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No one ever asked us. Young people's evaluation of their residential child care facilities in three different programs

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Abstract

Background: Residential child care is a very complex measure and has been the subject of heated debate in many countries. However, there is a paucity of studies that examine quality assessments of these services, much less that have asked the children and young people receiving those services about their own evaluations. **Method:** This study interviewed 209 young people between 11 and 20 years of age, in 21 residential facilities, about their degree of satisfaction with the care they receive. These residential facilities are differentiated into three types of programs that will be compared: preparation for adult life (PAL), therapeutic care for behavioral problems (TRC) and general programs for children and young people without any specific profile (GRC). The instrument used is an interview that includes both quantitative and qualitative assessments. **Results:** The results show a trend toward positive average scores on practically all aspects, highlighting the support from as well as the connection they feel with the educators who care for them. On the other hand, young people in TRC displayed lower scores on almost all aspects evaluated while those in PAL were the most positive. **Conclusions:** The main implications for the practice will be discussed from these youths' perspective.

Keywords: Residential child care, therapeutic residential care, child protection, program evaluation, transition to adulthood.

Resumen

Nadie nos ha preguntado nunca. La evaluación de los jóvenes sobre sus hogares de acogimiento residencial en tres programas diferentes. **Antecedentes:** el acogimiento residencial es una medida compleja y que ha sido objeto de intensos debates en muchos países. Sin embargo, no existen muchos estudios sobre la evaluación de la calidad de estos servicios y mucho menos que hayan tenido en cuenta la opinión de los niños y jóvenes que los reciben. **Método:** en este estudio se entrevista a 209 jóvenes entre 11 y 20 años, que se encuentran en 21 hogares de acogimiento residencial, acerca de su satisfacción con la atención que reciben. Estos hogares de acogida se diferencian en tres tipos de programas que se compararán: preparación para la vida adulta (PAL), acogimiento terapéutico para problemas de conducta (TRC) y programas generalistas sin perfil específico (GRC). El instrumento empleado es una entrevista que recoge valoraciones cuantitativas y cualitativas. **Resultados:** los resultados muestran una tendencia a valoraciones con promedios positivos en prácticamente todos los aspectos, destacando el apoyo y la vinculación con los educadores que los atienden. Por otra parte, los jóvenes en TRC muestran puntuaciones más bajas en casi todos los aspectos, mientras que los jóvenes en PAL presentan las más altas. **Conclusiones:** se discutirán las principales implicaciones para la práctica desde esta perspectiva de los jóvenes.

Palabras clave: acogimiento residencial, acogimiento residencial terapéutico, protección a la infancia, evaluación de programas, transición a la vida adulta.

No one ever asked us. This is the title of one of the first studies (Festinger, 1983) that asserted the need to count with the opinion of children and young people with protective measures about their experience in residential care. In the same decade, the Convention on the Rights of the Child of 1989 established the right of children and young people to have their opinion taken into consideration in any administrative or judicial process. This proposition was adopted in the legislations of all advanced countries, including Spain, where children over the age of 12 years must always be listened to before making decisions about child protection (even those under that age if they are mature enough).

While it is true that this participation is included in the legislative framework and several studies exist that emphasize the need to count with children in decision-making with respect to their measures of protection (Cossar, Brandon, & Jordan, 2013; Dillon, Greenop, & Hills, 2016; Kedell, 2016; Križ & Roundtree-Swain, 2017; López, Fluke, Benbenishty, & Knorth, 2015; O'Reilly & Dolan, 2015), the same cannot be said about the role of children in residential care as service consumers who are capable

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of expressing their needs and their assessments about the care they receive.

Quality assessment of the residential child care services in terms of client satisfaction is a field with very scant research. Remarkable progress has been made in the development of quality standards, starting with pioneering work (Child Welfare League of America, 1991; Skinner, 1992), several countries have developed it further, as evidenced by some recent reviews (Huefner, 2018), including Spain (Del Valle, Bravo, Martínez, & Santos, 2012a). However, this development has not run parallel to the development of studies addressing client's (children) satisfaction assessment of residential care.

