

Relevance of the social support network for the emancipation of young adults leaving residential care

Gema Campos¹, Rosa Goig², Elena Cuenca³

¹ Department of Developmental and Educational Psychology, Universidad de Alcalá de Henares, Madrid

² Department of Research Methods and Diagnosis in Education, Faculty of Education, National University of Distance Education (UNED), Madrid

³ Department of Research Methods and Diagnosis in Education, Faculty of Education, National University of Distance Education (UNED), Madrid

Spain

Correspondencia: Gema Campos. Aulario María de Guzmán, Calle San Cirilo s/n, 28804, Alcalá de Henares, Madrid, Spain. E-mail: g.campos@uah.es

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Abstract

Introduction: This work studies the situation of young people after leaving residential care when they become of age. We have analysed, specifically, one of the most relevant factors for the emancipation: the perception of the social support network.

Method: This is a descriptive quantitative study. To this end, a questionnaire (C4) was created and validated with experts, it has open and closed questions distributed in eight dimensions: housing and accommodation, family, social and affective relations, health, training, labour integration and economic management and residential life. The participants of the study are included in the Preparation Plan for Independent Living of the Community of Madrid and are equivalent to the 70% of the total population.

Results: The results show that the social network comes from the centre and other care institutions, followed by friends from the neighbourhood and schools and high schools; there are some cases of social isolation. In regard of the social support that they identify, they perceive help from educators and friends, to a lesser extent from the family, whose support is mainly material, and from the couple; both being valued as unstable sources of help. New networks appear with the creation of a new family through maternity, considering that it undermines their autonomy much more than it facilitates it. The quality of the relationships with those who live with them has special relevance in their subjective well-being evaluation.

Discussion or Conclusion: Young people look up for figures who have a real interest in their lives, people who listen to them and accompany them with relative independence of the context from which they come: family, community, school, residential, etc. Therefore, with regard to educational intervention, facilitating interdependence and working towards the attainment and maintenance of a social network, even if it is made up of only one or two people, are guarantees of a satisfactory intervention that favours their well-being.

Keywords: transition to independent living, residential care, social network, autonomy and child care system.

Resumen

Introducción. Este trabajo estudia el momento posterior a la salida del centro por mayoría de edad de los jóvenes en acogimiento residencial que participan en el Plan de Preparación para la Vida Autónoma de la Comunidad de Madrid, focalizándose en el factor más relevante en el proceso de autonomía: la percepción de los jóvenes emancipados sobre su red social de apoyo y la importancia otorgada a las redes establecidas.

Método. Estudio cuantitativo descriptivo, se emplea como instrumento un cuestionario (C4), validado por expertos y con preguntas abiertas y cerradas distribuidas en ocho dimensiones: vivienda y alojamiento, relaciones familiares, sociales y afectivas, salud, formación, integración laboral y gestión económica y vida residencial. La muestra está comprendida por un grupo de jóvenes extutelados mayores de edad equivalente al 70% de la población total.

Resultados. Los resultados muestran que la red social proviene del centro y otros recursos de protección, seguido de amigos del barrio y de centros de formación; dándose algunos casos de aislamiento social. En cuanto al apoyo recibido, perciben ayuda de educadores y de amigos, en menor medida de la familia, cuyo apoyo es principalmente material, y de la pareja; siendo ambos valorados como fuentes de ayuda inestables. Aparecen nuevas redes con la creación de una familia propia, considerando que menoscaba su autonomía en mayor medida que la facilita. Por último, la calidad de las relaciones con quienes conviven tiene especial relevancia en su bienestar subjetivo.

Discusión y conclusiones. Los jóvenes buscan figuras que tengan un interés real por sus vidas, personas que les escuchen y les acompañen con relativa independencia del contexto del que provengan: familiar, comunitario, escolar, residencial, etc. Por tanto, de cara a la intervención educativa, facilitar la interdependencia y trabajar en la consecución y mantenimiento de una red social, aunque esta esté compuesta solo por una o dos personas, son garantías de una intervención satisfactoria favorecedora de su bienestar.

Palabras Clave: Transición a la vida adulta, Centro de Protección, Red de Apoyo Social, Autonomía, Sistema de Protección a la Infancia.

Introduction

The estimated average age for young people to leave the family home in Spain is over 29, making them among the last in Europe to become independent (Echaves & Navarro, 2018; Injuve, 2017). This delayed emancipation among young Spanish people is a result of Spain's economic situation, and has consequences for the individual's psychological development. This has led researchers to explore this new age, the decade between legally coming of age and leaving home, as if it were an evolving state called *emerging adulthood* (Berger, 2016). During this period, the individual perceives that he/she is midway between late adolescence and adulthood, and experiences considerable instability while at the same time exploring the formation of his/her own identity (Arnett, 2007; Berger, 2016).

