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"Because I don't feel she's working": Educational relationship and adolescent participation in residential child care

"Porque no siento que esté trabajando": relación educativa y participación adolescente en acogimiento residencial

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Abstract
Intervention from a rights-based approach recognises child and youth participation as a fundamental principle, even though its implementation in residential childcare settings continues to face major challenges. In this context, the quality of educational relationships between adolescents and professional caregivers emerges as a key element to understand opportunities for significant participation. This study analyzes different dimensions of adolescent participation in residential childcare homes and their relationship with adolescents' perceptions of being listened to and understood by residential workers. A sequential mixed-methods design was used with 83 adolescents living in residential care in Navarra (Spain). The results highlighted adolescents' perception of limited participation, particularly through formal mechanisms, as well as a significant difference between being listened to and being understood. Feeling understood appeared to be linked to the perception that caregivers take suggestions or complaints into consideration. It was concluded that participation in residential childcare settings cannot be addressed solely through formal structures, since it is shaped by daily interactions grounded in trust, emotional validation, and the genuine acknowledgement of adolescents' experiences.

Keywords: adolescence, carer-adolescence-relationship, participation, residential care, social intervention

Resumen
La intervención desde el enfoque de derechos de la infancia reconoce la participación como un principio fundamental, aunque su implementación en acogimiento residencial sigue enfrentando importantes retos. En este contexto, la calidad de las relaciones educativas entre adolescentes y profesionales emerge como elemento clave para comprender posibles oportunidades reales de participación. Este estudio analiza distintas dimensiones de la participación de adolescentes en acogimiento residencial y su relación con la percepción de escucha y comprensión por parte de las personas educadoras. Se adopta un diseño mixto explicativo con 83 adolescentes de hogares residenciales en Navarra (España). Los resultados evidencian una participación percibida como limitada, especialmente en los mecanismos formales, así como una diferencia relevante entre la experiencia de ser escuchado y la experiencia de ser comprendido. La comprensión se vincula de forma significativa con la percepción de que las sugerencias/quejas son tenidas en cuenta. Se concluye que la participación en acogimiento residencial no puede entenderse únicamente desde estructuras formales, sino que se construye en el marco de relaciones cotidianas basadas en la confianza, la validación emocional y el reconocimiento de la experiencia de los adolescentes.

Palabras clave: adolescencia, acogimiento residencial, intervención social, participación, relación adolescente-educador

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The contemporary approach to children's rights places the participation of children and adolescents as a fundamental principle in decision-making processes that affect their lives. As established by the United Nations Convention on the Rights of the Child (Art. 12), children and adolescents have the right to express their views freely and to have those views given due weight in accordance with their age and maturity (Committee on the Rights of the Child, 2009). This recognition has driven a substantial shift in the understanding of childhood, moving from a model primarily focused on protection toward an approach that recognizes children and adolescents as active rights holders, including within child protection systems (van Bijleveld et al., 2015).

In this framework, participation entails recognizing children and adolescents as social actors capable of interpreting and making sense of their own experiences. Carnevale (2020) advocates moving beyond approaches focused exclusively on verbal expression and proposes a broader conception of children's voice (“thick voice”), which should be interpreted in light of the relational, institutional, and power contexts in which it is produced. From this perspective, participation requires conditions that go beyond the mere opportunity to express an opinion and instead constitute meaningful participation, guaranteeing at least four elements: space, voice, audience, and influence (Lundy, 2013). It is not sufficient for children and adolescents to express their views; structures must also be in place to ensure that those views are heard and have a real impact on decision-making processes (Falch-Eriksen et al., 2021).

However, evidence shows that this conception of participation is far from being fully implemented within child welfare systems and is often reduced to tokenistic forms of consultation (McCafferty & Mercado-García, 2023; Toros, 2020). Structural, organizational, and cultural barriers persist, including adult-centric approaches, a lack of specialized training, and the absence of clear mechanisms for incorporating the voices of children and adolescents into decision-making processes (Balsells et al., 2017; García-Quiroga, 2022). Furthermore, certain conceptions of vulnerability may restrict the participation of those considered “less capable” of taking part (García-Quiroga & Agoglia, 2020). These tensions between protection and autonomy are reflected in studies showing that some professionals limit participation because they view it as potentially harmful; indeed, the more protective the professional attitude, the fewer opportunities there are for participation (Ghio et al., 2023; Kosher, 2025).

These challenges are particularly salient in residential care (RC), where children and adolescents live under state guardianship and institutional decisions directly affect multiple dimensions of their lives (García-de León & Vallejo-Slocker, 2025; González-García et al., 2023). In these settings, participation constitutes both a right and a key element in ensuring that interventions are responsive to their needs. Nevertheless, children and adolescents tend to participate mainly in minor decisions, while their influence over matters of greater significance remains limited (Ten Brummelaar et al., 2017). Young people themselves often perceive their participation as fragmented and marginal, particularly in decisions of greater importance, despite demonstrating their ability to generate well-founded proposals to improve the functioning of the residential homes in which they live (Equit et al., 2024; Sarasa-Camacho & Burón, 2025).