Only a few studies have collected these client satisfaction assessments, such as the one conducted by Delfabbro, Barber, and Bentham (2002) who found a good degree of satisfaction in general, albeit less in the case of residential care in comparison with family care, probably because the cases in the former group exhibit greater behavioral problems. Similar results were found by Southwell and Fraser (2010) regarding the self-reported satisfaction of children between 6 and 18 years of age with their residential care facilities. Dimensions such as perceived safety and protection stand out positively, as well as the support of the residential workers; however, the report less satisfaction with their case workers and with the contacts they report were allowed to have with their families.

In Spain, the need for quality assessments in residential care was posed almost thirty years ago based on an evaluation model of environmental contexts (Del Valle, 1992), giving rise to the development of comprehensive evaluation instruments (entitled the ARQUA system) that include the satisfaction of children and young people in residential care (Del Valle & Bravo, 2007). In a comparative study of the quality perceived by the children (Del Valle, Bravo, Martínez, & Santos, 2012b), a high degree of overall satisfaction with the safety and care provided by educators is likewise detected, even more so in the case of residential care programs for adolescents who are transitioning to adulthood. The work by Martín and González (2007) also found this high estimation with respect to the educators and a decrease in satisfaction the longer the stay.

The ARQUA system has been used in other research works in Spain (Ramis, 2018) and has been adapted and translated into Portuguese, with satisfaction studies having been carried out (Rodrigues, Del Valle, & Barbosa-Ducharne, 2014) that include the comparison of children's perspectives with those of adults regarding the quality of facilities.

This article will explore the assessments with respect to the satisfaction of children and young people in residential care, using evaluations carried out with the ARQUA system, comparing three different types of programs: the general type (GRC), children's homes with a variety of ages and without any specialty in particular; residential programs specifically designed for preparation for adult life (PAL) for those who are close to majority age; and therapeutic residential care (TRC), specific services for adolescents with serious behavior issues. These problems are mostly related to aggressive behaviors that have very serious consequences on personal and school adjustment (Estévez & Moreno, 2018). The evaluation of thee TRC programs is one of the major of contributions this study makes, given that they are particularly complex programs and pose a challenge in all countries (Whittaker et al., 2017).

Method

Participants

The sample of this study originates from the evaluation of 21 residential care facilities in eight Spanish Autonomous Communities (with all three of the previously mentioned typologies), taking only the satisfaction assessment interview conducted with the adolescents. The participants comprised 209 children and young people with ages of between 11 and 20 years (M=15.73; SD=1.71), of whom 61.2% were male (table 1). By program typology, 40 were GRC, 42 were PAL, and 127 were TRC. All of the children and young people placed in each of the facilities participated.

As can be seen in table 1, both the distribution of age, as well as the gender distribution are different depending on the type of program. The variance analysis for the difference in the mean ages across the three groups turned out to be statistically significant [$F(208,2_{)}= 41.99$, p=.000)], with the oldest being the PAL group (M=17.45; SD=1.15), as fitting for the need to prepare for the coming of age and even receiving support when reaching majority age; the youngest participants were those in GRC (M=14.73; SD=1.81), and TRC (M=15.46; SD=1.40) being positioned in the middle. Likewise, the difference in the distribution of sex across the three types of programs was also significant [χ^2(2, N=209)=7.01, p=0.030], highlighting the great difference in the TRC group where there were more than twice as many males. This predominance is logical given that it is specialized residential care for serious externalizing behavior issues.

Instruments

The quality assessment within which this study is framed is performed using the ARQUA instrument (Del Valle & Bravo, 2007). This method consists of a battery of instruments encompassing interviews for the different profiles: administration, residential workers, and professional support team (psychologists, social workers, etc.), children aged 6 to 11 years and adolescents aged 12 years or more, an observational scale to carry out the environmental evaluation, and a document that records documentation and basic information about the organization and management of the residential care facility. These instruments have recently been adapted to suit the contents of the national standards of quality for residential care (Del Valle et al., 2012a) and this is the version used to carry out this study.

