	2	1.5	131	100
Poland	Ch	23	50	23	50	0	0	46	100
	YW	7	15.6	38	84.4	0	0	45	100
Germany	Ch	17	43.6	17	43.6	5	12.8	39	100
	YW	9	22	31	75.6	1	2.4	41	100
Total	Ch	134	56.8	92	39	10	4.2	236*	100
	YW	47	21.7	167	77	3	1.4	217	100

*The total sample was 238, but 2 children left the gender question blank

3.2 Instruments

The research technique used was the survey and the instruments were questionnaires with equivalent questions for adolescents and practitioners (albeit with language tailored specifically to each group), mainly closed-ended questions. The questionnaires were ad hoc (built for this particular purpose), self-administered questionnaires in electronic format and anonymous. Each adolescent answered a questionnaire, and his/her youth worker were asked the attributions made to the adolescent regarding the skills and life satisfaction. The responses were paired in the analysis by using a code assigned to each foundation.

The close-ended questions included dichotomous, categorised (basically, frequency and agreement – 5-point Likert) and numerical questions (satisfaction with 11-point scales). The questionnaires consisted of a first part of socio-demographic characteristics, followed by questions on adolescents' skills (cognitive, emotional, and social), adolescents' personal satisfaction, and relationships within the residential home, with a total of 44 questions. About the reliability index, we found a value of Cronbach's α coefficient of 0.856 in cognitive skills (0.859 Catalonia; 0.829 Poland; 0.868 Germany), 0.801 in emotional skills (0.776 Catalonia; 0.769 Poland; 0.893 Germany) and 0.846 in social skills (0.857 Catalonia; 0.836 Poland; 0.806 Germany). Regarding the reliability index in satisfaction, the value is 0.884 (0.871 Catalonia; 0.899 Poland; 0.901 Germany). Bootstrap analyses were also performed in order to assess the reliability.

The skills were taken from Choque-Larrauri and Chirinos-Cáceres (2009) as described in the theoretical framework. These authors categorised life skills, including aspects such as self-esteem, empathy, decision-making, effective communication, managing emotions and feelings, assertiveness, creative, critical, and reflective thinking, moral autonomy, interpersonal relationships, managing tension and stress, problem solving and conflict resolution. These aspects were adapted in the context of a pilot project where board game sessions were carried out weekly in the residential care setting and the selected skills could be worked on by playing certain

modern board games. However, this is explained only to provide background to the selection, as the questionnaire was administered before the start of the project and was therefore intended to measure both the adolescents' and youth workers' perceptions of the skills described below:

- Cognitive skills: it is composed of 10 items, the responses to which are based on a 5-point Likert scale of frequency or agreement. Variables are related to oral expression, the ability to focus on a task or activity, the ability to reflect on one's actions, long-term memory, strategic thinking, the ability to make one's own decisions, imagination and creativity, reflexes (reacting quickly when necessary), curiosity and motivation for learning. An example of equivalent question for adolescents and youth workers: *From 1 to 5, how do you define yourself with the following thinking (cognitive) skills? I'm a curious person, I like to find out why things happen / From 1 to 5, how do you define the following cognitive skills regarding this particular child? He/she is curious and likes to find out why things happen.*
- Emotional skills: it is composed of 6 variables related to adolescents' patience, their perception of whether they do things right, emotional management, knowing how to lose in a board game, their ease in relating to others and their ability to bounce back when they have a problem. An example of that is: I know how to control my emotions; answer is 1- Not at all; 5- Totally.
- Social skills: it is composed of 11 variables related to adolescents' ease in working in a team and cooperating, their empathy, ability to negotiate and accept fair rules, treat others well, ability to listen to people, trust in others, understand non-verbal communication, competitiveness, kindness towards others, ability to take responsibility for their actions and their motivation to get to know other people. For example: *I trust other people answer is 1- Not at all; 5- Totally.*

In terms of life satisfaction, one scale and one index of subjective well-being were incorporated into the questionnaire (range of scales from 0 *not at all satisfied* to 10 *completely satisfied*, with only the end values are labelled):

- Overall Life Satisfaction—OLS (Campbell et al., 1976). It is a single-item scale measuring the satisfaction with the whole life. The importance of including this single item in studies on subjective well-being has been stressed by several authors (Campbell et al., 1976; and in Llosada-Gistau et al., 2015 with children in residential care).
- Index calculated from the variables of life satisfaction based on the ISCIWeb questionnaire (www.isciweb.org). It includes a modified version of the PWI-SC, designed by Cummins and Lau (2005) to measure SWB among children, with the items related to satisfaction with different life domains like: their health, how they use their time, the things they have, personal safety and their student life. Other items are included like satisfaction with the things they learn, the area they live in, their friends, freedom, their own body, things that may happen to them in the future and how they are listened to by adults, as proposed by Casas et al. (2013) and included in the ISCIWeb Questionnaire. Finally, two items regarding

the care system were added: satisfaction with the other adolescents in the residential home and the youth workers in the home (following Llosada-Gistau et al, 2015).

