Participation of young people in residential care: professionals' perceptions about barriers and facilitators in Portugal

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Abstract

Fulfilling young people's right to participation in residential care is critical as it is associated with better psychological outcomes. This chapter describes a qualitative study, involving Portuguese professionals working in residential care (N=87) who completed an online survey with a set of open-ended questions.

Content analysis revealed six core categories - the Concept of Participation, Participation Life Domains, Residential Care Domains of Participation, Participation Enablers, Barriers to Participation, Benefits of Participation - and 18 main subcategories. Participation was mostly defined as the opportunity for children to have a voice and express their opinion, ensuring also that their views are considered and taken seriously. Professionals acknowledged the young people's participation in group home activities and dynamics, as well as issues related to young people's personal functioning as the two most reported domains of participation. Human resource factors were the most frequent enablers pointed out by the participants (e.g., skilled professionals), and the barriers were mostly related to the residential care context (e.g., human resource management constraints, lack of suitable space). The benefits of participation were mostly related to young people' outcomes (e.g., well-being, empowerment, sense of belonging). These findings call for the importance of fostering participation in residential care, which may also enhance young people´s well-being and the quality of residential care provided. A set of practice and policy implications are discussed, namely, the need for policy makers' awareness about this issue.

Many young people[1] in residential care are particularly vulnerable due to histories of abuse and neglect. Mental health issues are more common among these adolescents (Magalhães et al., 2016; McPherson et al., 2021). For these reasons, fulfilling young people's rights in residential care is critical as it may provide them with opportunities of agency and empowerment (Magalhães & Calheiros, 2017; Magalhães et al., 2018). The agency and empowerment that participation enables may be useful in aiding these issues of trauma and mental health. In fact, young people's placement in care may silence them and hinder their opportunities to have a voice as important decisions tend to be taken by others (McPherson et al., 2021). As such, a rights-based approach has been recognized as an important way to foster young people's status, well-being, and mental health outcomes in residential care (Magalhães et al., 2016; 2018; Magalhães & Calheiros, 2020). This means that young people's outcomes in care could be discussed starting from treaties about child rights, through an active role of young people who participate in the research processes (Chilton & Rose 2009; Magalhães et al. 2016; 2018). Participatory processes positively contribute to young people's empowerment, fostering their self-efficacy beliefs, self-esteem, and self-confidence (UNICEF, 2018).

Self-determination rights, such as participation, are critical and a matter of equality and dignity (UNICEF, 2018). According to the twelfth article from the United Nations Convention on the Rights of the Child (UNICEF, 1989, p. 4), the "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child". This participation right was fully incorporated by Lundy (2007), in her model of participation. The author emphasized that having a voice is not enough, highlighting four inter-related components that are required to fulfil this article 12: space (i.e., children need a safe and comprehensive space to express their voice), voice (i.e., opportunities must be provided for children´s express their views), audience (i.e., children's voices must be listened to) and influence (i.e., children's perspectives are given 'due weight", as appropriate considering their age and capacity) (Lundy, 2007). Participation is not viewed as a single moment, instead it involves a dynamic process that includes these four elements. This model aimed to help professionals select and implement practices that may enhance the right to participate (Kennan et al., 2019). Specifically, in the welfare system, these components of participation could be ensured by guaranteeing a private and friendly space so young people can share their views, as well as by preparing and informing young people in advance and tailoring the information according to their needs (Kennan et al., 2019). For that reason, professionals in the welfare system are critical agents and facilitators of young people's participation.

Young people's participation in care: the professionals' perspective

The literature on participation processes in care reveals that young people's participation in everyday issues (Brady et al., 2019; McCarthy, 2016) seems to be supported (e.g., to decide about meals and recreational activities), however, their participation in major life issues (e.g., contact with relatives) may not always be assured (McCarthy, 2016; McPherson et al., 2021). The admission of young people in residential care barely involves them and young people's participation regarding family contact (while in care) seems to be limited (McCarthy, 2016). Different factors have been recognized as

[1] The authors use "Young people" when they are referring to both children and adolescents

influencing the participation of young people in residential care: young people's characteristics, organizational context, and professionals' characteristics. On one hand, young people lacking self-confidence are perceived as less able to be involved in the decision-making processes while on the other hand, outspoken young people tend to be perceived as disturbing or annoying and for that reason tend to be less involved in these processes too (McCarthy, 2016).