However, when emancipation occurs at the age of 18, as it happens with young people in residential care under the child protection system, they do not get to experience emerging adulthood because they bypass this phase, directly embarking on an accelerated transition to adult life (López, Santos, Bravo & del Valle, 2013; Sala-Roca, Villalba, Jariot & Arnau, 2012; Soldevila, Peregrino, Oriol & Filella, 2013). What are the consequences for the individual's psychosocial development when this evolving adulthood phase is omitted? Especially for those with psychosocial issues and a major disconnect from family life (Del Valle, Bravo, Álvarez & Fernanz, 2008; Goyette, 2010).

International research indicates that young people who leave the child protection system are at greater risk of suffering social exclusion processes (Biehal, Clayden, Stein & Wade, 1994; Cook, 1994; Dworsky & Havlicek, 2009; Freundlich & Avery, 2006; Krebs & Pitcoff, 2004; McMillen & Tucker, 1999; Mendes, 2009; Stein, 2005; Stoner, 1999). Social exclusion can be burdens in accessing resources to satisfy basic human needs (food, housing, health and education), so, programmes that aim to prepare young people in care for adult life focus on these objectives (Casey et al., 2010). However, an excessive focus on autonomy and self-determination has diminished the importance of social support as an intervention objective (Sala-Roca, Jariot, Villalba & Rodríguez, 2009), which is particularly surprising given that this segment of the population is vulnerable to a key aspect of social exclusion, namely marginalization or isolation.

To investigate this accelerated transition process, we have studied, in a broader research, the implementation of the “Preparation for Independent Living for 16 to 21-year-olds” intervention programme established by the Autonomous Community of Madrid. The study has four phases which aims to improve the transition process to adulthood for young people leaving their residential care centres as they come of age. This programme develops areas such as personal competences, education and training, job searching, money management, housing and accommodation, health, domestic skills, living in a residential setting, and family, social and affective relationships.

This article focuses on the latter; family, social and affective relationships, and analyses the situation of young people who have just come of age who participated in this programme, and who are currently not living in a residential care centre or other type of residential care housing (phase four of the research). The article explores the role of the social support network in the emancipation process, and young people’s perception of their social surroundings and the support received during their transition to adulthood. We provide scientific evidence to demonstrate the importance of the support network as a protective factor in this transitional stage and analyse the potential problems that might undermine this protection, resulting from the young person’s own social origins or due to the intrinsic characteristics of the institution.

Interdependence: influence of the support network on social inclusion and subjective well-being

A review of the literature on transition to adult life shows that the best results are associated to the following factors: stability within the protection system; opportunities the adolescents had for establishing close relationships; continuity in relations with the family, social care professionals and friends; education of the individual as a priority, and the assistance given when the young person leaves the centre for good (Wade &

Munro, 2008); two of the four factors that predict success are related to social networks, which is the central theme of this work. Other authors have found that emotional self-regulation, the ability to negotiate or assertiveness are characteristics that help explain positive results when young people are emancipated, all of which are related to the creation and consolidation of a social support network (Sala-Roca et al., 2009).

Therefore, it seems that the social support young people receive during the transition into adulthood is the factor that best predicts successful emancipation (Oriol, Sala-Roca & Filella, 2014; Sala-Roca et al., 2009), whether this refers to members of the family network (Knorth, Knot-Dickscheit & Strijker, 2008; Reilly, 2003;) or beyond it (Mendes, 2009; Stein, 2005). This adds importance to the idea of *interdependence*, understood to mean a relationship with a significant adult figure (Collins, 2001), in order to compensate for the lack of emotional and financial support that explains the shortage of equal opportunities (Köngeter, Schröer & Zeller, 2008).

The support network is also relevant in terms of general subjective well-being, since those young people with a network of close friends feel more satisfied with their lives (Dixon, 2008); similarly, having someone who listens to them, accompanies and values them contributes to that sense of well-being (Bravo & Del Valle, 2003). Young people residing in care centres receive this type of support from educators, other adults who are not family members and from their friends (Bravo & Del Valle, 2003; Del Valle, Bravo, Álvarez & Fernanz, 2008; Del Valle, Bravo & López, 2010; Martín & Dávila, 2008; Martín, 2011;). This is due to the fact that they lack the family support their peers receive throughout life (Del Valle, Álvarez & Bravo, 2003); but we should never forget that the family is a cornerstone of Spanish culture, and the cultural value of family life has a profound impact on experiences and on the processes of identity construction in many young people leaving care (Ibrahim & Howe, 2011). This should help us understand that the family is seen as a fundamental resource even though the reality of family life can be conflictive (Cuenca, Campos & Goig, 2018).

In the setting covered by this article, Sulimani-Aidan and Benbenishty (2011) defines the support network as those people who provide psychological assistance and useful resources that enable the young person to confront potential sources of stress. These authors define social support as emotional help, for example, love or empathy, and instrumental support as financial assistance and accommodation. Beyond the family, those young people who had hardly any social network before entering residential care, and who were unable to acquire one while in there, are at greater risk of social exclusion than others (Gabriel & Stohler, 2008). In addition, the number of adolescents in residential care who construct a support network that usually disappears when they can no longer count on the resources of the residential setting is greater than those whose emancipation is from foster care; this leaves the young person with no significant relationships to fall back on, which could undermine their emotion-

al stability on becoming independent (Cook, 1994; Kerman, Wildfire & Barth, 2002; Sánchez, 2004;). It is also evident that a social network is not necessarily the same as a support network, as work by Bravo & Del Valle (2003) has shown. These authors showed that young people in residential care actually have a social network that is broader than those who do not live in care centres but only because they are physically surrounded by more people, namely others like themselves who live in the same centre.