In this regard, although formal participation structures are necessary, trusting relationships are equally important, as they can serve as the primary driver of participatory processes (Clark & Wohlfarth, 2025). Accordingly, evidence-based models such as CARE (Izzo et al., 2020) and Sanctuary (Esaki et al., 2013) have been shown to be effective in improving residential care, with both highlighting the child–caregiver relationship as one of their fundamental pillars. Despite these advances, evidence remains limited regarding the joint analysis of formal participation mechanisms and the relational factors that shape their implementation in practice. Building on existing participation structures in residential care and the recognized importance of relationships between children and adolescents and professionals, the present study hypothesizes that a greater number of professionals perceived as available to listen to and understand adolescents will be associated with higher levels of participation through formal mechanisms. To our knowledge, no study in Spain has yet examined these specific issues in combination.

Método

The aim of this study was to analyze the perceived participation of adolescents in residential care in relation to their involvement in decision-making processes that affect them, as well as to explore its association with the quality of their relationships with residential care workers.

Study design

This study was conducted using a sequential explanatory mixed-methods design to enhance understanding of the phenomenon and enrich the interpretation of the findings (Chaves-Montero, 2018). The initial quantitative findings, which were descriptive in nature, were complemented by qualitative analysis to provide a deeper understanding of their meaning and implications, incorporating participants’ voices into the analysis (Taylor et al., 2015). Data integration was carried out during the interpretation phase, with the qualitative findings being used to explain and contextualize the quantitative findings.

Participants

The study included 83 adolescents (44.6% girls) aged between 12 and 18 years (*M* = 15.54; *SD* = 1.65), residing in 21 residential homes managed by three organizations (E1, E2, E3) in Navarre, Spain. A non-probability purposive sampling strategy was employed (Staller, 2021), based on the availability and accessibility of the residential homes and participants. Of these, 36 (43.4%) subsequently took part in six focus groups (ranging from 5 to 7 participants per group), representing 16 residential homes. The mean age of focus group participants was 15.47 years (*SD* = 1.72), and 47.2% were female (see **Table 1**).

Table 1

Distribución de las personas participantes en los grupos de discusión

Organization	Participating residential homes	Focus group	Participant codes	Participants (*n*)	Girls (*n*)%	Mean age *M(SD)*
O1	5/6	FG1	01-06	6	3(50.0)	16.67(0.52)
		FG2	07-13	7	2(28.6)	16.43(1.39)
O2	5/5	FG3	14-16	6	4(66.7)	15.17(1.47)
		FG4	20-24	5	2(40.0)	14.00(1.58)
O3	6/10	FG5	25-29	5	3(60.0)	14.60(2.30)
		FG6	30-36	7	3(42.9)	15.29(1.80)
Total	16/21	-	-	36	17(47.2)	15.47(1.72)

Inclusion criteria were a minimum placement duration of two months in residential care, being between 12 and 18 years of age, and providing both personal and administrative consent. Adolescents who did not meet these criteria were excluded. The lower age limit was set at 12 years, in line with Spanish judicial practice (Art. 770.4 of the Civil Procedure Act [LEC[1]]), which requires that children aged 12 years and older be heard in judicial proceedings, subject to their maturity.

Instruments

The study focused on the analysis of two main dimensions, which were operationalized as the primary study variables: (A) perceived participation and (B) perceived quality of relationships with residential care workers. A set of ad hoc instruments was developed, combining a brief oral questionnaire (quantitative) and focus groups (qualitative). The structure of the dimensions, the techniques employed, and the topics explored are presented in **Table 2**.

1 Article 770.4 of the Spanish Civil Procedure Act establishes that, in contested proceedings, children shall be heard if they possess sufficient maturity and, in all cases, when they are over 12 years of age, thereby consolidating this age threshold as a practical benchmark for the implementation of children's right to be heard in judicial proceedings.