In regard to the organizational context, the effective participation of young people seems to be undermined by bureaucratization and formalization of the decision-making processes, through non-friendly settings that do not foster a safe relational context to have a voice. Also, adult-centered organizational cultures do not create opportunities for participation to these young people (McPherson et al., 2021). Finally, the successful participation of young people in residential care depends on the ability of adults to provide a safe space and audience to enable young people's voice and influence. Informal spaces for participation are particularly important and preferable for young people (e.g., sharing their perspectives to the professionals in care during their daily routines), but also formal spaces (e.g., placement management meetings) allow young people the opportunity to have a voice (McCarthy, 2016).

Instead, we may have adults who are not committed to providing these opportunities due to their beliefs related to the young people's non-capacity to participate or professionals' worries related with loss of control (Lundy, 2007). The literature suggests that professionals perceive the young people's behavioral and emotional problems as hampering their ability to implement participation in residential care (McPherson et al., 2021). Moreover, the absence of professionals' knowledge and understanding of participation and the lack of skills to involve young people in participatory processes (McCarthy, 2016), as well as the lack of placement stability and multiple placement breakdowns of young people (Moore et al., 2018) are also recognized as undermining their participation in care. Still, quality relationships are recognized as important facilitators of participation in residential care. Trustworthy and meaningful relationships are a secure and important context for young people to have a voice (McPherson et al., 2021). Professionals play a decisive role in care, not only when the fulfillment of young people's rights is concerned but also regarding their well-being (Magalhães et al., 2018; 2021).

The literature proposes that professionals in residential care should be able to develop trusting and meaningful relationships which enable young people's secure attachments and health development (Holden, 2009). These relationships are protective of young people's sense of safety in care as competent and available professionals may encourage young people's confidence, which in turn might be associated with greater feelings of being protected from harm (Moore et al., 2018). Furthermore, it is in this trusting relational context that young people learn problem solving skills that are critical and protective to their adaptive developmental trajectory (Holden, 2009). Trusted adults in care protect young people but also devote time and efforts in building a close and meaningful relationship with them, being accessible to young people and providing them with an opportunity to have a voice (Moore et al., 2018). For these reasons, it is crucial to explore the perceptions of professionals in residential care on participation processes, as they can be chief facilitators in the implementation of public policies and interventions for fostering young people's participation in residential care.

Portuguese context of residential care

The Portuguese system of out-of-home care is mainly based on residential care. During the 80s and 90s, the Portuguese residential care system included mostly large-scale institutions focused on addressing young people's basic needs, lacking qualified professionals (Rodrigues et al., 2013). The last decades were marked by significant legislative changes, first with the publication of the Law for child protection (No. 147/99, 1999) and sixteen years later with the second significant amendment of this law (No.142/2015). Until 2015, residential care homes were organized according to the expected length of stay in care (temporary versus long term placement). The amendment of the Portuguese law in 2015 reformed the nature of residential care settings. As a result, not only was the term "institutions" replaced by "residential care homes", but these settings were also defined according to the young people´s needs. The following specialized care settings were specified: Emergency Shelters, Residential care settings to address therapeutic or educational needs (targeting young people with severe mental health problems) and Autonomy apartments (Law No.142/2015). Further, the Law No.142/2015 was particularly important when considering the young people's participation right in care. For the first time, the Portuguese Law included the right to participate in care, stating that the young people in care has the right to be heard and actively participate in all matters of interest, including those relating to the case plan intervention and the residential care setting functioning.

Progressively, the institutional model of residential care in the Portuguese context has been replaced by a family-oriented model of intervention (Martins, 2004; Rodrigues et al., 2013), which includes smaller settings, qualified professionals and interventions focused on the development of young people. Also, the number of young people placed in these settings has been decreasing (around 21% in the last decade; ISS, 2020) due to the efforts made on family preservation and reintegration. According to the most recent national report, 7046 young people are placed in out-of-home care, most of them in residential care (around 90%, of which 1.4% are placed in specialized residential care) and merely 2.7% in foster care (ISS, 2020). Most young people in care are males (53%), aged over 12 years old (72%), who were placed in care due to neglect (57%). Around 28% of these young people present behavioral problems, 25.4% has regular psychiatric intervention and 35.8% has regular psychological intervention. The case plan intervention for most of these young people includes family reunification (35.6%) and the promotion of autonomy (33.4%) (ISS, 2020).