However, as we have previously stated, these young people tend to overestimate the usefulness of self-determination, and programmes of this nature designed to prepare them for adult life can produce this side effect (Casey et al., 2010). Indeed, one of the findings in Spanish research was that young people in residential care are significantly less likely to share their problems than boys and girls in a normalized sample (Bravo & Del Valle, 2003). It could be that the characteristics of life in a residential care setting make some youngsters feel more childlike when they have to explain their actions to educators, or when they have to respect the rules of the centre, and associate being an adult as not having to explain the decisions they take in their lives to anyone. They consider that the quality that best defines an adult is not needing support from anybody, which creates unrealistic expectations of self-sufficiency and the subsequent loss of, sometimes vital, support networks that are important for their survival as adults. Therefore, it is particularly important to avoid an unsuitable deployment of the concept of independence with individuals at this sensitive age (Berzin, Singer & Hokanson, 2014).

In relation to the child protection context, a high percentage of diagnoses of emotional and behavioural problems occur (Jariot, Rodríguez & Sala-Roca, 2008; López et al., 2013), which are exacerbated by a family environment that obstructs the intervention (Bautista-Cerro & Melendro, 2011), and which can deteriorate when conditions at the centres are unstable (Jariot et al., 2008), which in turn hinder the maintenance of a solid social network, and requests for help when needed (Martín, 2011).

Finally, although these young people can, in some cases, find it easy to create new social networks when they are independent (Höjer & Sjöblom, 2010), what is important is whether these new networks can compensate the absence of family support and become an important reference point for the young person, which makes it essential to work with young

people on their social support networks before they leave the care facility (Bravo & Del Valle, 2003; Martín, 2011).

Identifying the social support network from the institution and ensuring its permanence

Identifying the social support network of reference is an important tool for predicting successful independence, and is a quality indicator of residential care facilities (Martín & Dávila, 2008). Yet studying what constitutes this network is complex (Del Valle, Bravo & López, 2010). Some young people can identify the people who form part of this network (Bravo & Del Valle, 2003; Collins, 2001), but seem unable to define the quality and transcendence of the real help that this network of people can provide. When young people ask for help, for personal or financial reasons or in matters concerning accommodation, work, family or health, they tend to choose those people they perceive to show genuine and unconditional interest in them (Sánchez, 2004), and state that they would call on care system professionals (Courtney, Piliavin, Grogankaylor & Nesmith, 2001). Some authors have shown that friends of the youngster are also a potentially good source of help (Freundlich, Avery & Padgett, 2007; Höjer & Sjöblom, 2010).

Another question is how many people are needed for a social support network to be effective. It is considered vital for the young person to have a relationship based on trust, that is safe and which generates in the young person a feeling of belonging (Höjer & Sjöblom, 2010; Köngeter, Schröer & Zeller, 2008; López et al., 2013). In some studies, good results in the transition to independent living are associated to a close connection with at least one adult (Collins, 2001; Stein, 2005). If we understand the context of a residential care home as a setting that provides the means to satisfy basic human necessities on which the integral development of the individual is based (Max-Neef, 1991), then it is fundamental for professionals in this environment to ensure that such a figure exists and is a permanent reference point for the young person. In fact, Sulimani-Aidan & Benbenishty (2011) have found that the profile of the educator who provides the young person's life with stability includes, among his/her main characteristics, a special inclination to find a network for the young person and strengthen that social network on the young person's behalf.

In contrast, some educators believe that young people's search for this type of relationship is counterproductive; they view autonomy as being incompatible with affective relationships, and see these relationships as unsuitable for their potentially conflictive nature;

these beliefs affects the practice of certain professionals in the sector (Freundlich et al., 2007). In this case, the educator declines to seek out stable connections for the young person under their care, deeming it not to form part of the task to prepare that young person for life outside the centre. In addition, the characteristics of the centre where the preparation of the young person for independent living takes place are important in relation to the size and constituent parts of the support network (Sala-Roca et al., 2009). Predicting a young person's good adaptation to independent living away from the centre is closely linked to the stability of day-to-day living at the institution (Del Valle, Bravo, Álvarez & Fernanz, 2008). However, with flats for young people being a dedicated resource within a particular age range and not necessarily situated close to their original neighbourhood, it is difficult for a young person to maintain stable links when they might have to regularly change centre (Araújo & Montserrat, 2014); at the same time they face new risks on becoming independent, such as those that might emerge when returning to the old neighbourhood and renewing relationships with family and friends who live there, not to mention reconnecting with siblings of different ages in other centres.