Table 2
Dimensions of analysis, data collection techniques, and indicators used

Dimension	Mixed-methods strand	Technique	Items/topics explored	Response type
A. Participation	Quantitative	Questionnaire	A.1. Do you consider your participation in the Individualized Educational Plan (IEP) adequate? A.2. Do you think your suggestions and complaints are taken into account?	Ordinal categorical: (0=*No*; 1=*Sometimes*; 2=*Sí)*
	Qualitative	Focus Group	A.3. Participation in the IEP A.4. Everyday participation A.5. Complaints system	Open-ended discussion (open topics and group reflection)
B. Relationships	Quantitative	Questionnaire	B.1. How many residential care (RC) workers are good at listening to you? B.2. How many RC workers are good at understanding you?	Ordinal categorical: (0=*None*; 1=*One*; 2=*Two*; 3=*Three or more*)
	Qualitative	Focus Group	B.3. Relationships with RC workers B.4. Availability of RC workers B.5. Listening and understanding B.6. Favourite RC worker	Open-ended discussion (open topics and group reflection)

For Dimension A, participation was assessed in relation to (A.1) the Individualized Educational Plan[2] (IEP) and (A.2) the consideration given to suggestions and complaints[3], using a three-category ordinal scale. Both items were developed with reference to the EQUAR quality standards (Del Valle et al., 2012), specifically those linked to Standard 15 (Indicator 15.3) and Standard 9 (Indicator 9.5), which are used to assess the quality of residential care in Spain (Fernández-Sánchez et al., 2023). Dimension B was measured based on the number of residential care workers whom adolescents perceived as (B.1) good at listening to them and (B.2) good at understanding them, using a four-category ordinal scale. These items were inspired by the Youth Perception Survey (YPS), associated with the CARE (Children and Residential Experiences) model, in the Spanish adaptation developed by Pulgar et al. (2025).

Additionally, the qualitative dimension of the study was developed through focus groups, which addressed topics related to both analytical dimensions. This approach made it possible to gain a deeper understanding of the meanings that adolescents attribute to their experiences and to expand upon the information obtained. Given the exploratory nature of the quantitative items and their descriptive purpose within the study, the results should be interpreted as indicators of participants' perceptions rather than as standardized psychometric measures. Furthermore, the wording of the items was adapted to ensure accessibility and to facilitate adolescents' understanding and participation.

Procedure

Fieldwork was conducted between March and May 2024. In coordination with the Subdirección de Infancia, Adolescencia y Familia of the Departamento de Derechos Sociales, Economía Social y Empleo of the Gobierno de Navarra, the organizations providing residential care services were contacted and access to the residential homes was arranged. The research team informed professionals and participants about

2 The Case Plan, referred to as the Individualized Educational Plan (IEP) in Navarre, is the technical document that guides individual intervention in residential care. Prepared by the educational and technical team responsible for the case, it includes an assessment of the minor's situation, the definition of objectives, and the planning of actions across different areas.

3 Although participants were asked about both complaints and suggestions, external complaint procedures were examined. External complaints are primarily directed to the administrative authorities responsible for the case (Government of Navarre), constituting a formal, confidential mechanism aimed at safeguarding rights. Internal complaints are addressed to the residential care workers and relate to everyday operational issues, with procedures varying according to the organizational structure of each home.

the aims and conditions of the study using language adapted to their level of understanding. Participation was voluntary, and informed consent and administrative authorization were obtained. Anonymity and confidentiality were ensured in accordance with the ethical principles of the Declaration of Helsinki. The coding system used for focus group participants (see **Table 1**) included the following elements: organization; focus group; participant identification number; gender; and age in years. For example: E1/FG1/01/Female/16 years.

Data analysis

Following the thematic categorical analysis approach proposed by Braun and Clarke (2022), descriptive quantitative analyses and thematic qualitative analyses were combined in line with the study’s methodological approach. Quantitative analyses included descriptive statistics (frequencies and percentages) and bivariate analyses using contingency tables, Pearson’s chi-square test, and Cramer's V as an estimate of effect size to assess the strength of the association between categorical variables (Cohen, 1988). IBM SPSS Statistics (Version 28) was used for the quantitative analyses. The qualitative analysis was conducted through a detailed reading of the focus group transcripts using ATLAS.ti software (Version 9). This process involved coding the data and identifying patterns to organize participants’ accounts into thematic categories. The categorical analysis followed an inductive–deductive approach (Braun & Clarke, 2022), based on the dimensions defined in the research guide while allowing for the identification of emergent categories during the coding process. Throughout the analysis, relevant excerpts were organized in a working matrix exported to Microsoft Excel and grouped into three categories: (A) participation (71 excerpts) and (B) relationships (107 excerpts), both anticipated in the focus group guide, and (C) normative and organizational dynamics (26 excerpts), which had not been initially envisaged in the research design.

Results

This section presents the findings relating to (A) participation in residential care and (B) relationships with residential care workers. In addition, a separate section presents findings on (C) normative and organizational dynamics emerging from the focus groups.