Method

Participants

Two hundred and forty-five professionals working in residential care accessed the survey; however, 36 participants did not complete any of the questions, and 122 only completed the sociodemographic questionnaire. Thus, only 87 professionals were included in the qualitative analyses as they completed the full survey. No significant differences were found between participants on sociodemographic variables (age, sex, academic degree, professionals' role in care, type of residential settings, number of young people in the residential care settings, time in service) between those who fully completed the survey and those that did not ($p>.05$ for all variables). The final sample consisted of 87 professionals with an age range of 21 to 61 years (M=38.92, SD=9.36),

and most were female (93%). In regard to marital status, most of our sample were single (48%), followed by married (39%), divorced (11.5%) and widowed (1.1%). Most of the participants had completed a bachelor degree (57.5%), 28.7% a master's degree, 9.2% high school and 1.1% a PhD degree. Concerning the professionals' role in the residential care setting, 41.4% were caseworkers (i.e., psychologists, social workers, etc.), 29.9% were caregivers (i.e., frontline staff caring about young people) and 23% were directors. The time in service in residential care ranged from 1 to 30 years (M=10.17, SD=7.62), with 20.5% of our participants working in the current residential setting for less than 3 years, 14.9% between 3 and 6 years, 25.1% between 7 and 15 years and 14.7% greater than 15 years of work. Considering the residential care settings, 72.4% of our participants worked in a mixed setting, and 13.8% worked in a male-only setting and the same percentage worked in a female-only setting. These settings host between four and 40 children/young people, with a mean of 18 children or adolescents.

Measures

Socio-demographic questionnaire

A set of questions regarding the personal and professional information of our participants and the residential settings were included: sex, age, marital status, education, role in residential care, time in service, the number of young people placed in the current residential setting and the type of residential setting.

Open-ended questions

Six open-ended questions were asked: 1) How would you define children´s and adolescents´ right to participate in residential care? 2) What kind of life issues do you consider to be important for children and adolescents in residential care to participate? 3) What issues in the residential care setting do you consider to be important for children and adolescents in residential care to participate in? 4) What conditions are necessary for an effective participation of children and adolescents in residential care? 5) What are the main barriers to the participation of children and adolescents in residential care? 6) What kind of benefits might derive from the children and adolescents' participation in residential care?

Procedures of data collection and analysis

First, this study was approved by the Ethics IRB of our university (Ref. 58/2021). The survey was hosted online on Qualtrics.com and disseminated on social networks (i.e., Facebook) and through the mailing lists of research team, targeting professionals working in residential care. Participation was voluntary, without compensation or incentives. After the presentation of the study's conditions, participants provided their informed consent. Descriptive statistics were performed using the IBM SPSS® for Windows (Version 28.0), and the NVIVO software to analyze qualitative data. The content analysis involved the identification of mutually exclusive categories and subcategories, which were associated with a description. The validity and trustworthiness were guaranteed by a) a systematic discussion of the categories and subcategories among the researchers, b) providing meaningful examples of participants' statements, c) the co-coding of 25% of the material by an independent researcher. The Cohen Kappa coefficient was tested to assess the inter-coding agreement. A coefficient of 0.926 was obtained which indicates an almost perfect agreement (Landis & Koch,

1977). For each category, the meaning units considered particularly illustrative were selected (i.e., excerpts of participants' responses/data that was coded in qualitative data analysis). Results will be described by presenting the number of participants who reported the category (n) and the number of meaning units per each category (*f*).

Results

Six core categories and 18 main subcategories were found in the current study (Table 1.1). These categories and subcategories are detailed below.

<TABLE 1.1 HERE>

Conceptualization of Participation

Anchored on the category *The Concept of Participation*, we found two subcategories: *Participation's Appraisal*, which refers to the professionals' evaluations about the right of participation in residential care, and *Definition of Participation* that refers to how the participants outline the concept of participation (Table 1.1). The Participation's Appraisal category included four subcategories: The most frequent category involved perceiving Participation right as a *Decisive Issue* which refers to the professionals' evaluation of the participation right as determinant and crucial (e.g., "It is fundamental"). *An Overlooked Right* refers to the professionals' perceptions that participation right is not adequately preserved in residential care (e.g., "It should exist, but it does not exist in all residential homes"). *Age Dependent* subcategory involved the perception of participation as being dependent on the young people's age or developmental stage (e.g., "It has to do with age"). Finally, *Equality* subcategory refers to the professionals' perceptions that participation right is a matter of equality compared to out-of-care children (e.g., "Like all other children").