Composition and variability of social support networks

Researchers have shown that there is an important link between the affection received from adults who do not belong to the family context and a young person's personal adaptation (Bravo & Del Valle, 2003; Martín & Dávila, 2008), but some studies also show that the biological family plays a significant role in providing emotional support in helping them to solve problems in the transitional phase and after (Courtney et al., 2001). Other investigators find that the support received from the family is merely instrumental, and it fails to provide emotional support (Del Valle, Bravo & López, 2010). Thus, any assessment of the support provided by the family needs to consider each family's idiosyncrasies when evaluating young people and their emancipation from residential care.

In terms of the professionals working at the centres, although they had provided important assistance during the transition to adulthood when the relationship was good (Jariot et al., 2008), they were not considered a source of help for young people one year on from their emancipation (Dixon & Stein, 2003).

Once independent, young adults place at the top of the list in their support network the person they have the closest connection to, which is normally the mother, but it could also be the father and those siblings with whom they say they have a significant relationship. Like-

wise, it has been shown that, just as when they were in residential care, young people can establish that link with non-family members (Martín & Dávila, 2008; Freundlich & Avery, 2005). In any case, these persons identified by the young people are very important figures in their lives because they have helped them fill the gap left by a lack of financial and emotional support, aspects which underscore the shortage of equal opportunities (Collins, 2001; Köngeter et al., 2008). These results are supported by other studies that show that having strong affective links with a progenitor, a professional in the care sector, partner or family of the partner is associated to positive outcomes for an independent life (Iglehart, 1993, 1994; Stein, 2005; Wade & Munro, 2008). Thus, young women who feel less satisfied with their situation outside the residential care setting are those who, despite enjoying material support, lack emotional support and have no strong affective link to anyone.

Finally, there is the issue of the new support networks that develop: a partner, the family of the partner and starting their own family (Höjer & Sjöblom, 2010). The birth rate among females aged 15 to 19 in Spain is 7.74 per one thousand women (INE, 2016), yet the figure is close to 30% for females in residential care (Sala-Roca et al., 2009); young girls in care are sexually active earlier than girls who live with their families and take fewer contraceptive precautions; also, finding a partner or becoming a mother are higher priorities than achieving a professional career (Zárate, Aranu-Sabatés & Sala-Roca, 2017). Some young women see maternity as society's recognition of them as integral members of the community (Gentile et al., 2017). Thus, these new networks can compensate for the lack of family support, and constitute an important reference point in the transition to adult life, but they also pose a new risk of isolation and perpetual dependence on social services that does not lead to them achieving real autonomy (Al-Sahab, Tamin & Connolly, 2012). Some studies have found that parenthood in adolescence is associated to fewer work opportunities, dependence on social service assistance and housing support, as well as impaired physical and mental health (Biehal, Clayden, Stein & Wade, 1994; Hobcraft & Kiernan, 1999). However, other investigators have shown that some young mothers acquire a sense of maturity in maternity, which contributes to the creation of an adult identity (Stein, 2005). Rearing their children constitutes the most important aspect of their lives, and for some young females becoming a mother is the first real event in their lives, as they establish strong family ties; some authors even state that maternity provides such satisfaction for some young females that it can obstruct any attempt to acquire financial self-sufficiency (Cook, 1994). Research has presented cases of young mothers who declare themselves proud to have survived a difficult infancy and

a highly unstable child care system while experiencing maternity as a highly positive event and the door to a better future (Flynn & Vincent, 2008).

Based on the results found in national and international research, we analysed those people who form part of the social network of the young people who have just become independent from their residential care facilities, those they turn to for help when they have a problem and their evaluation of the assistance received.

This study constitutes one of the phases of a broader investigation set up to assess the social and work inclusion programme for young people at risk of social exclusion; they are in residential care centres run by the Autonomous Community of Madrid and are already included in its Plan for Autonomy 16-21.

The aims of this investigation varied according to the phase of the project:

1. Initial phase or diagnosis: To know the situation and future scenarios of the 16-year-olds in residential care as they join the Plan.
2. Monitoring at the centre. The research focuses on actions and the institutional process.
3. Leaving the centre. This a particularly important moment, when the perspectives and prognoses for beginning an independent life are analysed.
4. Continuous monitoring. This phase covers different moments, from six months to four years after the young people has left the residential care system.

Each of these moments is marked by the gathering of specific information through a questionnaire that relates to the initial or diagnostic phase (C1); monitoring in the residential care centre (C2); leaving the centre (C3); follow-up at six months after leaving the centre (C4).

This study focused specifically on the final phase; phase 4, continuous monitoring, young people at six months after leaving the residential care centre (C4).

Its main objective is to gather relevant information on the risks to, and opportunities for, young people in the transition to adult life who are no longer under the tutelage of the Autonomous Community of Madrid in order to assess their integration into adulthood.

The general aim was to collect significant data from the opinions of the participants with regard to the reality faced by young people in terms of their personal lives, work, education, finances and social network six months after leaving their centres.

This article examines one of the most important factors in this process: the young person's support network for social inclusion, with the aim of knowing the perceptions of these newly emancipated youngsters on their social situation and the importance they give to established networks.

