1. A rights-based approach of young people's psychological functioning

The Convention on the Rights of the Child (United Nations General Assembly, 1989) is viewed as an important start point for the worldwide recognition of young people's rights. This Convention provides a framework focused on children's freedoms and capacities (Doek, 2014), which creates a proper context to the scientific and social study of children's rights. Theoretically, last decades reveal the progressively focus on self-determination rights (participation, autonomy and empowerment of children), more than merely the guarantee of nurturance rights (protection and care) (Magalhães, Calheiros & Costa, 2016; Ruck, Peterson-Badali & Helwig, 2014).

The focus on a participatory approach of young people regarding their rights is consistent with theoretical assumptions that young people's capacity to reason about rights increases with age, which is associated with their moral and cognitive developmental progresses (Helwig, 2006). For this reason, in this study we assume that the adolescence is a particularly important phase to explore rights perceptions, whereas significant developmental changes characterizes this period (Melton, 1980). An adolescent is becoming more autonomous and independent on his/her exploitation of the environment, which involves also achieving self-determination opportunities (e.g., participation opportunities, life goals definition, free choices) (Karabanova & Poskrebysheva, 2013). Particularly, the opportunity to be heard about their rights could be even more important considering the young people in care given that this is a socially vulnerable population. A rights-based approach is crucial to promote the status of vulnerable populations, namely those who have fewer resources to safeguard themselves (Grugel, 2013).

Actually, adolescents in residential care are viewed as an at-risk population, not only by their current placement in care and psychosocial difficulties but also by their previous potentially traumatic experiences (Ashton, 2014; Collin-Vezina, Coleman, Milne, Sell & Daigneault, 2011). In order to address the vulnerabilities of at-risk populations and to promote their active participation, a rights-based approach must be adopted (Pells, 2012). Adopting a rights-based approach means that we start from a system of ideas based on treaties about child rights to explore the young people's mental health in care, empowering them and giving them an active voice through this research process (Beracochea, Weinstein & Evans, 2010; Chilton & Rose, 2009; Magalhães et al., 2016). Looking at youths in care, not only there is an evident states' responsibility of ensuring their rights and well-being but also there are also international recommendations focused on their rights (e.g., opportunities of participation, contacts with their family, equal opportunities of life) (Council of Europe, 2005). However, there is still a clear need of studies

focused on a participatory approach with youths in care dedicated to their rights perceptions. Actually, if there is evidence focused on youth's participation during their experience in care (Atwool, 2006) more evidence is needed from a rights-based approach. Nevertheless, some empirical exceptions must be recognized. Peterson-Badali, Ruck and Bone (2008), who explored the rights conceptions of young people in care, found that both nurturance and self-determination rights were identified (e.g., psychological needs, participation in decision-making, basic needs). Also, a recent study suggested that mental health outcomes of youth in residential care are predicted by their rights perceptions, particularly those related to professionals' practices and behaviors in the protection system and self-determination opportunities (Magalhães et al., 2016). Specifically, when young people in care perceive that they are not discriminated against as well as that they have opportunities of participation in residential care, they tend to show lower levels of anger control problems, antisocial behaviors, emotional distress and sociability problems. Furthermore, studies based on professionals' perspective of child rights in care reveal that they perceived some difficulties in terms of rights fulfillment, suggesting a dilemma between promoting their rights and their responsibility (Punch, McIntosh & Emond, 2012). A needed balance was identified in the management of the promotion of self-determination aspects (i.e., through the possibility of participation and choice) and the protection of health and safety rights (Punch et al., 2012). This study highlighted the difficulties related to the fulfilment of rights in care, particularly when considering the management of protection and participation rights.

These results suggest the importance of consider proximal social contexts when we analyze young people rights' perceptions. There is evidence that young people in care tend to be focused more on their actual needs (e.g., rights related to their contacts with relatives) than on their past abusive or neglectful experiences (Peterson-Badali et al., 2008). Also, the rights dimensions that seems to have a significant impact on youth's mental health outcomes are related to professionals' practices in the protection system and participation opportunities in care (Magalhães et al., 2016), which reinforces the need to explore young people's perceptions about rights as a context-dependent issue. As such, this need of understanding children rights as related to their particular experiences (Melton, 1980) strengthens the importance of studies focused on the current conceptions of rights provided by young people in residential care.