Participation

The findings indicate that adolescents’ perceptions of their participation in residential care are predominantly limited, both in relation to the Individualized Educational Plan (IEP) and to the suggestions and complaints mechanisms. Regarding participation in the IEP (A.1), 69.9% reported less than full participation (responses of “No” or “Sometimes”), compared with 24.1% who considered their level of involvement to be adequate (see **Table 3**). Nearly half of the adolescents (49.4%) stated that they had not participated adequately in the development of their IEP. This perception was often associated with a lack of knowledge about the instrument itself or with experiences of participation perceived as merely formal: “It wasn’t clear to me at all; it’s not explained properly…” (O3/FG5/25/Female/13 years).

A total of 20.5% reported only occasional participation (“Sometimes”), describing situations in which objectives were communicated to them without their having actively participated in defining them: “I don’t know my plan. They’ve only shown me this ugly sheet with the goals I’m supposed to achieve.” (O3/FG6/36/Male/16 years). In contrast, 24.1% described experiences of effective participation, characterized by processes of dialogue and joint review: “They’ve talked it over with me two or three times, and I give my opinion. We agree on the goals together, and then I work towards achieving them.” (O3/FG6/32/Female/15 years). It is noteworthy that 6.0% did not respond to this item, which was associated with a complete lack of awareness of the IEP. When this category was included, the percentage reporting less than full participation increased to 75.9%: “They just tell me, ‘you have to behave properly,’ and that’s it. There’s no plan that I know of.” (O2/FG3/16/Female/15 years). Regarding perceptions of whether suggestions and complaints are taken into account (A.2), more than half of the participants (51.8%) considered that they were not, whereas 26.5% indicated that they were taken into account only occasionally and 21.7% perceived an effective response (see **Table 3**).

Table 3

Perceptions of participation in the Individualized Educational Plan (IEP)

Participation variables (A)	Categories				*N*
	No *n*(%)	Sometimes *n*(%)	Yes *n*(%)	NS/NR *n*(%)	
A.1. Do you consider your participation in the IEP to be adequate?	41(49.4)	17(20.5)	20(24.1)	5(6.0)	83
A.2. Do you think your suggestions and complaints are taken into account?	43(51.8)	22(26.5)	18(21.7)	-	83

Negative evaluations (51.8%) were associated with the perception that their contributions had little real impact: “They assess everything and are constantly focused on protocols, but never on our requests.” (O2/FG3/18/Male/15 years); “Suggestions never get through. Am I not allowed to complain about where I’m living? In this home, nobody can complain about anything.” (O3/FG5/26/Female/15 years). Those who responded “Sometimes” (26.5%) described the existence of both external and internal formal channels. These included mechanisms such as email, a QR code, or face-to-face appointments to communicate externally with their caseworkers (from the Government of Navarre), as well as assemblies, a suggestion box, or direct communication with residential care workers for internal communication.

Despite the existence of these channels, their effectiveness is perceived as limited: “They listen, but nothing changes. They say it’s because of the regulations, that you have to communicate with them [the residential care workers] through a suggestion box that nobody knows where it is.” (O2/FG3/18/Male/15 years). These difficulties were identified both within the residential home and in communication with the administration. Concerns were also raised regarding confidentiality: “Complaints should reach the higher authorities without being looked at and stopped along the way.” (O1/FG2/07/Female/16 years); “Some things are addressed, but there are other complaints that get sent and never receive a response, or we don’t even know where they end up or whether only the ones they want actually get through.” (O2/FG3/19/Male/16 years).

For their part, those who perceived a positive response to their complaints and suggestions (21.7%) highlighted both the attention given to everyday issues and their interactions with the administration, although they occasionally pointed to the slow pace of the process: “They keep saying that it takes time, but waiting for a response feels endless.” (O1/FG1/05/Male/17 years); “When you ask for something, it takes forever to come through.” (O1/FG2/10/Male/16 years). In addition, participants described effects associated with decreased motivation to participate: “When nobody pays attention to you, you lose the motivation to keep trying.” (O1/FG1/02/Female/17 years).

Relationships with residential care workers

The findings revealed a heterogeneous pattern regarding (B) relationships with residential care workers, with notable differences observed between adolescents’ perceptions of being listened to and being understood (see **Table 4**).

With regard to being listened to (B.1), responses were distributed relatively evenly. A total of 28.9% of adolescents considered that no residential care worker listened to them adequately: “I can’t trust them (…) they talk to you aggressively and are really overwhelming (…) there’s no way they can listen to me like that; they’re not interested at all, zero.” (O3/FG5/26/Female/15 years); “Listening isn’t forcing someone to talk, and if you don’t want to talk, they give you a consequence.” (O2/FG4/22/Male/14 years). Almost a quarter (22.9%) identified one residential care worker as having this capacity to listen (“She does; she’s the one who’s there to listen, nobody else.” [O2/FG4/23/Male/14 years]), while 18.1% identified two (“There are two of them, the same two as always, the ones who’ve been here the longest and stay when I need them.” [O3/FG5/27/Female/15 years]).