Method

Participants

As the general study assess the implementations of the Preparation for Independent Living Program, one of the requirements for the sample is to have participated in that program, and also, in the previous phases of the study. Those selected had been 17 or 18 years old in the previous phase who, for this phase of the investigation, were now 18 and over, as one of the requirements of the fourth phase of the study is that participants are, at least, 18 years old.

Of the 50 young people aged 17 when they left the residential care setting, 44 of them who had reached 18 opted to participate in the study; of the 50 who were already 18 on leaving the centre, only 20 could be contacted, thus, our study population was N=64.

64 young adults aged from 18 to 19 ($M= 18$; $SD=0.15$) participated in the study; 48.9% were men and 51.1% women; 57.8% were Spanish nationals and 42.2% foreign-born.

Of the 64, 45 completed the questionnaire satisfactorily, a response rate of 70.3%.

Instrument

A questionnaire (EVAP: Autonomy Plan Evaluation) is used to record information concerning each of the four phases mentioned above.

In this article we focus on the questionnaire (EVAP4) that has been addressed to young people that have become of age and are living out of residential care. It has been designed contemplating open and closed questions. Within the closed-ended questions, there were two types: dichotomous response items and value scale items from one to four. The questions were distributed in eight dimensions: housing and accommodation, family, social and affective relations, health, training, labour integration and economic management, residential life and situation in the protection system, competences and expectations and the cardinal sociodemographic data to carry out the statistical treatment of the acquired information.

This instrument is made up of 84 items, of which 12 are those that correspond to the dimension reflected in this article: social, family, affective, emotional and coexistence relationships. The results were analyzed on the following variables: relationship of the young person with his family and the help received from it; support received from the couple; relationship with friends; request for help by the youth with the problems encountered; contact maintained with the educators and the reason for it; emotional states and relations of coexistence.

In order to validate the content, the opinions of 6 researchers, 13 technical experts and 7 professionals with experience in the intervention with this population were taken into consideration. They offered their estimation of the design of the instrument and its suitability for the sample. In order to carry out the validity of the construct, a pilot test was carried out with Young people that have become of age. The results obtained from the application determined the suitability of maintaining the same number of elements in the instrument. On the other hand, for the reliability study, the Spearman-Brown correlation procedure was used. The calculation was carried out by groups of items according to their homogeneity, having constituted a first group, composed of those whose response options were (Very good/ Fair/ Little/ Not at all; Very good/ Good/ Regular/ Bad); and a second group formed by dichotomous items whose response options were (Yes/ No). The reliability analysis recorded coefficients of .87 and .84 for each of the groups, which indicated that the instrument was reliable.

Procedure

Using the research methodology described above, and once the data had been obtained from the Directorate General for the Family and Minors of the Community of Madrid, the young people were contacted via mobile phone and e-mail. All the participants were informed

of the purpose of the research, anonymity was guaranteed and compliance with the principles and ethical rules contained in the Declaration of Helsinki and subsequent revisions.

The link to the questionnaire was provided and answers were given via e-mail. Once the completed questionnaires had been collected, the answers were coded, sorted and recorded in a database for further statistical processing. Subsequently, the analysis of the quantitative results was carried out through the SPSS statistical analysis program.

Results

Social relationships

This dimension features the results of the analysis of items related to the young person's friends and educators, important social links generated during the period of official tutelage.

When asked about the origin of these relationships, the young adults responded that they were from the centres/flats where they had resided (35.6%), the neighbourhood (28.9%) or school/training centre (24.4%). A number of respondents (8.9%) stated that they had no friends. In the open part of the question, other young adults said their friends came from the street, were lifelong friends, neighbours or friends of friends.

In terms of support provided by educators after leaving the centre, 82.2% declared that they maintained contact with the educators from the centres/flats where they had resided whereas 17.8% said they had not kept in touch.

In measuring the efficacy of social support networks in the transition to adulthood, we found that 21% of participants stated that they did not ask for help from anybody when facing a problem, because they felt capable of sorting it out alone, while 21% called on their educators, 15.7% on friends, 13.2% on family (mothers and siblings, especially), and a further 13.2% on their partner; Option 3 or Roots accounted for 7.8% (both are non-profit organizations that develop social solidarity, training and employment projects for young people).

Family relationships

The results show an equal split in terms of young adults' perception of their relationship with the family, with 37.8% describing the relationship as not good, while 35.6% stated that it was fairly good. The extremes of very good or non-existent family relationships accounted for 13.3% respectively.

In data on support received from the family after leaving the residential care system, 40% of those polled declared that their families had provided no assistance at all since leaving the centre/flat, and 28.9% said they were receiving personal support of an emotional, affective or moral nature; 11.1% stated that their families had given them a place to live, 8.9% said their families were backing them financially, and the same number said their families covered all their needs. Only 2.2% emphasised that their families supported them by teaching them useful skills to make them independent adults.

Table 1. *In what ways has your family helped you since you left the residential care centre?*

Category	%
None	40
Personal support	29
They have provided me with a place to live	11
They have provided me with everything I need	8.9
Financial	8.9
They have taught me useful skills so that I can lead an independent life	2.2
Total	100

Affective relationships

The results showed that 35.6% of participants were in a relationship, whereas 64.4% were not.