2. Research Problems and Objectives

Despite the significant growth of studies exploring young people's rights, the focus has been more on normative samples (Ben-Arieh & Attar-Schwartz, 2013) and less is known about young people in care (Peterson-Badali et al., 2008). Moreover, the literature tends to be focused on specific rights (e.g., participation; Atwool, 2006) or on rights spontaneously identified by young people (e.g., Casas & Saporiti, 2005), but more evidence is needed including a broad rights-based approach. This implies thinking about rights as interdependent considering that specific rights should not be prioritized relative to others (Pells, 2012).

Furthermore, more evidence is needed on the relationship between youth's perceptions about their rights and the perceived impact on their psychosocial functioning. There are some authors hypothesizing that behavioral and emotional problems shown by maltreated children could have a negative impact on their own conceptions of rights (Peterson-Badali et al., 2008). Nevertheless, we hypothesize that the opposite may also occur – their perceptions about rights might have a significant impact on their psychological functioning. If there is some recent evidence about this assumption (Magalhães et al., 2016), further data must be collected from an in-depth approach that may empowering these young people. Also, no theoretical models centered on the young people's perspective have been developed using a grounded and in-depth approach.

As such, in this study we aim to explore young people's perceptions about their rights in residential care, and to explore how perceived rights could be related to self-reported young people's functioning.

3. Method

3.1. Participants

This study included 29 young people aged 12 to 18 years old (M=15.17; SD=1.47) from 6 settings in Portugal (15 males and 14 females). These settings were selected based on the following criteria: a) type (i.e., three possible types of residential settings were selected in equal numbers: two female settings, two male settings and two mixed), b) geographical regions in Portugal (i.e., three institutions in the coast and three from the interior, which are two zones with different characteristics on our country), c) districts (i.e., six institutions from six different districts, which are the first-level administrative parts of the mainland of our country). Regarding the size of these settings, the mean of

attending children was 30 (ranging from 15 to 43), aged 5 to 24 years old, and with a mean of four social workers and nine educators. These residential settings have protection and safety purposes, being defined by our law as aiming to "contribute to the creation of conditions that guarantee the adequate physical, psychological, emotional and social needs of children and young people and the effective exercise of their rights, favoring their integration in a safe socio-familial context and promoting their education, well-being and integral development" (Law 142/2015, p. 7221).

3.2. Data collection procedures

Initially, this study was presented to the institutions, and permission for the focus group was requested. Young people were informed about the main objectives of the study and their consent was required. The consent form included information on: the need to audio record the interview for future content analysis, the voluntary nature of participation, the need to respect the privacy of peers in the group and the confidentiality of the information. Each adolescent stated that he/she understood the terms and conditions of the study, agreed with them and wanted to participate. This study is part of a broader project that was ethically approved by the Scientific Commission of the hosting institution and by the Ethical Committee of the university. Data was collected by two researchers who are psychologists (one female and one male) with experience in terms of data collection in this context and both having a master degree in Psychology.

The focus group guide had two parts: 1) the discussion topic was introduced with open questions – What does "rights and duties" mean? what rights and duties do you think young people have?; 2) Then, a set of categories resulting from a previous study (Magalhães, 2015) were explored - Non-Discrimination, Normalization, Personal identity, Private life, Parental rights and duties, Contact with parents/family, Involvement in decision making, To be informed, Freedom of Expression and Thought, Autonomy, Recreational and Leisure Activities, Health, Protection and Security, Physical, psychological and social development, Education, Care practices for well-being - by asking the participants: in what way do you think this right is respected in your daily routine? How do you feel when this right is not respected or fulfilled? At the end, the young people were asked to point out what they thought were the more positive and negative aspects of their life experience in care. The length of focus groups ranged from 1h02 to 1h36.

3.3. Data Analysis procedures

A qualitative data analysis based on grounded theory was used to obtain a theoretical model rooted in the data, by identifying relationships between concepts (Strauss & Corbin, 1990). Our objective goes beyond the mere identification of key themes or dimensions that can be obtained through other methods of qualitative analysis (e.g., thematic analysis). Since we aim to develop a substantive theory (i.e., to explain the phenomenon specifically in residential care) beached on youth's discourse, the grounded theory methodology was considered as an adequate option (Eaves, 2001).