Table 4

Distribution of responses regarding the number of residential care workers who listen to and understand adolescents

Relationship variables (B)	Number of residential care workers				*N*
	None *n*(%)	One *n*(%)	Two *n*(%)	Three *n*(%)	
B.1. How many residential care workers are good at listening to you?	24(28.29)	19(22.9)	15(18.1)	25(30.1)	83
B.2. How many residential care workers are good at understanding you?	43(51.8)	22(26.5)	18(21.7)	14(16.9)	83

For their part, a substantial proportion of adolescents (30.1%), the largest category, reported that three or more residential care workers listened to them adequately: “It’s true that they make an effort to listen to you, they really do try. And yes, in the end, they all want to listen to you, or almost all of them.” (O3/FG5/26/Female/15 years); “In this home, there is always someone willing to listen, and that helps me… at home, I used to spend a lot of time alone.” (O1/FG1/02/Female/17 years).

The findings point to unequal relational experiences: although many adolescents identified at least one adult who listens to them, it remains noteworthy that a substantial group did not identify any reliable adult and reported difficulties in expressing what they wanted to communicate: “Not being able to explain yourself sucks.” (O3/FG6/33/Male/14 years). In contrast, a different pattern emerged with regard to perceptions of being understood. Young people viewed understanding as a much broader concept and, in this case, more than half of the participants (51.8%) considered that no residential care worker understood them well, making this the largest response category: “I think they try, but they don’t understand because none of them knows what it’s like to live in a residential home.” (O1/FG2/09/Male/15 years); “So far, no one has managed to understand me (…) To understand someone, you have to really listen, and more than that, you have to connect, and that just doesn’t happen.” (O1/FG2/12/Male/17 years).

On the other hand, just over a quarter of the adolescents (26.5%) identified one residential care worker who understood them (“I feel that this person genuinely wants to help you; you feel cared for and understood, almost like they were family.” [O3/FG6/31/Female/15 years]), while 21.7% identified two residential care workers (“Two, because I think they’re fair. When you’re struggling (...) they know how to help you; they know what you’re feeling.” [O1/FG1/02/Female/17 years]), and 16.9% identified three or more: “You talk to them, you tell them things, and they understand you. Then they give their opinion, tell you what you need to do, and they understand you.” (O3/FG5/28/Male/14 years).

Taken together, these findings suggest that positive experiences of relationships with residential care workers do exist for some adolescents. However, the perception that the educational team does not understand them emerges with notable intensity, even more so than in relation to being listened to: “They all listen, but they don’t know how to understand you.” (O2/FG3/18/Male/15 years). This may indicate that, although residential care workers occasionally listen to adolescents, this does not always translate into a feeling of being truly understood, pointing to a potential gap between professionals’ willingness to listen and their perceived ability to interpret and validate adolescents’ experiences and viewpoints.

Connection between participation and relationships with residential care workers

The analysis of the contingency tables revealed different patterns depending on the variables examined (see **Table 5** and **Table 6**).

Table 5

Relationship between perceived participation and the number of residential care workers by whom adolescents feel listened to

Participation variables (A)	Category	*n*	B.1. Number of residential care workers who listen			
			None *n*(%)	One *n*(%)	Two *n*(%)	Three *n*(%)
A.1. Participation in the IEP	No	41	13(31.7)	10(24.4)	6(14.6)	12(29.3)
	Sometimes	17	5(29.4)	3(17.6)	5(29.4)	4(23.5)
	Yes	20	3(15.0)	5(25.0)	3(15.0)	9(45.0)
A.2. Suggestions/Complaints	No	36	16(37.2)	10(23.3)	4(9.3)	13(30.2)
	Sometimes	19	5(22.7)	6(27.3)	7(31.8)	4(18.2)
	Yes	16	3(16.7)	3(16.7)	4(22.2)	8(44.4)

Regarding perceptions of being listened to (B.1), a consistent pattern was observed: as the number of residential care workers who listened to adolescents increased, perceptions of participation also became more positive. In relation to participation in the IEP (A.1), adolescents who reported participating showed higher percentages in the category of “three or more residential care workers” (45.0%) and lower percentages in “none” (15.0%) compared with those who reported not participating (29.3% and 31.7%, respectively).

A similar pattern emerged for suggestions and complaints (A.2). Adolescents who perceived that their suggestions and complaints were taken into account were more likely to report that three or more residential care workers listened to them (44.4%) and less likely to report that no residential care worker listened to them (16.7%). In contrast, those who perceived an absence of participation showed the opposite distribution.