Those in a relationship were asked if the partner had supported them since leaving the centre, and of these 35.7% stated that they had received no support at all, 17.9% stated that their partner's support had been negligible. In contrast, 28.6% said they had received a lot of support and 17.9% had received some support from their partner since leaving the centre/flat.

Table 2. *Do you have children?*

Category	%
No	69
Yes	24
I don't have children at the moment but I would like to start a family	4.4
I am pregnant / my partner is pregnant	2.2
Total	100

Table 2 shows that 24.4% of the participants had children of their own and 68.9% did not. Some of those surveyed stated that they were going to become parents soon, and others said they did not have children but would like to start a family whenever possible, although the percentage was small.

Of those young adults with children, 45.5% felt that becoming parents had not facilitated their transition to adulthood; 27.3% stated that it had helped a little, 18.2% said that it had contributed quite a lot, and 9.1% said parenthood had substantially contributed to their maturity.

Perceived well-being and cohabitation relationships

The questionnaire asked the participants if they were happy, and 51.5% of the respondents said they were quite happy at that moment while 28.9% stated they were currently not fully satisfied with their lives. A further 13.3% said they were very happy as opposed to 6.7% who said they were very unhappy.

Investigating further, to see if there was any link between the young adults' personal assessment of their emotional situation and their relationships with those they lived with, we carried out a correspondence analysis between two items: *Are you happy?* and *How do you get on with the people you are living with?*

The results of this analysis presented in Table 3 show that the two variables are closely related. Represented two-dimensionally (Figure 1), we observe that the *very happy* category from the variable *Are you happy?* is close to the *very well* category of the variable *How do*

you get on with the people you are living with? We observe the same proximity between *quite happy and well* and *very unhappy, not very well and dissatisfied* in both variables.

Table 3. Summary of the correspondence analysis. How do you get on with the people you are living with?/ Are you happy?

Dimension	Chi squared	Sig.	Standard deviation	Correlation
1			0,08	2
2			0,15	0,65
Total	17,767	0,03		

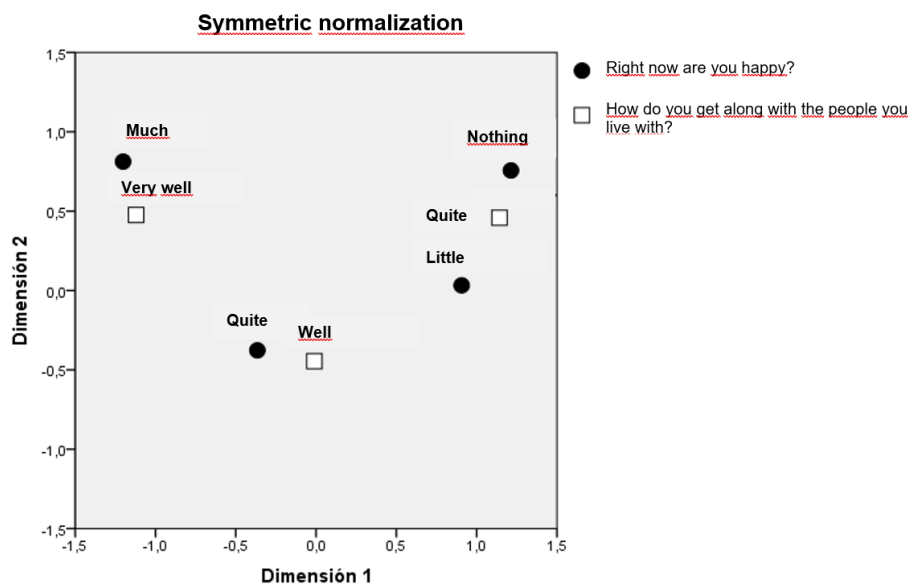


Figure 1. Symmetrical normalization. Are you happy? / How do you get on with the people you are living with?

Thus, it can be seen that the young adults' self-perception of happiness in the survey is significantly related to their relationships with those they live with.

The variable *Are you happy?* is only significant when related to *How do you get on with the people you are living with?* because no other variable related significantly to the feeling of happiness expressed by the respondents.

Then, we analysed who they lived with. Table 4 shows that 24.4% were living in another centre/flat that acted as a support facility for young people aged over 18 to enable them

to make the transition to adult life; 20% lived with their father, mother or siblings and 13.3% lived in a rented flat shared with people they already knew. A further 8.9% lived with relatives, such as uncles and aunts, grandparents or cousins, with a friend or alone in a rented flat. Another 6.7% lived with other adults, and 4.4% lived in a centre as a grant-holder (young adult aged 18 or older no longer under legal tutelage who had requested a place at the residential care centre in return for performing educational activities with other occupants of the flat). Finally, 2.2% stated that they lived with their partner or alone in a home that they owned.

Table 4. Who are you living with at the moment?