The *Definition of Participation* included four subcategories and was mostly defined by our participants as *Influence*, which refers to ensuring that young people's views are considered and taken seriously (e.g., "Valuing the opinion of children and adolescents in residential care"). Also, professionals defined participation as providing appropriate information to young people so they can form their views and facilitating the ability to express their views – *Voice* (e.g., "To give voice to children and adolescents"). Professionals defined participation as *An Entitlement*, which means that they believe that young people in care are as deserving of or entitled to the privilege of participating (e.g., "A right that cannot be negotiable"). Finally, they perceived that participation involves ensuring that there is someone responsible for listening to young people's perspectives, i.e., *Audience* (e.g., "Children must be heard").

Domains of Participation

The domains of participation of young people in residential care found in this study were organized around two main categories: *Participation Life Domains* and *Residential Care Domains of Participation* (Table 1.1). *Participation Life Domains* included three subcategories: *Young people Personal Functioning, Individual Intervention in Care, and All Life Domains*. *Young people Personal Functioning* referred to the domains of participation related to the young people personal functioning, social integration and daily routines and includes seven subcategories: the most reported category was *Education* (e.g., "Scholar Trajectory"), followed by *Daily Routines* (e.g., "In the organization of routines and activities"), *Playful Activities* (e.g., "The choice of leisure activities"), *Social Issues* (e.g., "Community participation"), *Personal Issues* (e.g., "To give their opinion

about what they think about what is happening to them in their lives"), *Basic Needs* (e.g., "Hygiene") and *Health* (e.g., "Health"). *Individual Intervention in Care* subcategory refers to the professionals' perceptions that young people in care should participate in issues related to the intervention in out-of-home care, namely, the *Young People Protection Case* (e.g., "In defining their intervention plan") and *Family Contact* (e.g., "Contact and visits with relatives or significant others"). Finally, around one third of professionals perceived that young people should participate in *All Life Domains* (e.g., "All areas of their life").

The *Residential Care Domains of Participation* category includes three subcategories: our participants reported that young people are mostly able to participate in the *Activities and Setting Dynamics* of the group home, followed by *Physical and Structural Aspects,* and *All Domains.* First, professionals perceived that young people in residential care should participate on the *Routines and Setting Functioning* (e.g., "To give their opinion about the rules and routines of the group home") as well as on the *Group Home Activities* (e.g., "Activities to promote personal and social skills"), which meant that they should participate on decisions related to the activities plan, routines, rules, and group home functioning of the residential care context. Also, professionals pointed out that young people in care should be involved in the *Physical and Structural Aspects* of the residential care setting, and specifically in the *Organization of Physical Space* (e.g., "In some choices in the residential home, for example furniture in some rooms, particularly in their bedroom") and in *Feeding Management* (e.g., "The definition of meals"). Finally, professionals recognized that young people should participate in all domains related to the residential care home that might affect their life (e.g., "They should be able to give their opinion in all domains [of the residential group home] that interfere with their life").

Enablers and Barriers

Seven subcategories were found for Enablers and Barriers of participation (Table 1.1). *Human Resources, Organizational Related Enablers, Young people-Related Enablers and Social Recognition and Awareness* were found as being **enablers** of participation in care. The participants from this study pointed out that *Human Resources* was the most salient enabler, suggesting that participation would be safeguarded provided there was enough professionals in care - *Having Human Resources* (e.g., "Residential care homes with enough caregivers so that children/adolescent always have individual moments every day"), but more than this, when residential care contexts have *Skilled Professionals* (e.g., "Professionals showing human skills/empathy"). Also, a set of factors related to the Residential Care Setting was identified by these professionals. Most of our participants recognized that having a *Space* is an enabler of participation, which meant providing a safe and inclusive spaces for young people to participate (e.g., "It also facilitates the active participation by creating group moments (formal or informal, depending on needs) for discussion"). Also, an adequate *Group Home Management* (e.g., "The management of daily routines in the residential care setting"), a *Secure Environment* (e.g., "The existence of a positive atmosphere in the group home so that children may realize that they can freely express their opinions") and having *Organizational Support* (e.g., "It is necessary that the residential care boards of directors are aware of the importance of these aspects and enable the work") were identified by our participants as organizational enablers of young people participation.