Table 6

Relationship between perceived participation and the number of residential care workers by whom adolescents feel understood

Participation variables (A)	Category	*n*	B.2. Number of residential care workers who understand			
			None *n*(%)	One *n*(%)	Two *n*(%)	Three *n*(%)
A.1. Participation in the IEP	No	41	17(41.5)	7(17.1)	8(19.5)	9(22.0)
	Sometimes	17	5(29.4)	7(41.2)	4(23.5)	1(5.9)
	Yes	20	9(45)	4(20)	3(15)	4(20)
A.2. Suggestions/Complaints	No	36	23(53.5)	10(23.3)	7(16.3)	3(7.0)
	Sometimes	19	9(40.9)	6(27.3)	6(27.3)	1(4.5)
	Yes	16	1(5.6)	4(22.2)	3(16.7)	10(55.6)

In this case, the findings are more complex and less linear, although they also reveal relevant patterns. Regarding participation in the IEP (A.1), no clear pattern emerges. Even among adolescents who reported participating, a substantial proportion indicated that no residential care worker understood them well (45.0%). This suggests that participation alone does not necessarily guarantee feeling understood. However, a clearer pattern emerges for suggestions and complaints (A.2): those who perceived that they were able to make suggestions and have them taken into account showed a much more positive distribution, with a high percentage reporting that three or more residential care workers understood them well (55.6%) and a very low percentage reporting none (5.6%). In contrast, among those who perceived that their suggestions and complaints were not taken into account, the majority fell within the “none” category (53.5%). To further examine the findings described above and the trends observed in the contingency tables, association analyses were conducted between the participation variables and perceptions of relationships with residential care workers (see **Table 7**).

Table 7

Association tests between participation and perceptions of relationships with residential care workers

Associated variables		χ^2	*df*	*p*	Cramer's V
A.1. Participation in the IEP	B.1. No. RC workers who listen	4.847	6	.564	.176
	B.2. No. RC workers who understand	5.905	6	.434	.195
A.2. Suggestions/Complaints	B.1. No. RC workers who listen	9.309	6	.157	.237
	B.2. No. RC workers who understand	28.914	6	<.001**	.475

The association analyses did not reveal statistically significant relationships between participation in the IEP (A.1) and the relational variables of (B.1) being listened to ($\chi^2 = 4.847$, $p = .564$) and (B.2) being understood ($\chi^2 = 5.905$, $p = .434$). This finding may reflect adolescents' perception that responsibility for the IEP lies primarily with the caseworkers from the Government of Navarre rather than with the residential care workers, whom they tend to associate mainly with everyday life and support within the residential home: "Well, in the end it's not really their fault, because I work on the goals [of the IEP] with the people from the government, and the staff here don't really get involved in that, I think." (O3/FG5/27/Female/15 years).

For the suggestions/complaints variable (A.2), no statistically significant association was found with (B.1) being listened to ($\chi^2 = 9.309$, $p = .157$). However, the effect size (Cramer's V = .237) suggests a small-to-moderate association that may nevertheless have practical relevance. The overall pattern indicates that the greater the number of residential care workers who listen well, the more likely adolescents are to perceive that their suggestions and complaints are taken into account: "It's good to have lots of educators who listen to you (...) in the previous home I only had one, and it's better when more people hear about the things you need or the things that need to change." (O2/FG4/22/Male/14 years).

Although adolescents occasionally acknowledge feeling listened to, they generally continue to perceive a lack of real impact. Listening appears to remain at a merely formal level, disconnected from concrete changes or action: "They hear you, but then everything stays the same almost all the time." (O1/FG1/04/Male/16 years). In contrast, a statistically significant association was found between the perception that suggestions and complaints are taken into account (A.2) and the number of residential care workers who understand adolescents (B.2) ($\chi^2 = 28.914$, $p < .001$), with a moderate-to-large effect size (Cramer's V = .475), suggesting a robust relationship between these variables.

For adolescents, what is truly meaningful is not simply being listened to, but feeling genuinely understood by residential care workers. This is particularly evident when they perceive that their views are taken into account in everyday interactions: "It's not the same when they listen to what you say and write it down as when they show genuine interest and actually care about what you're telling them." (O3/FG5/27/Female/15 years). These accounts are closely related to another topic explored in the focus groups: (B.6) favourite residential care worker. Almost all participants reported having a favourite residential care worker, highlighting qualities that made that person special, such as (B.4) availability, emotional connection, and unconditional love: "For me, it's the one who's always there." (O1/FG1/04/Male/16 years); "I don't know how to explain it, but there's something special about her. It's easier to connect with her; sometimes, without even saying anything, I feel like we understand each other anyway." (O2/FG4/22/Male/14 years); "Because he's the best; I don't feel he's working." (O3/FG6/35/Male/16 years).