Category	%
In another centre/flat	24
With father, mother, siblings	20
In a room in a rented flat with people I already knew	13
With uncles and aunts, grandparents, cousins	8.9
Alone/in a rented flat	8.9
With a friend	8.9
With other adults	6.7
In a residential care centre as a grant-holder	4.4
With my partner	2.2
Alone/in my own home (homeowner)	2.2
Total	100

Discussion and conclusions

The transition to adulthood for young people living in residential care occurs a decade earlier than for other young people in Spain, substituting a period of emerging adulthood, which seems to be increasingly essential in our complex society today, for one of immediate adulthood that arrives automatically on reaching 18 years of age (Arnett, 2007; Berger, 2016; Injuve, 2017; López et al., 2013; Sala-Roca et al., 2012; Soldevila et al., 2013). Ten years less to prepare for adulthood has significant implications for their educational qualifications and integration into the world of work, variables not dealt with in this article but relevant. Nevertheless, what this study does reveal is that the subjective well-being is significantly related to the quality of the relationships with the people they live with. Other authors have found similar results regarding satisfaction with life choices (Bravo & Del Valle, 2003; Iglehart, 1993, 1994; Sala-Roca et al., 2009; Oriol et al., 2014; Stein, 2005; Wade & Munro, 2008).

As we have observed, six months after leaving centres or flats under tutelage, only 24.4% of the young people surveyed had taken steps towards an authentically independent life as an adult (residing in a rented flat without depending financially on family, friends or other entities), be that living alone in a rented flat (8.9%), sharing with other young people (13.3%) or with a partner 2.2%. The fact that less than a quarter of young care leavers lived as truly independent adults might be an indicator of the difficulty of emancipation at 18 years of age for this section of the population in Spain. Almost 30% of young people had to resort to their family of origin, and a similar percentage lived in facilities provided by social services (centres and flats for young people of adult age, centres for minors working as grant-holder, etc.). However, the percentage of young people who finally opted to live with their families is lower than expected for this area, which in other studies has been found to be close to 40% (Bernal, 2016, Cuenca, Campos & Goig, 2018).

This difference could be explained by the unfavourable opinion that young adults have of the support offered by the family, and their negative perception of the quality of relations with their progenitors and relatives: more than half stated that they did not have a good relationship with their family, and 40% said their families had not helped them at all since leaving residential care; in fact, only 20% received financial support or accommodation, which is in line with the findings of other research in which young people mainly perceive family support as instrumental (Del Valle et al., 2010). But what other studies seem to indicate is that it is not a question of unmatched expectations since both, the institution and the young people themselves, already anticipate difficulties when facing with the family after leaving. What would seem to explain this self-fulfilling prophecy is the lack of other housing options, financial survival and, more glaringly, the lack of a social support network (Cuenca, Campos & Goig, 2018). An added complication is that not living at home with the family at 18 carries a certain stigma in Spanish society, which is largely ignorant of the situation of young people in residential care (Goffman, 1963; Ibrahim & Howe, 2011).

When working to broaden the social support network, the development of social and emotional competences is vital (Bravo & Del Valle, 2003; Sala-Roca et al., 2009; Sala-Roca, et al., 2012; Soldevila et al., 2013). As the data have shown, when faced with problems in the transition to adult life, 21% of respondents stated that they had sought no help from anybody because they considered themselves ready to sort their own problems out by themselves, a

significant finding presented by Bravo & del Valle (2003). The main reference points for assistance were professionals and social entities (28.8%), and friends, less frequently, at 15.7% but still higher than the family, at 13.2%, and the partner, 13.2%. Clearly, these young people set out to establish a social support network with a higher proportion of adult, non-family, members given the high percentage of those who seek assistance from care professionals (Martín & Dávila, 2008). It appears that those who do not seek any type of help form a small but worryingly persistent group of young people with a weak social support system, or none at all, who live alone (11.1%) or who acknowledge that they have no friends (8.9%). In this respect, we have to take into account that these youngsters endured conditions that did not facilitate their psychosocial development during infancy and adolescence, which could give rise to psychological problems that hinder the forging of affective relationships (Jarriot et al., 2008; López et al., 2013).

To overcome these difficulties, the Autonomous Community of Madrid's residential care system has developed programmes specifically to help prepare young people for a life as independent adults, which involves intensive socio-educational support designed to ease them into this transition to adulthood and enabling them to connect with people they might not otherwise be able to count on in other contexts, such as their colleagues from the residential setting and social educators (Del Valle et al., 2008; Martín, 2011). However, the very features of these programmes to prepare young people for emancipation might in fact obstruct their path to independence, as it could be seen as counterproductive to self-determination (Casey et al., 2010; Collins, 2001; Köngeter et al., 2008; Sala-Roca et al., 2009). Also, the location and organization of accommodation designed to help young people develop a high level of autonomy could undermine attempts to maintain a social support network (Sánchez, 2004); in addition, residential community living might act as pseudo-satisfier of important social needs (Cook, 1994; Dixon & Stein, 2003; Kerman, Wildfire & Barth, 2002; Max-Neef, 1986), as the young adults will go from being constantly surrounded by people in a residential care context to being outside and alone on emancipation.