Young people-related enablers included individual attributes that allow them to participate, namely the *Young people's Maturity* (e.g., "Emotional Maturity"), *Young*

people's Self-determination (e.g., "Autonomy") and *Young people's Cognitive Skills* (e.g., "Cognitive ability"). Finally, professionals suggested that *Social Recognition and Awareness* may also be an indirect enabler of a young people's participation in residential care, given that the social progress and paradigm shifts about participation can uphold practices in care that safeguard young people participation (e.g., "Social Progress").

Moreover, three main **barriers** were identified: *Residential Care Related Barriers, Young people-Related Barriers, and Social Prejudice*. Professionals in this study identified mostly *Residential Care Related Barriers,* which included 12 subcategories, related to human resource challenges in care – i.e., *the Lack of Skilled Professionals* (e.g., "Lack of qualified staff"), *the Lack of Human Resources* (e.g., "Lack of caregivers for the existing number of children/adolescent with different ages and problems"), *the Human Resource Management Constraints* (e.g.," Outdated human resources management"), *Communication Patterns* (e.g., "Team communication") *and Professionals' Distress* (e.g., Team distress) – and to the broad organizational aspects of residential care – *i.e., Lack of Suitable Space* (e.g., "Not having their space/moment, only for the children"), the status quo of board of directors and their vision in care - *Board' vision toward participation* (e.g., "The board's vision"), *Working and Intervention Models* (e.g., [an intervention] based on a strong hierarchy with a clear asymmetry of power between adults and children"), as well as *Group Home Size* (e.g., "High numbers of children/adolescent in the residential care home"), *Young people's Age Heterogeneity* (e.g., "Age differences between children"), and the *Lack of Financial Resources* (e.g., "Lack of financial resources for activities").

Young people-related barriers included the professionals' perceptions that *Developmental Issues* (e.g., "The very young age"), *Young people's Emotional Difficulties* (e.g., "Emotional instability"), *Lack of the Young people's Involvement* (e.g., "The lack of the children/adolescent motivation to participate") and *Young people's Difficulties of Adaptation* (e.g., "[Non] adherence to residential care") may prevent the fulfillment of the young people's participation in residential care. Finally, *Social Prejudice* as a negative attitude towards the residential care system was assigned by professionals in this study as a constraint that might negatively impact practices in care that enhance young people's participation (e.g., "The stereotypes created by the society about residential homes, that is, the residential home is not seen as protective and "repair", but rather as an effect.").

Benefits from participation in residential care

Professionals in residential care recognized that participation may have benefits at different levels: *Young people-Related Benefits, Residential Care Intervention, Rights Fulfillment* (Table 1.1). Our participants highlighted that participation benefits are mostly related to the young people. *Young people-Related Benefits* included the professionals' perceptions that when young people in care have opportunities to participate, they may show better psychosocial outcomes in terms of *Young people's Well-Being* (e.g., "Greater self-esteem"), *Empowerment and Life Skills* (e.g., "Acquisition of personal and social skills"), *Acceptance and Engagement* (e.g., "Better acceptance of residential care"), *Sense of Belonging (e.g.,* "To develop feelings of belonging in the residential care"), *Young people's Autonomy* (e.g., "So that they can grow with autonomy and independence"), *Citizenship and Civic Participation* (e.g., "Greater civic participation") *and Young people's Motivation* (e.g., It will facilitate motivation). At the level of residential

care, professionals recognized that *Residential Care Intervention* might benefit from young people's participation, namely by improving the *Residential Care Quality* (e.g., "The improvement of conditions in residential care, mostly matched to the needs and interests of the children"), the *Intervention Success* (e.g., "More appropriate and successful intervention"), as well as by promoting *Positive Relationships* (e.g., "Improve the relationship between peers and adults"), and the professionals' ability in care to achieving greater *Young people's Behavioral Control* (e.g., "Benefits in terms of managing and controlling oppositional and challenging behaviors"). Finally, at a macrosystemic level, professionals recognized that participation in care constitutes a mechanism to safeguard young people's rights in residential care – *Rights Fulfillment* (e.g., "Assert their rights").

Discussion

The current study aimed to explore professionals' perceptions of young people's participation in residential care. Results from this study may enlighten policy makers' awareness of the importance of fostering participation in residential care, which may also enhance young people´s well-being and the quality of residential care provided.