The PWI and the OLS are usually considered good Subjective Well-being indicators, with high correlation between respective items, as displayed in previous research carried out by Casas et al (2013), also using the calculation of indexes of Children's SWB and defending the convenience of measuring subjective wellbeing with scales of more points than one due to a greater sensitivity.

3.3 Procedure and Ethical Aspects

The questionnaires were initially constructed in English, reviewed and agreed with the participating organisations before being validated. Once the final version was agreed, each organisation was responsible for the translation into the different languages of each country (Polish, German and Catalan), using a back translation process.

Once the authorisation of the child protection departments and the management of the residential children's homes was confirmed, the adolescents were invited to participate on a voluntary basis and without receiving any incentive in return and except for a few isolated cases, all of them wanted to participate. The electronic links to the questionnaires were sent to their residential homes, using a letter explaining the process in detail and an image summarising the process and containing the links. In no case did the research team know the identity of the adolescents. The questionnaires had a contact email address and a mobile phone number where informants could send their questions or suggestions. Adolescents who had some difficulties in reading comprehension were helped individually by having the questions read to them.

The data obtained have been managed with confidentiality and anonymity, in accordance with the legislation on data protection in force in each of the countries, and with the informed consent of participants when answering the questionnaire and the authorisation of the administration responsible for child protection. Each country's legal procedures on parental consent have been followed, either by the parents or by the child protection department when the parents' rights have been suspended. Prior to the study, all relevant permissions had been obtained. In addition, this research was approved by the Ethics Committee of the University (reference anonymised).

3.4 Data Analysis

To analyse the data collected, the statistical package SPSS (v. 29) and RStudio were used to carry out bivariate and multivariate analysis. In analysing the data, it was considered appropriate for the objectives of this study to observe the results between the two agents participating in the study: adolescents and youth workers, and disaggregated by gender, age, and type of residential adolescent's home

(open with schooling outside the home or more closed, with schooling facilities inside the adolescents' home as well as leisure activities). In order to compare the adolescents' answers according to their ages, a new variable has been created, grouping those adolescents between 10 and 15 years of age (42.1%) and those between 16 and 17 (57.9%). This results in two equal blocks.

Some means of agreement and satisfaction were compared according to whether the responses were from youth workers or adolescents, according to the age of the adolescents and according to the type of centre, through Independent-Samples T Test (obtaining the p -Value and the Effect size Cohen's d). Means also were compared according to whether the responses were from youth workers or adolescents through Paired-Samples T Test (obtaining the p -Value and the Effect size Cohen's d). And ANOVA tests also were carried out to analyse according to gender identity (obtaining the p -Value and the Effect size eta squared (η^2)).

The variables analysed are mainly ordinal qualitative variables, but there are also nominal qualitative variables and quantitative variables. There are statistically significant differences when the p -Value is lower to 0.05. Regarding Cohen's d , when $d=0.2$ the effect is considered small; when $d=0.5$ the effect is considered medium, and when $d=0.8$ the effect is considered large (Cohen, 1988). Related to eta squared, when $\eta^2 < 0.01$ values are interpreted as small, when $\eta^2 < 0.06$ are interpreted as medium, and when $\eta^2 < 0.14$ are interpreted as large effects (Cohen & Cohen, 1983). The results of the different analyses carried out can be consulted in more detail in Supplementary Material 1.

The satisfaction index was calculated by taking the mean of the 14 items mentioned in the section on instruments. None of the questions was mandatory, participants could decide to leave some blank, but in general there were few missing data. No imputation has been made to the database.

In addition, two multiple linear regressions with adolescents' answers have also been carried out with the index of subjective well-being calculated as a dependent variable. To carry out the regressions, three new variables have been created, calculating the mean of the different skills of each type (see section 3.2). Thus, an index has been created for cognitive skills, another for emotional skills and another for social skills.

4 Results

The results are shown according to the specific study objectives. Initially, comparisons of means are made according to the adolescent's gender (carrying out ANOVA analysis), age and type of residential centre (Independent-Samples T Test analysis). We also compared the different means of adolescents with those of youth workers (Independent-Samples T Test and Paired-Samples T Test analysis, both analyses show statistically significant differences in the same aspects). These first analyses show results with statistically significant differences and others without such differences, which also provide information. Subsequently, two regressions are shown.

