



Home and Family Sense for Children and Adolescents in Residential Care: Evidence from Spain

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Abstract

Residential care in Spain supports 16,365 individuals, yet the role of feeling like a family in their lives remains unexplored. How this perception affects their quality of life is investigated in this research. Two studies were conducted: (1) a qualitative analysis of 318 children and adolescents (3–17 years) identified factors contributing to feeling like a family; these factors involved performing activities, events and traditions, positive emotions, social relationships and the physical environment; (2) a subsequent quantitative study of 254 participants (5–19 years) used structured interviews and the KidScreen instrument, employing chi-square tests and ordinal logistic regressions. Feeling like part of a family stems from shared activities, affectionate relationships, privacy, fair rules, social bonds, acceptance of their situation, satisfaction with their institution, and age. This feeling correlates with better quality of life, suggesting that interventions should enhance factors that foster familial bonds.

Keywords Feel like family · Sense of home · Quality of life · Children and adolescents · Residential care

1 Introduction

Researchers have attempted to identify the factors that support the "feeling of home" in institutional homes. The word "home" is difficult to define and has multiple meanings in everyday language. On the one hand, the field of residential care includes spatial and location aspects related to the physical structure of the home (e.g., decoration, distribution). On the other hand, it refers to nonmaterial attributes such as identity, a

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sense of belonging or self-definition, emotional connections, the social and relational environment, the temporal dimension, and experiences associated with the home or its dynamics (Börjesson & Torgé, 2021; Camilleri et al., 2022; Yang et al., 2020).

In Spain, there are 8,119,754 children and adolescents aged 0–17 years, 503,162 people aged 18 years (INE, 2022), and 6,208,100 households with children (INE, 2020). National statistics do not currently report the number of children at risk in Spain, but some organizations have estimated this figure at 300,000 children and adolescents (Aldeas Infantiles SOS, 2018). Of these, 51,203 are cared for by the child protection system after losing the care of their parents and being in a situation of helplessness (Ministerio de Derechos Sociales y Agenda 2030, 2024). Among the different alternative care modalities, residential care serves 16,365 children and adolescents in 1,553 protection centers.

According to Saldaña et al. (1995), the main reasons that children are at risk are negligence (that is, a lack of attention and skills of the parents), emotional abuse, physical abuse, and sexual abuse. These reasons were collected in 2020 through the online application of the Unified Registry of Cases of Suspected Child Abuse (RUMI in Spanish) (Ministerio de Derechos Sociales y Agenda 2030, 2021). Specifically, 45% of the participants reported neglect, 33% reported emotional abuse, 16% reported physical abuse, and 4% reported sexual abuse.

A family-type intervention that addresses this deficit is the best child protection measure that can be established. For children and adolescents who cannot live with their families of origin, residential care offers an alternative model in which professionals strive to create a home that replicates ordinary family life (Dorrer et al., 2010). The goal is restorative and focuses on meeting children's needs while providing stability and developmentally appropriate spaces (homes) (Kendrick, 2013).

In a systematic review by Wulleman et al. (2023) of the perceptions of foster child families, family is defined as a close bond based on support, love, trust, and care, where relationships are unconditional and long-lasting and allow the acceptance of differences and open and sincere communication. This definition is consistent with the study by Wissö et al. (2019), in which stability and love were among the most important qualities of families emphasized by children whose parents had lost custody.

These qualities of family life are developed through regular actions and daily practices. Sharing daily activities such as eating together or participating in significant life events (e.g., births, graduations, weddings, Christmas, birthdays) strengthens this feeling of belonging, as demonstrated by studies by Dorrer et al. (2010) in residential centers for children and by Wulleman et al. (2023). Similarly, other authors, such as Börjesson and Torgé (2021), suggest that these everyday aspects, especially those related to food, play a key role. Food preparation is perceived as an essential part of home life, and the inability to cook their own meals can make a space feel less welcoming and familiar to children.

The decoration of residential care centers contributes to children's feelings of belonging and ownership, but it is questionable whether there is a perceived invasion of space by the staff. On the other hand, surveillance or restrictions can hinder the feeling of home, especially when individuals' autonomy is disrupted (Söderqvist et al., 2014). Professional turnover and administrative burden can negatively affect the

relationships between young people and staff, thus affecting their quality and trust as well as their feelings of home (Pinheiro et al., 2022). The subjective elements that define home reinforce the feeling of identification, trigger the formation of memories, provide a sense of intimacy and privacy (Nózka, 2020), and allow the home to be considered a safe and welcoming place (Kendrick, 2013).