Analytical procedures suggested by Strauss and Corbin (1990) were considered to guide and organize the data analysis. First, a "verbatim" transcript of the data was performed from the audio recording, followed by three main steps: open coding, axial coding and selective coding (Strauss & Corbin, 1990). While we can distinguish between these steps, the analysis involved an interactive and reflexive process, focused on the explanatory potential of the data. In order to ensure the accuracy of this process of data collection and analysis, some procedures were taken. Focus groups were audio recording to ensure a correct and fair data analysis. These discussions were performed by two researchers (the first author and another researcher) in order to facilitate the discussion as well as to obtain a second feedback from this researcher during the data analysis. This second researcher has experience in focus groups but he does not have depth knowledge about the research issue in order to critically share and discuss this topic. Also, the selection of adolescents and institutions was based on the need for diverse contexts and experiences, allowing the access to a wider number of individual meanings, contexts and realities that would contribute positively to the theory construction. Finally, the data analysis process was regularly discussed with an expert researcher in qualitative analysis who also had in-depth knowledge of residential care. Categorization was discussed in addition to the process of naming all of the categories and the relationships between them and the subcategories. Additionally, memos and diagrams were used to record the data analysis process as well as to help the decision making process. Although it is not a necessary procedure in the context of grounded analysis, part of the data was analyzed by another researcher with experience in qualitative analysis, to increase the quality of this process. Finally, the model was discussed with three researchers with knowledge of qualitative analysis and residential child care. The results will be described in terms of categories that have emerged from the data, with the number and percent of participants who endorsed those categories being also presented in brackets.

4. Results

4.1. The paradigm grounded model

Data analysis through the perspective of grounded theory allowed obtaining a model focused on how young people in care give meaning to their rights as related to psychological functioning and contextualized in terms of social processes (Figure 1). The core category - *The perceived fulfilment of rights* – involves a set of concepts (e.g., privacy, participation) related to young people rights perceptions in residential care. The perceptions related to the non-fulfilment of rights in care (core category) seem to be associated to young people's perceived psychological difficulties (outcomes). A set of conditions was identified as being important in this context, namely, individual, relational and socio-cognitive variables that seem to facilitate or constrain young people's perceptions. Finally, group identification processes were identified as a response/an action of young people oriented to handling with the non-respect for some of their rights. Each of these concepts will be described in detail.

FIGURE 1

4.1.1. The core category

The core category - "the central phenomenon around which all the other categories are integrated" (Strauss & Corbin, 1990, p.116) identified is *The perceived fulfilment of rights* and comprises five main concepts: whole development (N=29; 100%), privacy (N=22; 76%), participation (N=24; 83%), parental involvement and responsibility (N=23; 79%) and equality (N=24; 83%). Each concept involved in this core category is described in detail (Table 1), including some examples from the young people's discourse (i.e., examples reflect the dimensional continuum, some of them representing the fulfilment pole and others the non-fulfilment).

TABLE 1

4.1.2. Outcomes

The perceived consequences of the youths' reported non-fulfilment of their rights (N=20; 69%) include psychological difficulties theoretically compatible with internalizing and externalizing problems. The internalizing difficulties (N=5; 17%) involve feelings and thoughts of sadness, loneliness and emotional insecurity (e.g., P21, Boy, 12 years: *Oh, I feel sad*). The externalizing problems (N=17; 59%) involve physical or verbal aggressions consistent with negative emotions such as anger control difficulties - "*I call people a lot of names*" (P5, Boy, 15 years). Furthermore, a set of specific concepts from the core category are related to these psychological difficulties - non-discrimination, private life, identity and

perceived social image, respect for families and youth by professionals in the protection system and education.

Young people's perceptions that they are discriminated seem to be associated with aggressive behavior and internalizing difficulties (e.g., P3, Boy, 16 years*: [I want to] crack [his/her] mouth)*. Similarly, adolescents reported that sometimes they feel cheated in judicial or protection processes and that professionals disrespect themselves and their families, which seem to activate negative emotions that are essentially related to externalizing behaviors (e.g., P21, Boy, 12 years: *They [educators] call my family "monkeys", and call me and my mother "blacks*". *[Non-verbal expression: P21 moves up and cries when talking about how the family is treated]*). Given that residential care is generally viewed as a temporary intervention, the professionals share their expectation that youths will soon return to their family. However, when this does not happen, it is perceived by youth as deceptive behavior by professionals associated with negative feelings and anger control difficulties (e.g., P29, Girl, 17 years: *After a year passes, two years pass... you stay angry*). Also, young people's perceptions that there are behaviors invading their privacy seem to be related to psychological difficulties (e.g., P2, Girl, 16 years: *(...) I said "N. does not tell anyone" and then the other day, the first person who came into the room, she was telling this story to H. and I did not like it (...) I felt bad, I felt annoyed (...)*.