4.1 Perceptions of Adolescents' Cognitive, Emotional and Social Skills and How They Are Perceived by Their Youth Workers

Differences were found between their own perceptions and those attributed to them by their youth workers (Fig. 1 and Supplementary Material 1). The most valued skill that adolescents attributed to themselves was *having an interest in learning new things*, followed by *having good reflexes, i.e. knowing how to react quickly when needed*. Next, was the *ability to be curious, wanting to know why things happen*. The skills with the lowest scores were, respectively, the *ability to remember*, followed by *being able to think strategically and in a solution-oriented way*.

But if we look at the skills attributed to them by the youth workers, in general, most were statistically significantly lower than the adolescents' own evaluations. Thus, youth workers rated adolescents statistically significantly lower in 9 of the 10 cognitive skills assessed (Fig. 1).

Among adolescent's perceptions of their cognitive skills some statistically significant differences were observed in terms of gender, age and type of adolescent's home (see more details in Table 1 in Supplementary Material 1). Regarding adolescent's *reflexes*, boys express higher average than girls and diverse gender. Older adolescents show higher average *interest in learning new things* (M adolescents 10–15 years = 3.87 and M adolescents 16–17 years = 4.27) and in *the ability*

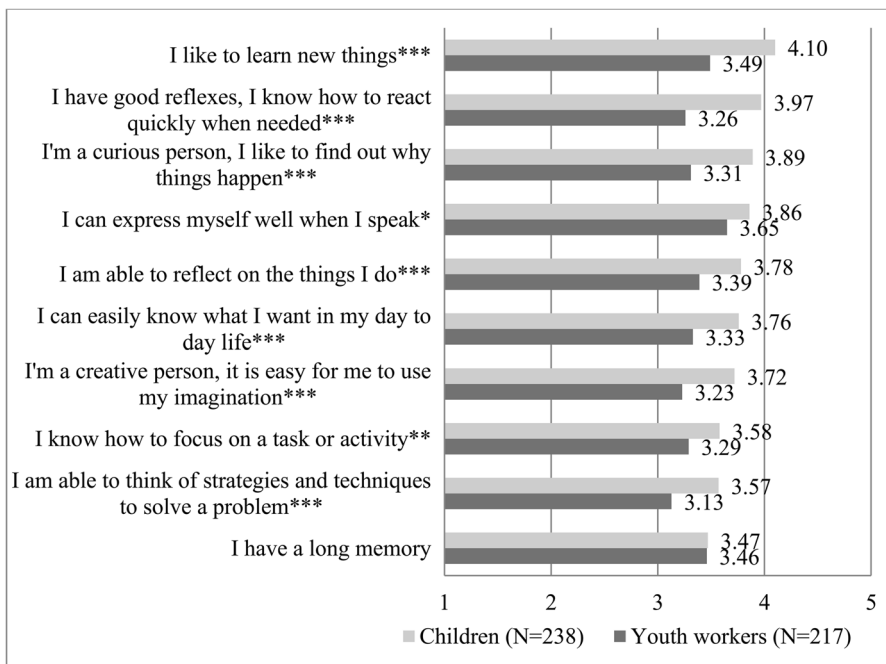


Fig. 1 Cognitive skills according to adolescents and their youth workers (Independent-Samples T Test). Scale from 1- do not agree at all to 5- completely agree. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$ (See T Test results in [supplementary materials](#))

to reflect on their actions (M adolescents 10–15 years=3.56 and M adolescents 16–17 years=3.95). In relation to the adolescent's home, those who live in open centres express higher averages in terms of the ability to express themselves well verbally (M open centres = 3.96 and M closed centres = 3.51) and to focus on a task (M open centres = 3.67 and M closed centres = 3.25).

As with cognitive skills, all perceptions of emotional skills were rated higher by the adolescents themselves, achieving statistical significance in the skills of getting along with others, knowing how to lose, bouncing back from a problem, and the ability to manage emotions (Fig. 2).

It is worth noting that both adolescents and youth workers agreed that the emotional skill rated with the lowest score was patience. Likewise, they also agreed that the skill with the highest score was getting along well with others.

Differences were observed in the adolescents' perceptions of their emotional skills with regard to the ability to bounce back when they have a problem and to be patient depending on their age with higher scores for older adolescents (aged 16 and 17); adolescents living in open homes also considered themselves more patient compared to those living in closed children's homes. The latter also perceived that they did not know how to do things well and control their emotions, obtaining lower scores (see Table 2 in Supplementary Material 1). With regard to the rest of the skills assessed, no statistically significant differences were observed by gender, age or type of residential facility (Supplementary Material 1).

Adolescents rated higher the ability to get along with others and to know how to lose, i.e. not to get angry when others win. However, less positive self-perceptions were found in the ability to know how to wait and give time to other people and in the ability to manage their emotions.