Table 1
Sample characteristics

	GRC	PAL	TRC
	n (%)	n (%)	n (%)
Age			
11-12	7 (17.5)	–	4 (3.2)
13-14	11 (27.5)	–	25 (19.7)
15-16	12 (30)	8 (19.1)	64 (50.4)
17-18	10 (25)	26 (61.9)	34 (26.8)
19-20	–	8 (19.1)	–
Sex			
Female	17 (42.5)	23 (54.8)	41 (32.3)
Male	23 (57.5)	19 (45.2)	86 (67.7)

The interview for adolescents contains a series of items (85) that are answered using a 5-point Likert scale based on the degree to which the participant agrees or disagrees with the statement (from completely disagree to completely agree) regarding the functioning of the facility and, on the other hand, it includes a final assessment with open-ended questions. This article will present the quantitative data from the Likert scales and the qualitative responses to the final open-ended questions about the best part and the worst part about living in that residential care facility. The interviews lasted for approximately one hour. Table 2 details the sections that comprise the interview, following the Spanish quality standards.

Procedure

Despite the fact that the Likert scale and the open-ended questions could be administered as a self-report measure, the quality assessments were always conducted as face-to-face interviews, to ensure that the young people comprehend the questions, and within the space of their own residential care facilities individually, and confidentially. The interview begins by explaining to each interviewee the object of the evaluation and by asking them for their explicit informed consent to participate. The project meets all the ethic criteria required by the 1964 Helsinki Declaration involving human subjects and was authorized by the Public Body in charge of the protection of minors in each Autonomous Community.

Data analysis

Data analyses were carried out using the SPSS statistical software program, version 20. In addition to the descriptive analyses of the characteristics of the sample, an ANOVA was performed to ascertain whether or not there were any differences between the three types of residential programs with post-hoc analysis, by means of a Bonferroni test, due to the high number of contrasts used. Finally, the frequencies of qualitative responses regarding the best and the worst parts of living in the facilities will be presented. To do so, thematic categories were created and two separate evaluators classified the answers, achieving a Kappa index of .62 for the question about the best and .86 for the question about the worst. The discrepancies were decided by consensus between the two researchers.

Results

Table 3 displays the results of the means and standard deviations for each item on the evaluation tools, as well as the scale that pools them. The scales (in boldface print) are obtained by the mean scores of the items that comprise it (some only have a single item and is presented as the scale score). We remind the reader that these scales belong to the sections of the quality standards and that the number of responses can vary depending on the situation of each young person and on the program in which they are placed.

To facilitate their analysis, the scales are presented in the order of highest to lowest mean score, although within them, the item scores can vary remarkably. One datum worth highlighting is that none of them achieve an average score of less than 3, which corresponds to the midpoint on the Likert chosen and, in fact, only one of them reaches this score (the rest exceeded the mean of 3.4). It is the single-item scale that quantifies whether the young people know their case worker and whether it is easy for them to contact that person when necessary. Many of them do not know that person or face impediments to contacting them and it is important to point out that this aspect does not depend on the residential care facility, but on the organization of protection services of the Autonomous Community.

Table 2
Contents assessed in the interviews with young people following the Spanish national standards document (Del Valle, Bravo, Martínez, & Santos, 2012a)