Additionally, the young people's perceptions that there is a negative social image associated with youth in residential care seem to be related to emotional difficulties (e.g., P3, Boy, 16 years: *To me, it seems that most people is afraid, they must be thinking that I'm a thug or something like that. Then, a robbery happens, and who is to blame? Me, of course. [and I feel]Outraged)*. Finally, the perception that there is no adequate educational support provided by the institution seems to be related to psychological difficulties (e.g., P25, Girl, 17 years: *I know very well that there are [educational courses], but nobody [educators on the institution] was looking for (...) I cannot find work, I am about 18 years old, and this is a depressing thing (...)I feel a bit bad with that, because I know that they are not looking for, they are waiting for me to do it*).

4.1.3. Conditions and processes

A set of conditions was identified that appear to be related to the phenomenon in different ways, specifically, as facilitators or constraints of young people's outcomes or as alternative conditions or potential protective factors in a context of non-fulfilment of their rights. These conditions involve socio-

cognitive (i.e., perceived favoritism in care and perceived benefits from the residential care experience) and relational variables (i.e., perceived social support) or individual characteristics (i.e., sex). Group identification processes were also identified as a response or a strategy of young people to deal with some restraints in the perceived fulfilment of rights (cf. Figure 1).

Perceived favoritism (N=12; 41%) involves the positive bias derived from a comparative evaluation of youth in care with their peers who are not in care, particularly in terms of living conditions and activities. This perceived favoritism includes a discourse focused on the positive aspects of being in care and reflects a perceived superior position of them (e.g., P3, Boy, 16 years: *I have friends who have many problems at home that maybe they are even worse off than me and they are out there [out of the institution]).* This comparison that favor youth in care may be viewed as a potential protective factor, particularly, when they perceive themselves as derogated or discriminated against. Actually, young people can rely on favoring comparisons as an alternative appraisal that may function as a protective condition from the negative impact of derogation/discrimination (e.g., P18, Girl, 15 years: *So (..) there are people that (…) I have a case in my class that his mother is a drug addicted and he went to school always smelling bad (…).* Furthermore, we also found that youths recognize some benefits (N=14; 48%) derived from the residential care experience, particularly, the ability to plan a successful future, learning opportunities arising from this experience, improved life conditions and life opportunities that they would not have within their family. The recognition that this experience involves some benefits/privileges could be a protective factor, particularly when they perceived that were discriminated against. Youths can rely on this recognition of benefits as an alternative condition that may protect them from the negative impact of discrimination (P9, Boy, 16 years: *[but] we also have many privileges and people give us much affection as well. It is not only bad things, not all are equal (…).*

Another concept that seems to be relevant in this context is the perceived social support (N=17; 59%), whether formal (N=13; 45%) or informal (N=10; 34%). Youths reported that their peer relationships are important sources of support, as they feel that peers understand their current experience in care and help them to integrate this experience in their life span, contributing positively to their well-being (e.g., P17, Girl, 12 years: *I felt good [for sharing her placement in care with a friend], and my friends understood)*. Similarly, the perceived formal support from social workers and educators is also viewed as a positive factor by youth in terms of their daily routines in care. The perception of social workers as trustworthy appears to be a protective factor in a context of perceived non-respectful practices

related to young people's privacy (e.g., Researcher: *But and beyond your friends, can you trust on professionals here?* P21, Boy, 12 years: *On social workers yes, especially on Dr. V. (...) when I want to vent, I vent with Dr. V.).* Additionally, the sex of young people seems to be also an important variable in terms of psychological outcomes, as the relationship between rights perceptions and outcomes seems to vary according to sex: if externalizing behaviors tend to be more reported by males (N=12; 41%) than females (N=5; 17%) as a consequence of non-fulfillment of rights, in contrast, internalizing difficulties seem to appear similarly in both sexes ($males_N$=2; 7%; $females_N$=3; 10%).