Normative and organizational dynamics in the residential care context

In addition to the dimensions examined, the focus groups brought to light issues related to the normative and organizational dynamics of the residential care context which, although not part of the study's original objectives, may influence adolescents' perceptions and experiences of participation. Specifically,

three recurring issues were identified: excessive regulation, particularly regarding mobile phone use; a sense of isolation from the wider community; and difficulties arising from living in large groups and from a lack of privacy.

Regarding rules and regulations, adolescents perceived an excess of rules. Although they acknowledged the need for rules to exist, they criticized their rigidity, lack of explanation, and inconsistent implementation, particularly with regard to mobile phone use, which they considered a key means of social connection: “The rules come before everything. Nobody talks to the minor; they just give you points [referring to the behavioural points system].” (O1/FG2/10/Male/16 years). A strong sense of isolation also emerged, with residential care being described as a disconnected environment: “Nothing happens in here, but things are happening outside and we don’t get to experience them. It’s like living in a bubble.” (O1/FG1/05/Male/17 years). This experience was also associated with feelings of stigmatization and difficulties in constructing a social identity: “The worst part is when you become just ‘the girl from the residential home.’” (O3/FG6/31/Female/15 years). Finally, living in large groups was identified as a source of discomfort, particularly due to the lack of private space: “There are so many of us, and there’s nowhere to be alone. We need some time by ourselves too, but here that’s almost impossible.” (O3/FG6/33/Male/14 years).

Taken together, although these issues were not part of the study’s original objectives, they emerged consistently throughout the qualitative analysis, highlighting structural limitations of residential care in addressing key adolescent needs such as autonomy, socialization, identity, and privacy. These needs do not always appear to be adequately met within the day-to-day functioning of residential homes. Such limitations may negatively affect both adolescents’ participation and their relationships with the residential care staff.

Discussion and conclusions

The aim of this study was to examine the relationship between adolescents’ participation in residential care and the quality of their relationships with residential care workers. The findings partially support the proposed hypothesis, revealing different patterns depending on the type of participation examined and the relational component considered. First, no statistically significant associations were found between participation in the Individualized Educational Plan (IEP) and the relational variables of being listened to and being understood by residential care workers. This suggests that participation in the IEP is perceived as a more formal and external process, with weaker connections to everyday relationships within the residential home. One possible explanation lies in the technical-administrative nature of the IEP, which is generally mediated by professionals external to the residential home. This may create a sense of distance from the residential care workers involved in daily care and from adolescents’ everyday experiences. Overall, participation in the IEP appears to be limited, a finding that is consistent with previous research identifying barriers such as lack of information, the use of technical language, and limited interaction with the professionals responsible for decision-making processes (Balsells et al., 2017). At the same time, this finding contrasts with the observations of Magalhães et al. (2025), who report that professionals tend to focus children’s participation on the Case Plan rather than promoting broader participation in everyday life.

With regard to suggestions and complaints, these were largely perceived as ineffective. This finding is consistent with previous research showing that participation within child welfare systems is often restricted or tokenistic, with limited real influence on decision-making processes (Falch-Eriksen et al., 2021; McCafferty & Mercado-García, 2023; Toros, 2021; van Bijleveld et al., 2015). Consistent with these findings, many of the accounts collected referred to everyday experiences, suggesting that participation is primarily experienced within internal and informal spaces. In this regard, studies in residential care have shown that participation tends to be concentrated on everyday matters, while decisions of greater significance remain largely controlled by adults (Equit et al., 2024; Ten Brummelaar et al., 2017). It is precisely within these everyday dynamics that several studies have documented perceptions of rigid rules, limited privacy, and restrictions on autonomy (Calheiros et al., 2013; Sarasa-Camacho & Burón,

2025). Taken together, these findings reinforce the existence of a significant gap between the formal recognition of the right to participate and its effective implementation in everyday practice. As Lundy (2013) argues, the mere existence of participation mechanisms is not sufficient; it is also necessary to ensure the conditions that enable children and adolescents to exercise their participation rights effectively.

Young people’s accounts clearly illustrate the distinction between feeling listened to and feeling understood, highlighting that not all dimensions of relationships with residential care workers carry the same weight in fostering participation. While being listened to was not significantly associated with participation, being understood emerged as a key factor, particularly in adolescents’ perceptions that their suggestions and complaints were taken into account. This finding suggests that creating opportunities for young people to be heard is not sufficient in itself; rather, it is necessary to foster deeper relational processes grounded in the validation and understanding of adolescents’ experiences (Carnevale, 2020; Lundy, 2013).