Core topic	Standard	Aspects assessed
Facilities	Site, physical structure, and equipment	Location, furniture, room (decoration, their own space)
Basic processes	Referral and reception-admission	Good reception, knowing reasons for protection, expected duration of stay
	Leaving and transition to adult life	Subsequent support, training in autonomy skills (only for ages ≥16 years)
	Support for families	Relationship and contact with families (call time, visits)
Needs and well-being	Safety and protection	Safety in the face of abuse
	Bond and affective relationship	Bond and relationship with the educational team (trust, fun, feeling loved…)
	Respect for rights	Rules about telephone use, procedures for complaints and suggestions, respect for customs and religious beliefs
	Basic material needs	Meals, clothes shopping, weekly allowance, saving
	Studies and training	Suitable place of study, evaluation of training center
	Health	Advice about healthy living, sexuality
	Normalization and integration	External support networks, invitations to the facility, access to Internet, daily schedules, outside leisure
	Development and autonomy	Subsequent support, available aids, personal time dedication, equal sharing of chores
	Participation	Opinion about the home's organizational aspects, holding assemblies, participation in educational objectives, social climate in the center, room mates
	Use of educational consequences	Positive reinforcements, punishments
Management and organization	Management leadership	Relationship with the management of the home, closeness, contact
	Support from the technical team	Relationship and support from the home's technical team (if it exists)
	Case worker	Relationship and ease of contact with the referring case worker from the public administration
	Coordination with the educational system	Following up on school by educators

Table 3
Mean scores given to the different satisfaction scales and items by the adolescents

Scales and items	N	M	SD
Health	209	**4.23**	0.95
Advice about healthy living	208	4.28	1.04
Affective-sexual education	203	4.19	1.10
Studies and training	207	**4.17**	0.89
Place of study	198	3.73	1.38
School support	194	4.43	0.89
School material	198	3.94	1.27
School center	176	3.91	1.42
Teaching staff	183	3.92	1.26
Peers	175	4.27	0.99
Coordination with the educational system	194	**4.06**	1.23
Affective coverage	209	**4.01**	0.89
Educator with special connection	207	4.42	1.11
Relationship with their educator / tutor	193	4.37	1.10
Respectful treatment	209	4.16	1.08
Feeling loved	206	3.8	1.28
Good mood	209	3.95	1.03
Shared leisure	208	3.76	1.17
Trust	208	3.76	1.31
Support	208	3.96	1.22
Useful lessons	207	4.18	1.12
Help with problems	208	4.13	1.07
Expectations and help	207	4.16	1.11
Shows of affection	208	3.8	1.24
They worry about you	207	3.86	1.27
Leaving and transition to adult life	189	**4**	1.15
Possibility for subsequent contact	188	3.72	1.51
Information about after care support	64	3.54	1.59
Teaching to cook	70	4.04	1.29
Managing doctor appointments	68	3.60	1.67
Use of public transport	72	4.58	1.00
Administrative paperwork (ID document, bank, registration, etc.)	69	3.45	1.67
Personal shopping	71	3.90	1.35
Safety and protection	209	**3.95**	0.95
Climate of respect and safety in the center	209	4.18	1.30
Educational team's conflict management skills	209	3.72	1.24
Development and Autonomy	207	**3.88**	1.08
Individualized care	207	3.81	1.22
Chores in the facility	126	3.86	1.23
Participation	208	**3.82**	0.78
Decision-making (rules, activities, etc.)	204	3.35	1.42
Holding assemblies	206	4.30	1.08
Individualized educational project	179	3.76	1.37
Good social climate in the home	208	3.72	1.17
Good relationship with roommate	136	3.99	1.37
Pleasant atmosphere	206	3.62	1.31
Respect for rights	209	**3.79**	0.87
Room as personal space	209	3.42	1.44
Free use of room	209	3.72	1.56
Keeping personal objects	208	3.94	1.26
Safe place for personal objects	206	4.01	1.30
Peers' respect for belongings	209	3.42	1.50
Rules for use of home's telephone	195	3.84	1.31
Private use of home's telephone	197	3.30	1.65
Cell phone use	177	3.11	1.67
Knowledge of protocol for making complaints and suggestions	204	3.91	1.33
Respect for religious beliefs and practices	144	4.24	1.13
Respect for customs of country of origin	95	3.96	1.26
Support from the professional team	153	**3.69**	1.36
Support for families	198	**3.61**	1.48
Use of educational consequences	208	**3.59**	0.87
Fair punishments	206	3.26	1.37
Reasonable consequences	206	3.15	1.40
Use of positive reinforcements	208	3.99	1.16
Basic material needs	209	**3.56**	0.97
Varied diet	209	3.39	1.54
Tasty meals	209	3.38	1.50
Clothes shopping	202	3.68	1.33
Choice of clothing	193	3.68	1.44
Agreement with allowance	209	3.55	1.43
Savings	205	3.84	1.53
Normalization and integration	209	**3.54**	0.82
Friendships outside of the home	209	4.69	0.75
Invite friends to the home	192	2.19	1.54
Internet access at home	207	3.61	1.52
Conformity with daily schedules	206	3.44	1.49
Conformity with rules regarding going out at the weekend	188	3.44	1.46
Leisure activities with the educational team	198	3.94	1.26
Extracurricular activities	196	3.27	1.74
Site, physical structure and equipment	209	**3.48**	0.93
Area	209	3.26	1.43
Facility in general (decoration, structure, etc)	209	3.47	1.26
Adequate climate control	209	3.49	1.31
Room	209	3.69	1.34
Choice of room decoration	206	3.56	1.42
Referral and reception	209	**3.45**	1.00
Welcome and initial information	205	4.25	1.05
Knowledge about reason for residential care	203	3.66	1.47
Knowledge about time of stay	208	2.99	1.68
Prior knowledge of new admission	201	3.09	1.65
Relationship with the administration	201	**3.43**	1.56
Case worker	197	**3.00**	1.67