Finally, regarding the group identification processes, we found that young people's perception that there is a negative social image associated with them in care or potential perceived discriminatory behaviors related to their placement seems to be associated to the non-identification with the group in residential care (N=3; 10%). This process is operationalized in terms of behaviors that include hiding the placement in residential care from others (e.g., P27, Girl, 17 years: *They [peers not in care] always ask me "Oh you go home?" "Yes," "Oh, and where is it?" And I always tried to distract "is it there?" "No, no, it is more to" "But it's for which side?" "Oh I do not know, because I still do not know the city (..) and I always made it up").*

Not only the perceived negative social image and discrimination seems to be associated with psychological difficulties perceived by adolescents as well as this process of group identification seems to be related to young people functioning. The disclosure of their placement in residential care (as reflecting a non-devaluation of this membership) seems to have a positive impact on their functioning, decreasing the perceived problems associated with that belonging to this group in care (e.g., P27, Girl, 17 years: *At the beginning I thought about it [social images] as a big deal and when I was at school in my class nobody knew that I was in this institution. Because I was not used to dealing with it, but now everyone knows and I no longer have so many problems to be here").*

In sum, this model seems to strengthen the importance of young people's rights for their functioning as a socially contextualized phenomenon, influenced by individual, relational and socio-cognitive variables.

5. Discussion

The present study adds empirical contributions to the scientific understanding of youth's rights perceptions in residential care. This study sought to address a set of problems in the literature, namely the

need of theoretical grounded models focused on the relationship between youth's perceptions on rights and their psychosocial functioning. Results showed that youth's perceptions on the non-fulfilment of their rights can be related to psychological difficulties, which is compatible with literature suggesting that youth in care have significant emotional and behavioral problems (Erol et al., 2010) and with previous evidence on the role of rights perceptions to their mental health (Magalhães et al., 2016).

Results show that this relationship is particularly evident in specific concepts of the core category. The participants' perception was that their psychological functioning is particularly affected when the following rights are compromised: education, private life, perceived social image, non-discrimination, and respect for themselves and their families by the protection system. The perceptions of respect from the professionals in the welfare system are particularly important, not only in terms of young people's functioning as found in the present study, but also in terms of the involvement of families in the promotion and protection processes. Indeed, this result exposes the important role played by professionals who intervene with these families and young people, namely "the need for professionals to provide clear, accurate and intelligible information to young people and their families, as well as to promote their involvement in the intervention. A collaborative approach might be adopted with family and young people's needs being respected and addressed" (Magalhães et al., 2016; p.117). Moreover, we also know that negative experiences perceived by the family in the protection system could be related to further lower levels of involvement (Darlington, Healy & Feeney, 2010). This seems to be even more relevant bearing in mind that the family reunification is particularly important to youth in residential care, which implies the involvement of families in the intervention. The involvement of families is essential to achieve important changes in previous family dynamics or conditions that could promote that reunification (Dawson & Berry, 2002; Kemp, Marcenko, Hoagwood, & Vesneski, 2009).

Results on discrimination and social images can be framed in the literature that suggests that negative labelling processes are related to loss status, discrimination, exclusion or rejection processes, which seem to negative impact on individual life opportunities (Link & Phelan, 2001). There is evidence on the negative impact of stigmatizing and discrimination processes in terms of mental health and psychological well-being (Major & O'Brien, 2005; Pascoe & Richman, 2009). In this sense, these results also suggest very important implications for practice, namely, the need to prevent discriminatory behaviors against this vulnerable young people, through the dissemination of constructive and less stigmatizing social images (Calheiros et al., 2015), which may foster the young people's adaptive

development. Finally, given that theoretically the construct of privacy is viewed as a regulatory process by which the individual manages his/her social interactions (Altman, 1977), the perceived invasion of private boundaries could be related to individual difficulties. Actually, successful privacy regulation processes seem to be associated with high levels of self-esteem and positive identity (Altman, 1977). Regarding the young people in care, there is evidence suggesting that the perceived nonexistence of privacy in care could derive from practices or rules like lower levels of individual control and a sense of depersonalization (Rauktis, Fusco, Cahalane, Bennett & Reinhart, 2011). For this reason, the residential context should respect the young people' individuality, allowing them to feel the spaces in care as belonging to them and where their intimacy is valued. These practices thus may enhance an individualized intervention, which respect youth's rights and fulfil their needs (Del Valle & Fuertes, 2015).