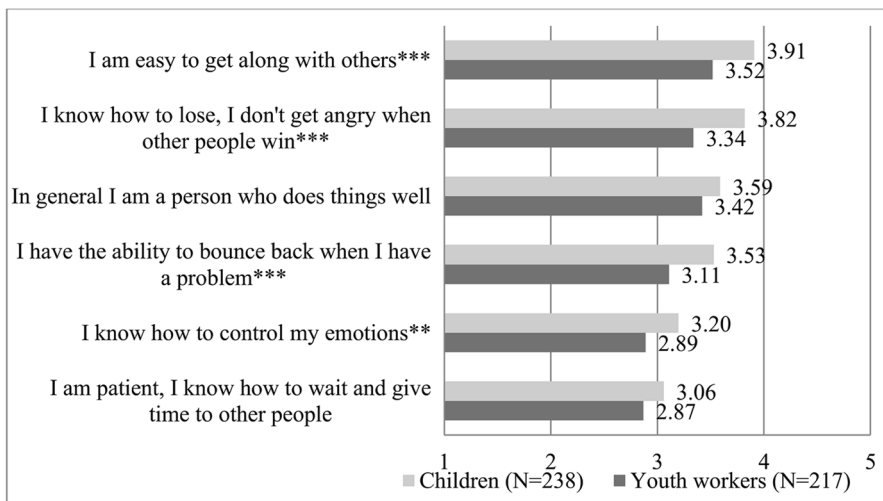


Fig. 2 Emotional skills according to adolescents and their youth workers (Independent-Samples T Test). Scale from 1- do not agree at all to 5- completely agree. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$ (See T Test results in supplementary materials)

Regarding social skills (Fig. 3 and Supplementary Material 1) statistically significant differences were observed, with adolescents' ratings being higher. The skills rated highest by the adolescents were *treating others well, despite being different from them*, and *being kind to people and saying thank you*. The latter was the skill attributed to adolescents most highly rated by youth workers ($M=3.71$). The skill with the lowest score according to adolescents was *trusting other people*, while the lowest rated skill attributed to adolescents by youth workers was *being very competitive*.

Statistically significant gender differences in the *perception of competitiveness* were observed among adolescents, with boys being more competitive than girls, and much more so for diverse adolescents. In terms of age group, statistically significant differences were observed in the ability *to treat others well* (even if they are different), *to be kind to other people*, *to listen* (even if they think differently) and *to work in a team and cooperate*, with the highest scores among 16–17-year-olds. The results showed statistically significant differences in the abilities *to be kind to other people* and *to negotiate and accept rules* according to the type of residential home, with the highest scores being for adolescents in open homes (see Table 3 in Supplementary Material 1).

4.2 Adolescents' Life Satisfaction by Domains and with Life as a Whole According to the Adolescents Themselves and as Evaluated by their Youth Workers

Adolescents' satisfaction with life as a whole and by domains (Fig. 4) showed some differences by gender, age and type of children's home (see Table 4 in Supplementary Material 1). Statistically significant gender differences were observed in *satisfaction with the things they have learned*, higher for girls compared to boys and the diverse gender. Boys express a higher satisfaction *with their health* than girls and diverse gender. Regarding *the satisfaction with the youth workers* in his/her centre, the satisfaction of the diverse gender is the highest, followed by the girl's satisfaction and the boy's satisfaction is the lowest. Also, there are differences in *satisfaction with one's own body*, higher for boys compared to girls and the diverse gender. Those between 10 and 15 years old express *feeling less listened to by adults* than those between 16 and 17 years old, with statistically significant differences. Adolescents living in open homes were found to feel more satisfied *with the way how they use they time*, *how safe they feel*, *their life as a whole*, *with the freedom they have* and *their life as student* than those in closed homes with statistically significant differences.

Regarding the differences between adolescents' ratings and those of their youth workers (Fig. 4 and Supplementary Material 1), as with skills, adolescents rated most of the items higher than youth workers, with statistically significant differences in 8 of the 15 items of satisfaction with the life domains rated. The items in which youth workers assigned a higher rating than the adolescents were: adolescents' *satisfaction with youth workers at the home*, *with the rest of their peers living in the home*, and *with the freedom they have*. Furthermore, it is worth noting that the two

aspects of life with which adolescents expressed the lowest satisfaction were *with their freedom* and *their life as a student*.

4.3 Social Relationships within Residential Children's Homes as Assessed by Adolescents and their Youth Workers

Comparing responses between adolescents and youth workers (Fig. 5 and Supplementary Material 1), the same did not apply to skills and satisfaction, as youth workers rated both the *adolescents' relationship with the youth workers* and the *adolescents' relationship with each other* more highly. However, youth workers and adolescents coincided in rating *the relationship between adolescents and youth workers* more highly than *the relationship amongst the adolescents themselves*.