The assessments that stand out positively are those that have to do with satisfaction with the education they receive about a healthy lifestyle and sexuality, school (the support they receive with their schoolwork and their experience at school), and how the facility educators coordinate with their teachers. Next is the scale regarding bonding and their affective relationship with the educators, emphasizing that all the young people have an outstanding bond with at least one educator and all the aspects measured were very positively scored. An average of four points was given to the preparation they receive to be able to function as independent adults once they reach legal age (in this case the *n* is lower, since these issues were only asked to the PAL group).

The lowest average scores, in addition to the one already mentioned with respect to their case worker, were the assessments of the relationship with the facility's director and the referral and reception processes. These latter assessments make reference to how they were received upon their arrival (and how they are prepared to receive others), and if they were informed of the reasons for their admission and estimated time of stay. This last aspect is one of the worst rated ones, despite its importance. Next, in ascending order, are the scales that examine the physical elements of the facility (such as the location of the resource, the rooms, decoration, etc.), the aspects of normalizing daily life (with the most negative value of the entire test having to do with not being able to invite friends to the facility), basic needs being met (food, clothing, money, etc.), and the use of consequences of behavior (reinforcements and punishments). Coming close to four, we have

scales such as satisfaction with the support their families receive, support from the facility's technical team (psychologists, social workers, etc.), regarding their rights, participation, developing autonomy, and feeling of safety and protection.

Differences of assessment based on the type of facility in which they are placed

The study sample were from three, very different kinds of facilities: non-specialized residential care (GRC), residential care specialized in preparation for adult life (PAL) independent, and therapeutic residential care (TRC) for young people with serious behavior issues.

Table 4 displays the results of the analysis of variance for these three types of residential care, with significant differences in the young people's perceptions and assessments of quality across all dimensions, with the exception of the safety-protection and health scales. Consequently, satisfaction depends in large part on the type of facility in which the young people are placed.

When the differences are analyzed post hoc, the scores in the TRC are seen to be almost consistently lower (the exceptions are those that have to do with the case worker that is lowest in GRC and support from the professional team that receives the lowest score in PAL). Given that the young people in TRC are in residential care facilities with strong control measures due to the seriousness of their disruptive behaviors and oftentimes against their will, this appraisal is not surprising. Insofar as the other two types are concerned, significant differences are only observed between them on the referral-reception scales, respect for their rights, and support from the professional team. The trend is toward higher satisfaction scores are found in the PAL group, except with respect to coordination with the case worker (in all likelihood due to the fact that in these programs, they live autonomously in flats and they have less contact with this professional).