This study also allowed identifying a set of conditions and processes/actions that appear to be related to the perceived rights and their relationship with young people's functioning. Particularly relevant are those social and relational processes that allow us to understand and contextualize young people's cognitions, experiences and feelings in care. Regarding the group identification processes, our results suggest that a perceived negative social image of young people in care and discriminatory behaviors could be related to the need to hide this membership, as young people seem to feel ashamed for being in care. Results suggest that group identification may impact on young people outcomes, as lower problems are reported by youth resulting from their feelings of belonging to this group (i.e., when they feel no need to make excuses to hide this belongs). Even considering that few young people endorsed this process, we could frame these results in the social identity theory and specifically on previous evidence with ethnic minorities (Armenta & Hunt, 2009). Previous studies suggest that when these adolescents perceive personal discrimination they "may attempt to distance themselves from their socially devalued group, perhaps placing greater focus on other identities, as a way to maintain positive self-evaluations and feelings of belonging" (Armenta & Hunt, 2009, p. 35). These issues are even more relevant regarding young people in out-of-home care, given that not only residential settings seems to be viewed as stigmatizing (Casas, Cornejo, Colton & Scholte, 2000) but also recent studies revealed that young people in care tend to be socially perceived in a negative way (i.e., vulnerable, traumatized and problematic) (Calheiros et al., 2015). Also, there is evidence about the negative role of discriminatory behaviors on

social identity processes of youth in residential care with harmful implications to their mental health outcomes (Magalhães et al., 2016).

Furthermore, a set of socio-cognitive, relational and individual factors was identified. We found that perceived favoritism associated with living conditions of young people in residential care (vs young people who are not in care) emerged as a possible protective factor. Specifically, these perceptions are focused on worst conditions of life and fewer possibilities of recreational activities of young people who are not in care, which could be protective as it may improve their self-confidence (Safvenbom & Samdahl, 1998). Additionally, even considering that these adolescents identified some aspects related to their rights that are not always protected, this study proposes that they also seem to recognize that the care experience provided them some benefits (e.g., learning opportunities, future planning). This result could be analyzed in line with the literature focused on the perceived benefits after a negative life experience, which suggest that individuals who report positive changes after a negative event reveal lower levels of distress over time (Frazier, Tashiro, Berman, Steger & Long, 2004). Even when youth perceive that their placement in residential care could be associated with negative outcomes on their lives (e.g., perceived discrimination, separation from their family), they are also aware of potential protective factors related to care experience, namely these perceived benefits (e.g., better life conditions compared with previous experiences at home, new opportunities of life). This result is in line with some evidence with adults who lived in care and who reported the importance of learning resources and opportunities as one of the most positive aspects of their previous life in residential care (Wanat et al., 2010). Still, there are authors suggesting that the access to conditions and life opportunities that they did not have before in their family contexts, as well as the removal from contexts of violence and abandonment may be associated with higher life satisfaction of these young people (Siqueira & Dell'Aglio, 2010).

Relational factors emerged also in the model since these adolescents identified some important sources of support as a positive factor, both peers and adults. Even when youth perceived that their rights were not fulfilled (e.g., privacy), they were also able to identify positive and supportive relationships that could be viewed as a protective factor. This result is consistent with previous evidence suggesting that "the presence of a positive and caring relationships seemed to moderate their negative feelings" in out-of-home care (Rauktis et al., 2011, p.1230) and also with the recognition by youth about the importance of relationships in care. Young people seem to identify the important role of their relationships with peers and adults in care, perceiving the residential setting as a secure environment and a source of meaningful

social support (Fournier et al., 2014). As such, these supportive relationships may help these youths to cope with a set of contextual and developmental difficulties associated with their placement in residential care (Bravo & Del Valle, 2003), which could be associated with lower mental health difficulties.

This study provided important insights about the young people's perceptions on their rights through a multidimensional and contextualized perspective. Though, it should be noted some limitations. First, theoretical sampling is a core component of grounded theory methodology since data collection and analysis involves an iterative process, in which new data must be collected in order to refine the concepts that came from the analysis (Weed, 2009). For this reason, in the present study we cannot say that the grounded methodology was used here as a "total methodology" (Weed, 2009, p.504). Second, since the focus groups guide was semi-structured (based on a set of rights dimensions), a more unstructured guide could have allowed a more open discussion and a more faithful grounded theory approach (Weed, 2009). However, the option of using a semi-structured guide based on defined dimensions was adopted in order to ensure that we would evaluate the young people meanings about a larger number of rights' dimensions beyond those typically referred by them spontaneously. In addition, the theoretical sampling procedure was not ensured because the access to this sample is restricted.