Regarding the adolescents' assessments of social relationships within their peers, the results showed statistically significant differences by age and type of residential facility (see Table 5 in Supplementary Material 1). Adolescents between 16 and 17 years of age are more satisfied *with their relationship with their youth workers* than those between 10 and 15 years of age, with statistically significant differences. Adolescents in open centres express higher *satisfaction with their youth workers* than those in closed centres, also with statistically significant differences.

4.4 Adolescents' Life Satisfaction Predicted by their Self-Perceived Cognitive, Emotional, and Social Skills Through Regression Analysis

To further the objectives of the study, multiple linear regressions have been carried out (Table 2; showed only with the adolescents' responses) to observe the relationship between the calculated well-being index (dependent variable, of a continuous type), and each of the calculated skills indexes (as explanatory variables, also of a continuous type).

The table shows two regression models, one with all the skills indexes and the other without the cognitive index, since this one does not present statistically significant differences. The results show a statistically significant positive relationship between the calculated well-being index and the emotional and social skills indexes.

The second model estimates that, for each unit that the emotional skills index increases, the well-being index increases by 1.094 points. And for each unit that the social skills index increases, the well-being index increases by 0.681 points. More specifically, the second regression model estimates that: *Computed well-being* = 1.094 + 0.681**Index of emotional skills*—0.811**Index of social skills* + 1.42.

5 Discussion

The first block of results refers to adolescents' perception of cognitive, emotional, and social skills, comparing their views with those of their practitioners, highlighting those adolescents rated their skills statistically significantly higher than their youth workers did. Authors such as Gage and Lierheimer (2012) indicated

Table 2 Multiple linear regressions with the subjective well-being index as the dependent variable and the skills indexes as the explanatory variables (only adolescents' responses)

Effect	(1)				(2)				
	Estimate	SE	95% CI	<i>p</i>	Estimate	SE	95% CI	<i>P</i>	
			<i>LL</i>	<i>UL</i>			<i>LL</i>	<i>UL</i>	
Fixed effects									
Intercept	0.954	0.575	-0.179	2.087	0.098	0.532	0.046	2.143	0.041
Emotional skills index ^a	0.648	0.170	0.313	0.983	<0.001	0.162	0.362	1.001	<0.001
Social skills index ^a	0.744	0.210	0.331	1.158	<0.001	0.183	0.450	1.171	<0.001
Cognitive skills index ^a	0.135	0.208	-0.275	0.546	0.517				

Total *N* = 224. CI = confidence interval; *LL* = lower limit; *UL* = upper limit

^aContinuous variable (scale from 1 - do not agree at all to 5 - completely agree)

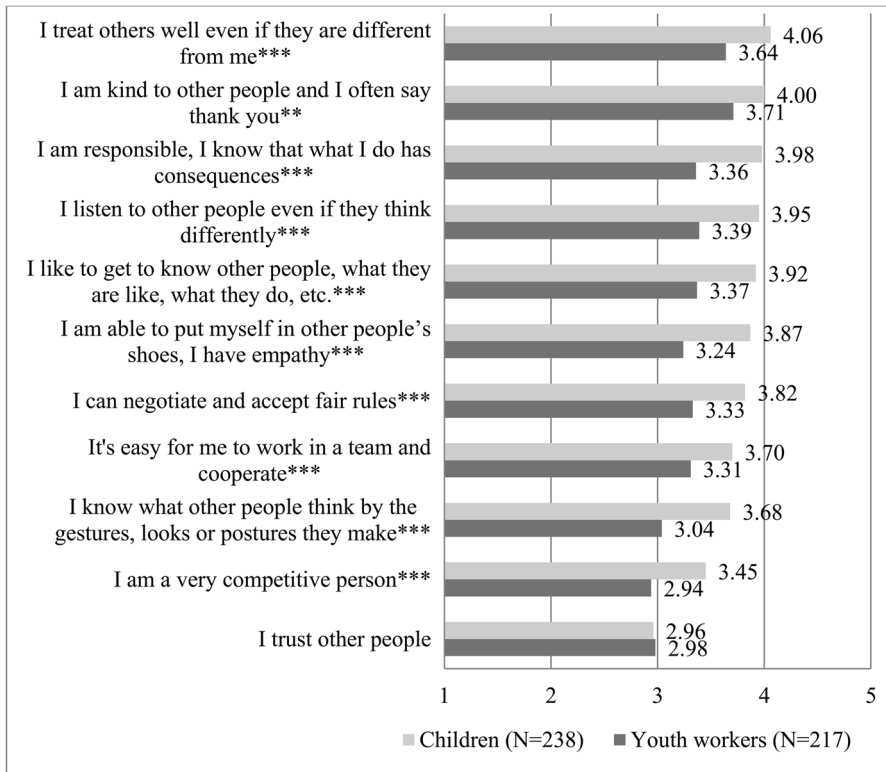


Fig. 3 Social skills according to adolescents and their youth workers (Independent-Samples T Test). Scale from 1- do not agree at all to 5- completely agree. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$ (See T Test results in [supplementary materials](#))