Qualitative assessments

Reference is made here to the results obtained in the two qualitative questions put forth in the interview about what they consider to be the most positive and the most negative aspects of the facilities they live in. To facilitate their analysis, the subjects have been grouped by categories as seen in tables 5 and 6. In both tables, N denotes the number of times said subjects have been mentioned; the same respondent could refer to more than one category.

Various answers were offered about what the best part of the facilities is, especially on the basis of the type of facility. As regards GRC, what stands out the most is the relationship with the educational team, mentioning things such as "*They always support you and they're there when you're going through a rough patch; they also advise you*". The next best ranked aspect is living together with peers: "*It's like a family you don't have*".

For their part, the young people in PAL emphasize the resources that are available to them, both physical (room, decoration, etc.) and material (weekly allowance, meals, school material, leisure, possibility of financing studies, etc.). They also positively score the autonomy they gradually acquire as well as the feeling of freedom: "*I can evolve here; I can do more serious things than I thought, and I feel good about myself*," "*They really teach you about becoming independent, when it comes to being autonomous… you can tell the difference between before and now*" or "*You're freer and you feel a little more grown up*".

In the case of the adolescents in TRC, the most positive part has to do with the resources available to them (meals, bedroom, computers, etc.) and activities (referring to workshops in which they learn different skills, such as carpentry, mechanics, etc., and also leisure activities). They also underscore personal relationship

Table 4
Differences in satisfaction scales by type of residential program by means of one-way ANOVA

Scales	Type of center			F	p
	GRC	PAL	TRC		
	M (SD)	M (SD)	M (SD)		
Site and physical structure	4.09[a] (0.64)	4.04[b] (0.69)	3.11[ab] (0.89)	34.88	.000
Referral and reception	3.68[ab] (1.03)	4.23[ac] (0.67)	3.15[bc] (0.93)	23.53	.000
Support for families	4.06[a] (1.31)	4.23[b] (1.25)	3.28[ab] (1.15)	8.72	.000
Safety and protection	3.99 (0.86)	4.14 (0.98)	3.87 (0.85)	1.35	.261
Affective bond	4.31[a] (0.72)	4.27[b] (0.81)	3.83[ab] (0.91)	7.33	.001
Respect for rights	3.98[ab] (0.83)	4.46[ac] (0.58)	3.39[bc] (.077)	34.88	.000
Basic needs	3.94[a] (0.78)	4.17[b] (0.76)	3.26[ab] (0.95)	21.14	.000
Studies and training	4.36[a] (0.63)	4.51[b] (0.57)	3.75[ab] (0.92)	17.85	.000
Health	4.33 (1.01)	4.26 (1.03)	4.21 (0.84)	0.26	.772
Normalization & integration	4.04[a] (0.73)	3.98[b] (0.82)	3.16[ab] (0.69)	33.71	.000
Participation	4.11[a] (0.81)	4.08[b] (0.79)	3.60[ab] (0.76)	9.97	.000
Educational consequences	3.73 (1.05)	3.90[a] (0.92)	3.46[a] (0.78)	4.58	.011
Relationship with management	3.95[a] (1.45)	4.25[b] (1.21)	3.01[ab] (1.56)	13.56	.000
Support from the professional team	4.14 (1.19)	2.80 (1.79)	3.59 (1.37)	3.38	.036
Relationship with case worker	2.26[a] (1.52)	3.84[ab] (1.59)	2.95[b] (1.63)	9.01	.000
Coordination with educational system	4.58[a] (.87)	4.53[b] (0.80)	3.73[ab] (1.35)	11.41	.000

Note: [a,b,c] The pair of means with the same letter in superscript present significant differences in Bonferroni post hoc analysis