On the other hand, these percentages are quite different from those found for similar pre-adult age populations, which could indicate that young people find it difficult to anticipate which people in their care setting will be willing to help them in the future (Bernal, 2016; Del Valle, Bravo, Álvarez & Fernanz, 2008). We also observe that the biological family does not figure as a principal source of assistance, which had also been noted by Martín & Dávila

(2008), but which contrasted with other researchers' findings (Courtney et al., 2001); yet this remains hard to explain given the high rate of return to the family, which indicates that this area needs further investigation.

The participants' assessment of the social support network and the high number of young people who refuse to seek help when needed (Bravo & Del Valle, 2003) reveal the difficulties in social relations that affect the reality the young people face once emancipated. These problems seem to be rooted in characteristics typical of reactive attachment disorder suffered in infancy, one of the affective disorders whose etiology originates in mistreatment and neglect in early infancy (American Psychiatric Association [APA], 2014, pp. 265-270; Humphreys, Nelson, Fox, & Zeanah 2017), issues that could not be treated in depth during their stay in residential care, along with social interaction difficulties that seems to remain unresolved. The symptoms of these disorders that usually require psychological treatment in this context are: emotional and behavioural problems (Jarriot et al., 2008; López et al., 2013), with a blurring of the etiology of these problems. To overcome these emotional and behavioural problems it is useful, as demonstrated by Oriol et al., (2014), to train young people in skills that foment flexibility and social responsibility, as fundamental tools for establishing solid interpersonal relationships that constitute the social support network that is so vital for these young people.

This difficulty in establishing links, and the need to receive personal support from loved ones, among other factors such as the construction of a normalized identity (Goffman, 1956), is what helps us understand the very high rates of motherhood and fatherhood among adolescents in this population: 26.8% of respondents had already had, or were expecting to have, children six months after reaching the age of 18. However, when the young people surveyed analysed the impact of maternity and paternity on their lives, 72.8% reported negative feelings, declaring that becoming parents had not helped them make the transition to an independent adult life. Neither is the partner considered a source of support in this process: 53.6% stated that their partner had been of little or no help at all since leaving the centre, emphasising the findings of Höjer & Sjöblom in 2010: the new social networks can also undermine a fragile identity that is trying to cope with a transition, which is already a big challenge in itself. These new networks are similar in nature to the unstable role played by the family of origin, both of which are sources of social support whose true value requires further investigation.

The most novel and relevant aspect of our study is the significant correlation between young people's perception of their emotional state (response to the question *Are you happy?*) and their level of well-being in terms of their daily personal relationships. As shown in the results, the variable that best explains whether they feel happy, or not, is the quality of the relationship they enjoy with those who they live with rather than whether they have a job, or have qualifications or place to live. Neither is their happiness related to the actual people they live with; what is relevant is the quality of that relationship. Although we already knew that young people who could rely on a support network felt happier with their lives (Dixon, 2008; Gabriel & Stohler, 2008), the relevance of the quality of their relationships is an additional factor that helps to orientate the educational work that has to be done inside the institution. Thus, the reality that presents itself to young people approaching adulthood is one of urgent need for housing and steady income, a weak social support network, a family that is often incapable of providing the necessary support, and difficulties establishing the social relations that facilitate autonomy. However, there is one intangible variable that has less to do with material aspects which plays a key role in their well-being: their need to make a positive connection with at least one other person who is genuinely interested in them (Courtney et al., 2001; Höjer & Sjöblom, 2010; Köngeter et al., 2008; López et al., 2013; Sánchez, 2004), and whose closeness to the young person we now know to be a relevant factor. Therefore, educational interventions should look to facilitating interdependence and working to help the young person acquire and maintain a social network, and even if this consists of only one or two people, it can make a satisfactory intervention that could benefit the young person's well-being.

This means that it is important to take into account the social interaction issues that the young person might have in order to design measures to improve their social skills or provide them with psychological support. Equally, while recognizing that interdependence and autonomy are inextricably linked, it is important to mitigate any possible implicit misconceptions of independence linked to self-sufficiency that can severely undermine the social inclusion process (Freundlich et al., 2007). Along the same lines, given the rates of return to the family and the level of conflict this can generate, work needs to be done to reduce the negative impact of a possible return to the family environment in cases where the young adult has no other support network. This situation seems to indicate that work with the family does not receive the attention required in many cases (Melendro, 2011a, 2011b). We need to consider the

problematic family systems to which these young people are linked in order to understand their reality which, as we know, is loaded with expectations and uncertainties but bereft of inclusive realities.

More longitudinal studies are required to know what other elements predict success in the transition to adult life for this population (Goyette, 2010, López et al., 2013), but also to know which idiosyncratic features of these young boys and girls can contribute to their social development in the absence of the emerging adult period of their lives that most of their peers enjoy (Berger, 2015; Injuve, 2017).

Finally, the limitations of this study relate to its own characteristics. The investigation of which this study forms part is circumscribed by the Preparation for Independent Living Plan, and this determined the nature of the sample of young people which is not a random sample. Also, reaching out the participants from the previous phase of the study resulted in a reduced number of respondents, making it difficult for us to generalize the results obtained as the young people who did not participate in the final phase could have a notably different conditions and opinions regarding their social network.

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Note

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