Concept and Domains of Participation

The concept of participation involved mostly positive appraisals about this right as a decisive issue, although it was also recognized that this right is not always guaranteed or safeguarded in care. Further, professionals defined participation mostly as the need to promote a young people's voice and their influence. According to the Lundy's model of participation (Lundy, 2007), children must be enabled to express their views (Voice) and their views must be acted upon (Influence). As such, providing appropriate information and facilitating the expression of young people's views in residential care is critical when considering that this is a challenging developmental context. As we know, living in residential care entails the challenges of child-family separation and the involvement in the child welfare system. The young people protection case management involves different professionals and services, which requires additional efforts to ensure that young people in residential care may freely express their views about this setting but also about the intervention in the system. Furthermore, if facilitating young people's voice seems to be more easily achievable, ensuring that their views are taken seriously appears to be more challenging (Lundy, 2007). According to this author, "voice is not enough' (Lundy, 2007), highlighting that young people should also have an audience and influence. Specifically, in this study, professionals agreed that young people in residential care should be listened to, have the opportunity to express their views to someone with responsibility, but more importantly, young people may have the ability to influence decisions concerning their experience in care. This is consistent with previous proposals suggesting that adults should be able to take young people's views seriously (namely about their care, protection, and welfare experience), which involves going beyond merely upholding that young people have a voice and an audience (Kennan et al., 2019). In sum, even though these components of participation (i.e., voice, influence, audience) can be individually analyzed, they are inter-related as young people's voices should be listened to by an audience which should take their views into consideration (Lundy, 2007).

Regarding the life domains of participation, professionals in care agreed that young people should be able to participate in domains related to their individual functioning

(particularly on education issues) followed by their participation in the child protection case (mostly in the intervention plan and the definition of family contact). This lesser emphasis on aspects related to the intervention is consistent with previous evidence that suggests that young people's participation in everyday life is more easily guaranteed but their participation on major life issues, such as their contact with relatives is not always assured (McCarthy, 2016; McPherson et al., 2021). However, previous empirical research focused on young people's participation in the welfare and protection services (including foster and residential care) also highlights that young people should be able to participate in different issues of their experience in the welfare system (e.g., care plans or daily routines in care) (Kennan et al., 2019).

Participation in residential care domains included mostly the young people's involvement in establishing group home rules and routines and activities but also on the physical and structural aspects (i.e., organization of physical space, decoration, feeding management). Young people's participation in the setting dynamics is therefore significant, as we know that the residential care quality depends on the ability to involve young people in decision-making processes, promoting a residential care context close as possible of a family context (Del Valle et al., 2012). As such, providing young people's opportunities to participate in these processes related with the group home setting might enable the preservation of their right to normalization. We know that normalizing daily life experiences (e.g., allowing young people to have equal access to life opportunities, allowing personal decoration of physical spaces such as their bedroom, etc.) is very important for their well-being, adjustment, and adaptation (Magalhães et al., 2016; 2018; Magalhães & Calheiros, 2020) as well as promoting young people's autonomy and positive transitions for independent life (Calheiros et al., 2013).

Enablers, Barriers and Benefits

Regarding the enablers and barriers for participatory processes in residential care, our findings suggest that factors involving human resources are perceived as the most decisive influences. On one hand, having sufficient and skilled human resources is critical to enable the young people's participation, on the other hand, the lack of skilled professionals and some constraints related with human resource management might prevent young people to participate. This evidence underlines previous insight suggesting that the lack of professionals' knowledge and skills might prevent young people's participation (McCarthy, 2016).

Thus, guaranteeing and promoting young people's participation in care requires professionals who are responsive, available, stable, and warm (Holden, 2009). If a low child-to-caregiver ratio is required to provide responsive and adequate care (Quiroga & Hamilton-Giachritsis, 2016), the lack of proper professionals might prevent the capacity of these residential settings to provide an audience and space to listen young people's voices. These barriers require further efforts to guarantee that trained, skilled and appropriate human resources are recruited to work with young people in residential care. This is underlined by the large evidence suggesting that qualified professionals in care are critical resources (Magalhães et al., 2021a). Not only are they a secure context for young people to have a voice (McPherson et al., 2021) but also foster young people's well-being, adaptation, and resilience in residential care (Holden, 2009; Lou et al., 2018; Magalhães et al., 2021; Pinheiro et al., 2021).