This finding reinforces the idea that participation cannot be understood solely as a structural process, but rather as something that is constructed through everyday relationships. The quality of relationships with residential care workers emerges as a central factor that can either facilitate or constrain genuine opportunities for participation and, more broadly, the overall quality of residential care. Consistent with previous research, relationships characterized by trust, emotional availability, and professional sensitivity are associated with higher levels of well-being and participation (Cameron-Mathiassen et al., 2022; Pinheiro et al., 2022; van Bijleveld et al., 2015). In this regard, the characteristics that adolescents attribute to a “good residential care worker” are consistent with previous studies highlighting the importance of affection, stability, presence, and everyday support (García-Quiroga & Urbina, 2021). Likewise, even in contexts where formal participation structures are in place, it is the quality of relationships that ultimately determines their effectiveness (Clark & Wohlfarth, 2025; Göbbels-Koch & Gupta, 2025). Furthermore, relationship quality and stability have been identified as key factors in promoting better mental health outcomes in residential care (González-García et al., 2023; Pinheiro et al., 2022).

On the other hand, the findings reflect how limitations on participation may generate cumulative effects on adolescents’ motivation. The perception that their views have little impact is associated with a gradual loss of motivation and withdrawal from participatory processes, suggesting the existence of a potential negative cycle. This finding is consistent with studies showing that experiences of participation that are perceived as lacking meaning can erode trust in professionals and in the child protection system itself (Cossar et al., 2016).

Additionally, the findings relating to the normative and organizational dynamics of the residential care context help to illuminate some of the structural factors that shape adolescents’ opportunities for participation in residential care. They point to the need to move towards less rule-bound models that are more responsive to adolescents’ individual characteristics and needs. Several studies have shown that institutional procedures, organizational dynamics, and power relations within residential care can limit children’s and adolescents’ opportunities for meaningful participation in decisions that affect them (McPherson et al., 2021; Ten Brummelaar et al., 2017). The perceptions reported by participants are consistent with those described by Escorial and Padilla-Medina (2023), in which children and adolescents identify an excess of rules that are perceived as rigid, unreasonable, and largely non-negotiable. The lack of participation in the development of these rules reinforces perceptions of external control and reduces opportunities for genuine involvement. When rules are perceived as non-negotiable and their implementation responds primarily to logics of behavioural control and classification, they may undermine the relational climate, hinder adolescents’ sense of belonging within the residential setting, and limit their perceptions of participation (Escorial & Padilla-Medina, 2023; McPherson et al., 2021).

Furthermore, participants highlighted the importance of promoting more normalized environments that avoid the feeling of living in an institutional “bubble” and reduce the stigmatization associated with residential care. In this regard, the findings are consistent with those of other children and adolescents

who have called for greater connection with their local communities, opportunities to maintain friendships, and greater integration into ordinary activities outside residential settings (Escorial & Padilla-Medina, 2023; Sarasa-Camacho, 2025). Conversely, when adolescents perceive that their identity is reduced to that of a “young person in residential care,” these processes of belonging and community engagement may be hindered. The experiences of stigmatization described by participants reflect a perception that may impede the development of a positive social identity, reduce confidence in expressing their views, and limit their involvement in different spaces for participation.

Finally, a notable finding concerns the need to guarantee opportunities for privacy and personal autonomy, including periods of chosen solitude. Although this issue has received less attention in the residential care literature, several studies have shown that positive solitude—motivated by self-reflection, creativity, or the pursuit of calm, as opposed to more reactive forms of solitude—is important for child development, particularly during adolescence, as it promotes emotional self-regulation and psychological well-being (Borg & Willoughby, 2022; Larson, 1997). Taken together, these findings point to the importance of rethinking the structural and organizational conditions of residential care in order to foster environments that are more flexible, personalized, and responsive to the developmental needs and rights of children and adolescents. Such conditions not only shape everyday life within residential homes but also influence genuine opportunities for participation and the quality of relationships with residential care workers.

In practical terms, these findings suggest that improving participation in residential care cannot be limited to the creation of new instruments or formal channels; rather, it requires strengthening the relational dimension of intervention. In particular, it is essential to promote professional practices oriented towards understanding, emotional validation, and the development of trusting relationships, while also ensuring the organizational conditions that make such practices possible (Göbbels-Koch & Gupta, 2025), as well as implementing evidence-based models that emphasize sensitivity in adult-child relationships (Pulgar et al., 2025). There is an urgent need to continue listening to children and adolescents, recognizing them as “silent experts” (and, at times, silenced experts) in their own lives, as their contributions constitute a valuable resource for improving child protection systems (Escorial & Padilla-Medina, 2023; Kosher, 2025; Sarasa-Camacho & Burón, 2025). However, for these contributions to emerge and have a meaningful impact, children and adolescents need residential care workers who not only listen to them, but who truly understand them.

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During the preparation of this work, the authors used IBM SPSS Statistics (Version 27) for statistical data processing and ATLAS.ti (Version 9) for the transcription and analysis of qualitative data. Following the use of these tools, the authors reviewed and edited the content as necessary and take full responsibility for the content of the publication.