similar results, arguing that children with difficulties at different levels (social, emotional, or behavioural), as some of the adolescents in the protection system may have, show a more positive self-perception in general. In line with the results obtained in the present research, it has been noted that adults' attributions of adolescents' skills are lower than the adolescents' own self-perceptions (in line with Montserrat et al., 2019). The debate is open; is it a bias of optimism on the part of the adolescents, or a bias of pessimism, sense of reality or burn-out effects on the part of youth workers? This is relevant given the children's background, and how they are viewed by childcare professionals has a certain influence on their environment and development (Larocque et al., 2011; McClung & Gayle, 2010). Hence, the positive impact of the involvement of role models in children's learning processes is highly valued. For example, in the school environment, the positive involvement of parents has long been recognised and also explains why the school gives parents a relevant role in their children's education (Wilder, 2014). The same relevance should be given to childcare professionals, in this case youth workers, who fulfil this parental role. In the same vein, authors such as El Nokali

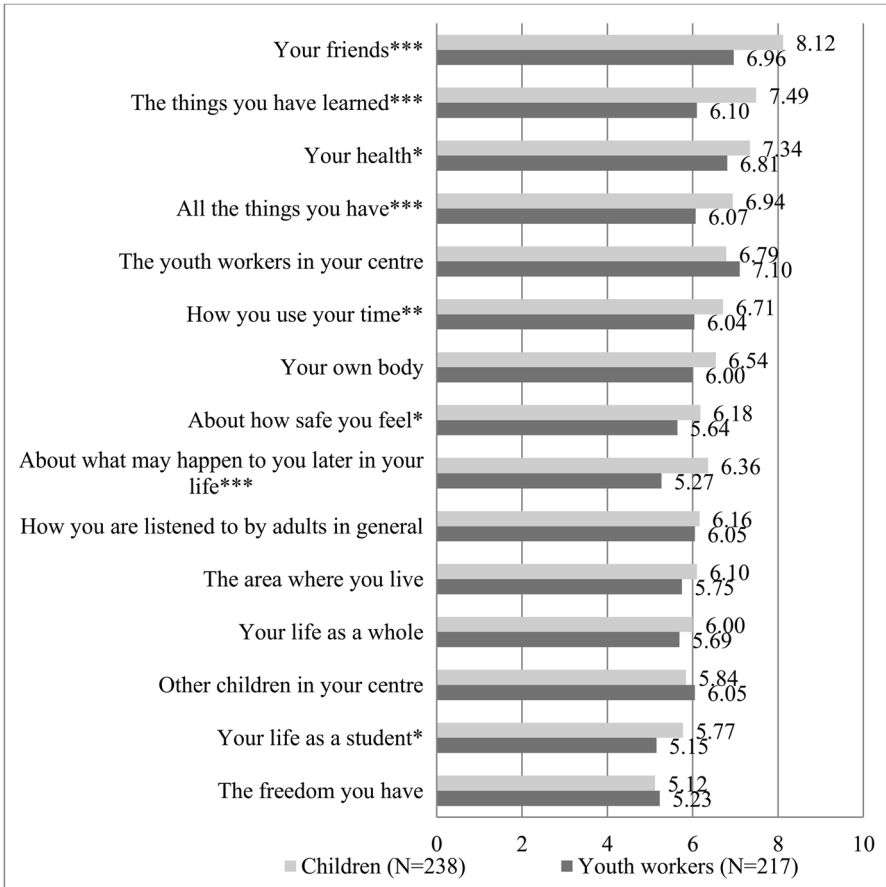


Fig. 4 Satisfaction according to adolescents and their youth workers (Independent-Samples T Test). Scale from 0- not at all satisfied to 10- completely satisfied. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$ (See T Test results in [supplementary materials](#))

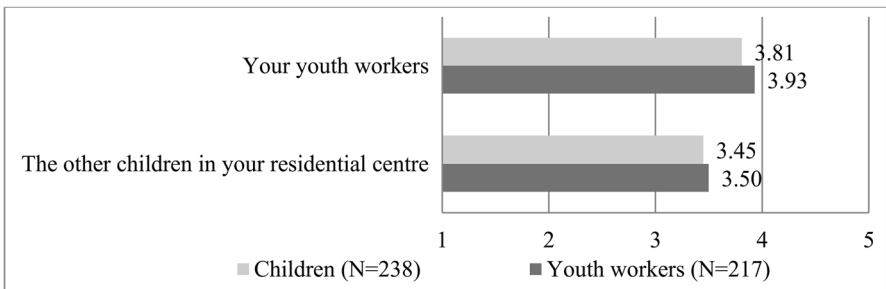


Fig. 5 Relationships according to adolescents and their youth workers (Independent-Samples T Test). Scale from 1 not at all positive to 5 totally positive. (See T Test results in [supplementary materials](#))

et al. (2010) found that the behaviour of the home-based caregivers was relevant to support children's educational progress.