Furthermore, organizational related enablers were also identified by our participants, namely space, adequate group home management, having a secure environment and

organizational support. In fact, the first step to foster young people's participation is providing them a space (Lundy, 2007), which means that a safe physical and relational space should be provided to children express their views (Lundy, 2007). In line with some previous evidence (Kennan et al., 2019), in this study the space category involved regular formal and informal moments and meetings to facilitate young people's voice. This highlights previous evidence that suggest that informal spaces for participation are particularly important and preferable for young people to share their voice in care (McCarthy, 2016). Moreover, it is well recognized that organizational factors are important precursors of young people's participation such as organizational culture which is mostly focused on the young people rather than the adults within the organization (McPherson et al., 2021). On the other hand, barriers involving organizational factors were also stated (e.g., the lack of organizational support, working and intervention models in care or professionals' distress) and it seems to negatively influence the fulfilment of young people's participation. These findings strengthen the literature and highlight the important role of the organizational social climate on professionals' practices and young people's behaviors (Silva et al., 2021). High levels of emotional exhaustion or low levels of satisfaction and commitment to work seems to be critical (Glisson & Hemmelgarn, 1998; Jordan et al., 2009), particularly when we are talking about residential care (Silva et al., 2021). Furthermore, these factors related with the organizational social climate (e.g., professionals' involvement and satisfaction) are influenced by a positive organizational culture (Glisson et al., 2012).

Young people-related barriers were more identified by our participants than young people related enablers, as some professionals suggested that young people's developmental issues, emotional difficulties, or the lack of the involvement prevent them to participate in care. This result seems to suggest that the emotional or behavioral needs of young people in care are perceived as an important constraint to their participation, which is consistent with some research evidence (McCarthy, 2016). Similarly, despite recognizing that young people's problems and difficulties have been reported worldwide (Erol et al.,2010; Magalhães & Calheiros, 2017), this finding may also suggest professionals' biases which are centered around the young people's deficits, rather than their strengths. Given that young people in residential care may show specific emotional and behavioral needs, it becomes crucial for these professionals to allow and facilitate young people's participation, which might foster their recovery or adaptation. Participation is not only a right but also has a positive impact on young people's psychological outcomes (Magalhães et al., 2016; 2018) and this was particularly clear from the professionals' perspectives.

Indeed, the benefits of participation were mostly focused on young people outcomes, particularly, their well-being, empowerment, life skills, acceptance and engagement or sense of belonging, followed by some benefits to the residential care setting (i.e., residential care quality and intervention success). In fact, participation in care may provide important opportunities of agency and empowerment to these vulnerable young people (Magalhães & Calheiros, 2017; Magalhães et al., 2018), which may also allow them to achieve higher levels of well-being and positive mental health outcomes (Magalhães et al., 2016; 2018; Magalhães & Calheiros, 2020). As such, participatory processes might be related with more positive young people outcomes in care through the improvement of their skills, self-efficacy beliefs, empowerment, and agency (UNICEF, 2018). Finally, an interesting finding of this study is that the professionals' perspectives regarding the benefits of participation are mostly focused on the young

people's outcomes, rather than the benefits to their performance and the residential care context. However, we know that the professionals' efforts to foster young people participation in care might be associated with greater residential care quality because the residential care service is more focused on addressing young people's needs (Davidson et al., 2017).

Implications for practice and policy

While the implementation of young people's participation cannot be guaranteed, it can be monitored (Lundy, 2007, p. 939) through concrete professional' practices and public policies. First, policy makers should be aware of its importance to guarantee that participation is fulfilled in care as it is an important indicator of residential care quality (Del Valle et al., 2012). This must not only entail issues directly related to the young people's life (e.g., personal issues, daily routines or activities, or the intervention case plan) but must also consider the young people's role or influence on the organizational structure of the residential care setting (e.g., rules, procedures). The definition of regulations and rules of these group homes must consider the voice and influence of children as they are important stakeholders.