Nevertheless, and despite these limitations, this study provided new insights about the rights conceptions and fulfillment in care, contributing to a new understanding of this issue that remains unexplored in residential care. In sum, the results that were here discussed offered a set of implications for practice and research. In terms of implications for practice we found important insights from our participants on how the residential setting procedures may foster their psychosocial functioning as well as on the critical role of the professionals' practices in the protection system, both considering the youth well-being and the families' involvement. Also, our findings propose the importance of promoting and maintaining positive relationships between the residential setting and birth family as well as the crucial role of cultural and social processes as contextual factors that influence the development of young people. Looking at the implications for research, and particularly in terms of child indicators research efforts, this study adds a theoretical framework that can be explored in further research (both quantitatively and qualitatively). Not only researchers can explore rights dimensions from a multidimensional perspective as well as they can explore these indicators as related to young people's psychological functioning. Also, the measurement approach adopted in this study to assess children's rights is compatible with the need to promote research practices based on the active voice of people, which may enable their empowerment

processes (Magalhães et al., 2016). The literature suggests that well-being could be achieved not only by promoting control and power (empowerment processes) but also opportunities of participation and self-determination (Prilleltensky, Nelson, & Peirson, 2001). Actually, child indicators efforts must be based on the young people's perspectives, experiences and emotions about the fulfilment of their rights, more than merely on other sources of information about their lives (e.g., professionals, official records).

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Figure 1. Paradigm grounded model of perceived fulfillment of rights in residential care