Table 5
The best part of residential care facility according to the adolescents

Categories	GRC		PAL		TRC	
	N	%	N	%	N	%
Educational team	16	40	5	11.9	31	24.4
– Personal relationship	11	27.5	1	2.4	9	7.1
– Support	2	5	1	2.4	19	15
– Fair treatment	3	7.5	3	7.1	3	2.3
Resources	3	7.5	12	28.6	37	29.1
– Material	2	5	12	28.6	25	19.7
– Activities	1	2.5	–	–	12	9.4
Feelings	3	7.5	8	19	12	9.4
– Protection	1	2.5	–	–	5	3.9
– Peace of mind	1	2.5	1	2.4	5	3.9
– Freedom	1	2.5	7	16.7	2	1.6
Residential mates	10	25	3	7.1	22	17.3
– Mates	4	15	1	2.4	17	13.4
– Group living	6	5	2	4.7	5	3.9
Personal evolution	2	5	11	26.2	30	23.6
– Development-change	2	5	3	7.1	25	19.7
– Autonomy	–	–	8	19	5	3.9
Everything	2	5	2	4.7	1	0.8
Nothing	4	10	3	7.1	17	13.4
Do not know/ refuse to answer	2	5	1	2.4	3	2.3
TOTAL	42		45		153	

Note: Percentages of answers were calculated on the number of participants. More than one answer could be recorded

Table 6
The worst part of residential care facility according to the adolescents

Categories	GRC		PAL		TRC	
	N	%	N	%	N	%
Educational team	5	12.5	2	4.8	5	3.9
– Personal relationship	2	5	–		2	1.6
– Unfair treatment	3	7.5	2	4.8	3	2.4
Resources	2	5	3	7.1	10	7.9
– Material resources	2	5	3	7.1	7	5.5
– Activities	–	–	–	–	3	2.4
Feelings	4	10	16	38.1	66	52
– Being locked up	–	–	–	–	37	29.1
– Missing family	1	2.5	3	7.1	10	7.9
– Lack of privacy	–	–	2	4.8	4	3.1
– Lack of freedom	1	2.5	5	11.9	7	5.5
– Living in residential facility	–	–	2	4.8	6	4.7
– Other negative feelings	2	5	4	9.5	2	1.6
Residential mates	15	37.5	12	28.6	14	11
– Mates	2	5	1	2.4	–	–
– Living together	6	15	11	26.2	8	6.3
– Conflicts	7	17.5	–	–	6	4.7
Rules and control	6	15	6	14.3	36	28.3
– General rules	4	10	6	14.3	12	9.5
– Punishments	2	5	–	–	16	12.6
– Contentions	–	–	–	–	8	6.3
Everything	2	5	1	2.4	12	9.4
Nothing	4	10	8	19	6	4.7
Do not know/ refuse to answer	5	12.5	–	–	–	–
TOTAL	43		48		149	

Note: Percentages of answers were calculated on the number of participants. More than one answer could be recorded

with the educational team and the support they receive from them "*When we're outside, you [sic] can see their good side; they're better people*", "*They help you with whatever they can*" "*At any time, I can count on people helping me, whether it's an educator or one of my peers*. The high frequency of references to personal development and change are also remarkable: "*You grow up; you learn values; you have other points of view…you get advice that in other circumstances you wouldn't receive; you learn to value what you have*". It is worth mentioning, on the other hand, that in fifteen cases, the answer was that there is nothing good.

For the adolescents in GRC, the only thing that was negative with any frequency was the existence of conflicts and co-existing in the facility: "*Sometimes the little kids start a scuffle*" or "*conflicts come up over silly things*". In the case of PAL, issues surrounding living together clearly stand out (housekeeping, sharing spaces, bad atmosphere, lack of understanding, shared time) "*We're not like family, everyone goes their own way*", "*having to depend on your peers, because if someone doesn't do their chore properly, you might have to do yours and theirs, too*" and, the next most common category is "nothing."

Finally, in TRC, they comment that the worst part has to do with negative feelings such as being closed in: "*Being locked up in a place, having to put up with people who are in no way related to you, people passing by, they're phases, and that's that*"; or missing family contact. The answer "everything" was the second most frequent and they also underscore rules and punishments and, on occasion, inconsistency when applying them, "*The rules and the consequences of your actions don't make sense. I've seen people lay down the same punishment for playing a prank on a mate as for attacking someone*". In some cases, they also frequently refer to group living and conflicts with mates.