An attempt to explain these differences in perception between professionals and adolescents may be (from education studies like Huber & Seidel, 2018) that professionals' ratings reflect existing associations between students' abilities or motivated behaviours in different domains, whereas students may differentiate their relative intra-individual abilities and beliefs (e.g. domain-specific strengths and preferences), just as teachers do for their students in relation to subjects, because teachers' judgments are primarily based on external (social) rather than internal dimensional comparison processes (Marsh et al., 2015).

Thus, it can be inferred that, within the framework of the present research, the general negative view of residential care workers towards the skills of the children they work with might exert a negative influence on the development of these skills. This fact requires greater attention, as these negative perceptions from adults can negatively affect children's self-image and self-esteem. One of the reasons for the negative view that childcare professionals generally hold towards the children they care for is related to their own expectations. Authors such as Jurczynszyn and Michell (2019) and Matheson (2019) argued that these barriers have not yet been overcome. Low expectations on the part of teachers and social workers are one of the many obstacles faced by children with social difficulties, as they are not encouraged to achieve high goals such as pursuing post-compulsory education, unlike children from middle-class homes. Also, struggling children may underestimate their problems to protect themselves from the pain of facing their difficulties (Rotsika et al., 2011). On the other hand, it is also worth noting that most studies with young people at risk focus on psychopathology (Erol et al., 2010) with positive functioning and optimal development being a relatively recent and unexplored field of research with this population (Dinisman et al., 2013).

In the context of residential care, social support is recognized as a protective factor for mental health of children and young people (e.g., Erol et al, 2010; Martín & Dávila, 2008; Soldevila et al., 2013) and here we wish to highlight that the difference in perceptions of young people's abilities, so negative among professionals, can undermine this much-needed support.

The second block of results about adolescents' life satisfaction by domains and with life as a whole follows the same direction as the results obtained for skills, with adolescents' perceptions being statistically significantly higher than those of childcare professionals. Yet, beyond these differences, what stands out most is that the majority of adolescents' satisfaction scores were below 7.5. This is a cause for concern as, based on empirical inference, Cummins (2010) proposed that an individual's set point (adults) obtains a positive scale range between 60 and 90 points (with a mean of 75) when projected on a 100-point scale where 0 represents complete dissatisfaction and 100 represents total satisfaction. When focusing on homeostasis theory with children, Cummins (2014) concluded that Subjective Well-being manifests as reliable and valid for children (using the Personal Well-Being Index-School Children) scoring within the normal range, similar to adult population (Savahl et al., 2019). In the present study, the results showed averages below 7.5 with the exception of satisfaction with friendships and averages close to 5 points in areas such as evaluation of freedom. It is necessary to focus attention on this aspect. Adolescents

in residential care often perceive an uncertain future, which leads to feelings of insecurity, as well as a strong sense of temporariness (López & del Valle, 2015), and knowing their life satisfactions in different domains tells us what improvements need to be implemented (Soriano et al., 2023). One limitation of the study is that it has not explored positive and negative affects, the priority was given to exploring satisfaction first, but in the light of the results and the importance given to the emotional side, this aspect remains to be explored in the future.

Another result to comment on in terms of adolescents' reported satisfaction are gender differences, with adolescents identifying with the diverse gender showing low satisfaction with aspects such as their body (although the non-diverse sample is very low, and no strong conclusions can be drawn). There were also statistically significant differences between boys and girls, with girls scoring lower in several life domains, in line with other authors regarding the residential care context (González-García et al., 2022; Llosada-Gistau et al., 2017, 2019; Ortúzar et al., 2019). This indicates that the gender perspective must be kept in mind in interventions carried out in the residential care setting: aspects such as spaces of intimacy, the abuse of power in relationships, and the roles assigned to children need to be reviewed, and above all, the voice of girls and LGTBI children must be heard in order to make improvements.

Moreover, regarding the satisfaction with the freedom they have, adolescents residing in more closed residential homes with schooling units inside show statistically significantly lower scores than those in open children's homes where all school and leisure activities are carried out in the community network. A lower life satisfaction was also observed in González-García et al. (2022) among children who were in this type of home.