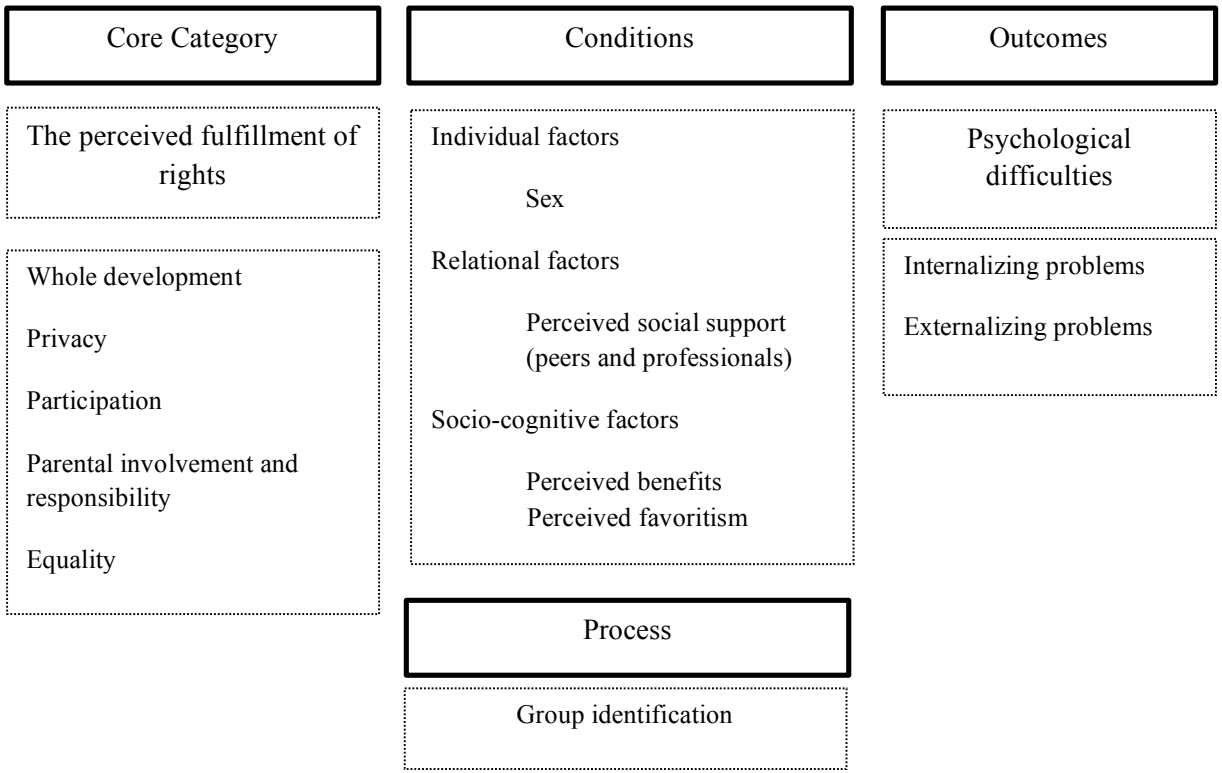

Table 1. Concepts from the core category - definitions and examples

Concept	Definition	Examples
Whole development (N=29; 100%)		
Education (N=13; 45%)	Young people's perception of the level of support in terms of both human and material resources as facilitators of successful academic achievement	P25 (Girl, 17 years) *Exactly (...) I left school, it was not so long ago, I was taking a course that gave me equivalence to the 12th year. I was taking [a course of] beautician or anything, but I could not finish the course because this was not the course that I wanted, in reality. However, they [professionals in the institution] did not do a lot of work to go look for what I wanted and I felt like, have to ...* *So why were they not looking for? (...) nobody was looking for.*
Health (N=20; 69%)	The level of perceived support provided by the institution regarding their physical and mental health	P3 (Boy, 16 years) *It depends on what we need. Now, if I'm sick, let's wait three or two days to see if I recover and if not I will go to health center.*
Recreational Activities (N=17; 59%)	The perception of young people about having or not the possibility of involvement in more or less structured leisure activities	P3 (Boy, 16 years) *Here we have a cheerleader who organizes tours, when there is an available bus that can take us.*

Basic Care (N=18; 62%)	The perceived conditions that could facilitate or impede hygiene, clothing and feeding according to their expectations, which are important to guarantee an adequate development	P21 (Boy, 12 years) *Yes, we have clothes on time, we have everything on time.*
Protection and security (N=25; 86%)	Youth's perceptions on the availability of protection and security resources, the institution climate and its surrounding environment that contributes to their feelings of protection and safety	P4 (Girl, 15 years) *I always feel protected.*
Autonomy (N=21; 72%)	Perceptions of young people on the degree of promotion of skills related to functional autonomy (e.g., behavior and independent action), as well as the degree of promotion of skills related to financial autonomy (e.g., financial management of the allowance) in the context of the institution	P26 (Girl, 17 years) *Here I know, for example, that at a specific time I will find, for example, a shopping centre open, [...] since the institution gives us freedom, we can explore the city more and all that.*
Privacy (N=22; 76%)		
Private life (N=21; 72%)	The perceived respect for youth individual intimacy and for their personal information. This concept involves perceptions related to the degree of privacy that are	P18; Girl, 15 years: *[since there are no places where youth can be alone], we go to the terrace, or ask to go out for a walk*.

	promoted and respected in care as well as the degree of protection of youth's personal information	
Identity and social image (N=17; 59%)	Youth's perceptions about the social exposure of their identity as well as the perceived social image of themselves as a group	P8; Boy, 15 years: *Because there are youths who were here, and before leaving they made mistakes, then the others get this [bad social] reputation.*
Participation (N=24; 83%)		
Involvement of youth in decision-making processes (N=16; 55%)	Youths' perception about the level of involvement both in everyday decisions and activities related to their life and in complex decisions, such as court decisions	P3; Boy, 16 years: *They ask what we want, and then it depends on the people, I have two sports because one is paid up and the other is not*
Freedom of Expression and Thought (N=16; 55%)	Youths' perceived level of freedom and the ability to share their thoughts and feelings at the institution	P3; Boy, 16 years: *I always speak up. Even if someone tries to stop me, I always say what I think*
To be informed (N=13; 45%)	Youths' perception about the level of information that they have as well as their access to data that refers specially to them	P9; Boy, 16 years: *They always talk to us about things involving us*
Parental Involvement and Responsibility (N=23; 79%)		
Respect for families and youth by professionals in the protection	The perceived level of respect from professionals in the protection system for families' and youth's rights and duties,	P21; Boy, 12 years: *Yes, almost everyone here does not respect my family and my siblings. Especially my mother*

system (N=18; 62%)	as well as the young people's perceived confidence in these professionals	
Contacts with the family (N=19; 66%)	Youths' perceptions about the possibility of maintaining contact with their families or relatives (by telephone or physically)	P3; Boy, 16 years: *Yes, every weekend we have the right to call them*.
Equality (N=24; 83%)		
Normalization (N=22; 76%)	The perceived level of involvement in routines and normative activities and having the same opportunities as their peers who are not in residential care	P21; Boy, 12 years: *[If we were at home we could] go to a friend's house to do things, and to play. Spend some time playing.*
Non-discrimination (N=19; 66%)	Perceptions about the presence or absence of potentially derogatory judgments and behaviors	P5; Boy, 15 years: *Yes, they discriminate against us, sometimes they do discriminate. They said that it is disgusting to be part of an institution.*

Note. *N and % in brackets refers to the number/percent of young people who endorsed the categories*