Also, minimum and necessary criteria and standards must be defined when recruiting professionals, namely, the knowledge, skills and individual assets required. Professional profiles are very important when residential care quality is concerned (Del Valle et al., 2012). Moreover, initial, and continuous training, together with opportunities for supervision are important to support professionals in their protective role (Magalhães et al., 2021), as well as support the implementation of the young people's right to participate. This should also be a priority for the residential care board of directors, given that not only should they be able to promote an organizational culture which includes participation, but they should also support staff members on practices that foster better outcomes for young people. In sum, a rights-based approach is needed to foster young people's positive psychological outcomes, with a particular emphasis on participatory processes which may in turn, enable young people's self-determination (Magalhães et al., 2016, 2018).

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Table 1.1 Categories and subcategories about participation processes in residential care

Category	Subcategory	Subcategory
The Concept of Participation (n=66; f=82)	**Participation's Appraisal** (n=44; f=46)	Decisive Issue (n=32; f=32)
		An Overlooked Right (n=9; f=10)
		Age Dependent (n=2; f=2)
		Equality (n=2; f=2)
	Definition of Participation (n=26; f=36)	Influence (n=12; f=14)
		Voice (n=8; f=9)
		An Entitlement (n=8; f=8)
		Audience (n=5; f=5)
Participation Life Domains (n=77; f=142)	**Young people Personal Functioning** (n=32; f=66)	Education (n=18; f=18)
		Daily Routines (n=11; f=13)
		Playful Activities (n=10; f=11)
		Social Issues (n=7; f=8)
		Personal Issues (n=5; f=6)
		Basic Needs (n=4; f=6)
		Health (n=4; f=4)
	Individual Intervention in Care (n=38; f=44)	Young people Protection Case (n=31; f=32)
		Family Contact (n=12; f=12)
	All Life Domains (n=32; f=32)	
Residential Care domains of Participation (n=73; f=139)	**Activities and Setting Dynamics** (n=58; f=105)	Routines and Setting Functioning (n=51; f=72)
		Group Home Activities (n=26; f=33)
	Physical and Structural aspects (n=15; f=18)	Organization of Physical Space (n=9; f=10)
		Feeding Management (n=8; f=8)
	All Domains (n=16; f=16)	
	Human Resources (n=44; f=57)	Skilled Professionals (n=39; f=49)

Participation Enablers (n=72; f=113)		Having Human Resources (n=7; f=8)
	Organizational Related Enablers (n=35; f=40)	Space (n=19; f=19)
		Group Home Management (n=12; f=12)
		Secure Environment (n=5; f=5)
		Organizational Support (n=4; f=4)
	Young people Related Enablers (n=6; f=12)	Young people's Maturity (n=5; f=6)
		Young people's Cognitive Skills (n=4; f=4)
		Young people's Self-determination (n=2; f=2)
	Social Recognition and Awareness (n=4; f=4)	
Barriers to Participation (n=63; f=95)	**Residential Care Related Barriers** (n=45; f=64)	Lack of Skilled Professionals (n=17; f=19)
		Lack of Suitable Space (n=6; f=7)
		Human Resource Management Constraints (n=4;f=6)
		Communication Patterns (n=5; f=5)
		Lack of Human Resources (n=4; f=4)
		Board' vision toward participation (n=4; f=4)
		Working and Intervention Models (n=6; f=6)
		Lack of Organizational Support (n=4; f=4)
		Group Home Size (n=3; f=3)
		Professionals' Distress (n=3; f=3)
		Young people's Age Heterogeneity (n=3; f=3)
		Lack of Financial Resources (n=2; f=2)
	Young people-Related Barriers (n=18; f=27)	Developmental Issues (n=9; f=11)
		Young people's Emotional Difficulties (n=7; f=9)
		Lack of the Young people Involvement (n=5; f=5)
		Young people's Difficulties of Adaptation (n=2; f=2)
	Social Prejudice (n=4; f=4)	
Benefits of Participation (n=75; f=152)	**Young people-Related Benefits** (n=62; f=122)	Young people's Well-being (n=34; f=43)
		Empowerment and Life Skills (n=23; f=30)

		Acceptance and Engagement (n=18; f=21)
		Sense of Belonging (n=12; f=13)
		Young people's Autonomy (n=8; f=8)
		Citizenship and Civic Participation (n=5; f=5)
		Young people's Motivation (n=2; f=2)
	Residential Care Intervention (n=25; f=28)	Residential Care Quality (n=13; f=15)
		Intervention Success (n=5; f=5)
		Young people's Behavioral Control (n=4; f=4)
		Positive Relationships (n=4; f=4)
	Rights Fulfillment (n=2; f=2)	