Regarding the third block of results, that aimed to analyse social relationships within residential care homes according to how they are rated by the adolescents themselves and their youth workers, both care professionals and adolescents coincided in giving a more positive rating to the relationship with youth workers than with their peers. Authors such as Hammen (2016) have recognised the relevance of social relationships in residential care, as these can promote better management of emotional pressures. Others, such as Kendrick (2013) have argued that research into the relationships between children and staff members in residential care is crucial, as these relationships can have a negative impact on the residential care experience itself, and if they are positive, this experience can be improved. The results obtained highlighting high scores for the relationship between adolescents and youth workers are a positive indicator, which we can understand as a positive outcome from work carried out through support and bonding on the part of youth workers, and which needs to be highlighted in a field in which childcare professionals are often highly criticised (Melendro et al., 2016).

Despite the importance of therapeutic relationships between staff and youth in residential care, there is a lack of research on how to improve or enhance these relationships, or on practices to reduce the risk of vicarious trauma, a foreseeable risk of working with this vulnerable population (Esaki & Larkin, 2013; McNamara, 2010). The results of the present study show that both professionals and adolescents in residential care value the relationship between the two very positively, and therefore

the specific benefits that such a positive relationship can promote should be further explored. By fostering positive, empathetic, and supportive relationships, caregivers can significantly contribute to the wellbeing of those in care (in line with Steels & Harriet, 2017).

Finally, regarding the relationship between adolescents' subjective well-being and their perception of skills, the regression analyses showed that those adolescents more likely to report having higher skills also reported higher rates of well-being index. These results lead us to a new field of research that should be further developed in the future due to the practical implications it may have. In addition, we would like to highlight that the scores on emotional skills were generally the lowest, so that this aspect should be worked on more intensively with the profiles of adolescents in residential care, considering the important role these skills play in subjective well-being. In this regard, several authors have also pointed to the importance of emotion recognition by staff for the well-being and recovery of children in residential care (Cameron & Maginn, 2008; Warming, 2019; Lausten & Frederiksen, 2016).

Concerning limitations, the results of this research should be interpreted bearing in mind that the sample includes different countries (Germany, Poland, and Spain), representing a great challenge for an evaluation process, and that the intention was never to make comparisons, but rather to gather data from each of these countries. It would be interesting to be able to carry out a study in the future with representative samples that would allow their comparison. In addition, it should be noted that only for 176 cases there are comparable answers between adolescents and youth workers. Moreover, it should also be mentioned that although the questionnaire to adolescents was self-administered and the professionals were trained to be impartial in this process, it is possible that there may have been some bias in the responses regarding the relationships between them. In addition, working with protection systems involves conditions that affect the research, such as the complex personal and family situations of children in residential care, staff instability, work under pressure, and workload, all of which can affect the answers obtained. Research with protection systems involves acknowledging biases and difficult conditions, but nevertheless we need to continue to collect data from key stakeholders to point to ways to improve.

6 Conclusions

Residential care offers an alternative parenting proposal for adolescents who cannot live with their family and for those who have not found an alternative family placement. These adolescents tend to show low life satisfaction and youth workers attribute low cognitive, social and emotional skills to them, more so than the adolescents' own perceptions of these skills. We could therefore say that we have created the 'perfect storm'. On the other hand, the adolescents' recognition of the youth workers was positive, highlighting a good relationship with them and, therefore, an outcome that underlines the value of the necessary and complex task carried out by these youth workers. Thus, the role of professionals who care for these adolescents takes

on special relevance, both in terms of being able to raise their expectations towards the group with whom they work – and which research has shown needs to be improved – and to continue promoting trusting social interrelationships that enhance the experience of living in a residential care setting. For this reason, it is necessary to focus attention on ensuring that the direct care offered to adolescents in residential care is carried out under these criteria. We need to work towards overcoming the stigmatising views of childcare professionals to change to a more friendly and positive approach that supports, empowers, and accompanies adolescents in their care process. In parallel, emphasis also needs to be placed on the development of emotional skills, as these are particularly relevant and related to the life satisfaction of these adolescents. How to work with emotions in this setting remains perhaps one of the most complex challenges for professional intervention. Finally, we must continue to listen to what the adolescents themselves have to say.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s12187-023-10090-6>.

Author's Contribution All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Coral Gallardo-Masa and Rosa Sitjes-Figueras. The first draft of the manuscript was written by Carme Montserrat and Edgar Iglesias and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Funding Open Access funding provided thanks to the CRUE-CSIC agreement with Springer Nature. The project is under ERASMUS + PROGRAMME: 2020–2-ES02-KA205-015517—“Domus ludens-A House that plays”. Effective promotion of the right to play of youngsters in residential care.

Data Availability The data is available on the Dataverse system:
<https://dataverse.csuc.cat/dataset.xhtml?persistentId=doi:10.34810/data692>

Declarations

Ethical Approval The study was approved by the Research Ethics and Biosafety Committee of the University of Girona (Spain) with ref. N. CEBRU0027.

Informed Consent The Informed consent has been used accordingly.

Research Involving Human Participants and/or Animals All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Competing Interests We, all the authors of this manuscript, have no conflict of interest to report.

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