Discussion

First of all, it must be emphasized that residential care is not a homogeneous type of measure as the profiles are very different and services have had to be specialized in order to cover more specific needs; therefore, if we are to talk about satisfaction of the adolescents in residential care, we must begin by explaining what kind of program we are referring to. We have seen that there are differences in terms of age and gender because some programs are oriented toward those who are close to or have already come of legal age and, in the case of TRC due to the serious externalizing problems that led to their admission, there is generally a greater prevalence of males (Navarro-Pardo, Meléndez, Sales, & Sancerni, 2012).

In general, the appraisal the adolescents make of their degree of satisfaction with the care they receive is positive, since the averages are almost never below the midpoint score. Even in the case of the TRC program, where the young people's outings are limited, they face strict behavioral control measures, and, in many cases, against their will (a court order is needed for them to be admitted) the averages of the scales are always above the midpoint score (except on one variable that scored 2.95). This trend toward a positive evaluation by the young people themselves has been found

in several studies conducted in different countries (Delfabbro et al., 2002; Rodrigues et al., 2014; Southwell & Fraser, 2010) and poses the need to revisit the negative view that has been offered of residential care as a measure of protection (Del Valle, 2003).

It is extremely noteworthy that the highest satisfaction scores are those that refer to the education the young people receive about a healthy lifestyle, as well as support in their studies and the training centers they attend and the affective relationship and support they receive from their educators. This last aspect is a tremendous challenge when attempting to live with adolescents (which, given their stage of development can pose serious difficulties in relating with adults) who are highly vulnerable with a history of very adverse experiences in their families (González-García et al., 2017). Even in the TRC group, far more critical on almost all the satisfaction scales, this bond and support are found among the aspects with which they are most satisfied, as other authors had previously found (Martín & González, 2007).

It is interesting to observe that the young people in PAL who find themselves facing the enormous challenge of becoming independent without the possibility of returning to their families (López, Santos, Bravo, & Del Valle, 2013) find that the special support program for that difficult transition is turning out to be extremely useful. This is the group that almost always displays the highest average scored for satisfaction and particularly so, when they assess the facilities for continuing their studies, the support given them by the educators, and the freedom they enjoy (they tend to be small flats where they can manage their own shopping, food, etc.). It is precisely the dosing of this autonomy and freedom that some young people criticize in this program. Even so, the greatest cause of dissatisfaction has to do with the difficulties of group living with closely shared responsibilities.

The qualitative analysis on the perception of the best and the worst part of living in residential care enabled the huge differences between the three programs to be observed. It is important to highlight how in each of them the most positive aspects have to do with the objectives of the program: the relationship with educators and living together with peers in GRC; the autonomy that young people in PAL are developing; and the relationship with educators and the perception of improving and changing positively in TRC. As for the worst, the feeling of being locked up and the lack of freedom stand out in TRC and problems with group living and conflicts among peers in the other two programs.

The most important conclusions when it comes to improving these services based on the young people's most salient criticisms, we must mention that special care must be exercised when conducting the reception process in the facilities, the information that is provided about the expected duration of their stay, and the reasons for the measure, as well as facilitating contact with the professional who is in charge of their case in the child protection services. Likewise, emphasis must be placed on group living and on educator's appropriate management of conflictive situations, as well as maintaining as much contact as possible with the families whenever it is viable. As regards the TRC programs, work must be done to mitigate the perceptions of being closed up and lacking freedom that tends to occur when certain residential facilities emphasize control over the therapeutic intervention. However, feelings of development, learning and positive changes, as well as good relationship and support from educational team were frequently reported in this group.

As is logical, this study is not without its limitations. Mention must be made of the different sample sizes of the three types of programs evaluated, given that the data have been extracted from studies addressing the quality assessment of 21 residential child care facilities that our research group had performed. On the other hand, the evaluation instruments used and, in particular, the interview from which these data are derived are still undergoing validation for the numerical scales, although we believe that the clear trend indicated by the data and accompanying it with a qualitative section can strengthen the value of the results.

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