According to a study by Guevara et al. (2021) of adolescents and normalized families, stable relationships and the feeling of belonging or feeling at home can have a positive effect on perceived quality of life. A more favorable family climate is associated with a greater perception of well-being and health in young people, as evidenced by the fact that those who rate their family relationships as excellent score higher on quality-of-life measurements via the KidScreen (Ravens-Sieberer et al., 2008).

Moreover, structural aspects of the family can affect the mental health of children and adolescents, especially if family dynamics are deficient (Ravens-Sieberer et al., 2008).

Despite research on the factors that contribute to creating a sense of home, no studies have specifically examined the psychological impact of these factors on children and adolescents in protection centers.

We conducted two sequential studies. The first is to understand how children and adolescents feel at home when living in residential care. The second is to assess these factors and relate them to relevant variables of residential care and quality of life.

The aims of this research are as follows:

- (1) To explore the meaning of feeling at home for children and adolescents in residential care.
- (2) To determine the relationships between “feeling at home” and demographic and contextual variables such as sex, age, the perception of privacy, staff turnover, the perception of personal space as one’s own, room decoration, rule decision making, the fairness of consequences, satisfaction with the care institution and beneficial perceptions.
- (3) To determine how quality of life is affected by the perception of feeling at home.

To address these questions, this research is divided into two studies: an initial qualitative study, which answers question (a), and a quantitative study, which aims to explore these aspects in depth and answer questions (b) and (c).

2 Methods

2.1 Participants and Procedures

The participants in both studies were recruited from residential care programs in SOS Children’s Villages, Spain. This is an independent and international nongovernmental organization that cares for children whose parents have lost parental care and works to strengthen bonds in vulnerable families to prevent the separation of children.

The sample consisted of all children and adolescents living in residential care at the time of the study. For the qualitative study, the sample included 318 children

and adolescents aged 3–17 years, 53% of whom were female; for the quantitative study, the sample included 254 children and adolescents aged 5–19 years ($M=13.28$, $SD=3.16$), 53% of whom were female.

In both studies, participation was voluntary with the consent of the care organization. The institutional review board of SOS Children's Villages Spain was informed of the study.

Qualitative interviews were conducted in focus groups. These groups included an average of 6–8 children or adolescents and were coordinated by 1–2 interviewers specializing in alternative care. The participants wrote and drew their answers on a sheet of paper containing the image of a house. Different participation techniques were used to ensure input and feedback from all participants and to balance the presence of all participants.

The quantitative interviews were conducted individually by trained professionals.

2.2 Study 1: Qualitative

2.2.1 Instruments

Qualitative data were collected to provide a richer and more detailed context to examine how children experience and perceive their environment.

An open-ended question was presented to all the children and adolescents who participated in the focus groups: Which moments, memories, or situations make you feel at home?

2.2.2 Data Analysis

The qualitative analysis software ATLAS.ti was used to categorize words, concepts and responses presented during the focus groups. The percentage of use for each category and subcategory was calculated.

2.2.3 Results

For children and adolescents in residential care, feeling like family was associated with 5 main categories.

For 32.6% of the participants, this feeling was related to performing activities, such as playing games (14.3%), watching television (7%), practicing sports (6.4%), doing art (4%) or going to the cinema (0.9%).

For 27% of the participants, it was related to events and traditions, such as meals (12.2%), holidays (7.6%), birthdays (3%), Christmas (3%), festivities (0.9%) or births (0.3%).

For 17.3% of the participants, it was related to positive emotions, such as feelings of affection and being cared for (11.9%), peacefulness (3%), fun (2.1%) and stability (3%).

For 12.5% of the participants, it was related to social relationships, which included everything related to their caregivers (7.3%), biological families (3.4%) and friends (1.8%).

For 10.3% of the participants, it was related to the physical environment, which included the room (4.6%), other places in the house or the surroundings (3%) and pets (2.7%).

According to the lexical approach, the most relevant characteristics for describing personality must be reflected in language (Chapman et al., 2018). In this case, the words that children use to describe their family are encoded in language. The lexical approach seeks to exploit the power of language to describe the world around us (Parrigon, 2017). It is important to find the basic lexical elements of a construct in its definition. This qualitative study offers an initial basis for the lexical definition of this construct, which is complemented by the data from the quantitative study.

2.3 Study 2: Quantitative

2.3.1 Instruments

A structured protocol and a standardized questionnaire were used:

A) ECARE: A specific assessment protocol based on a structured interview was used. Children and adolescents were interviewed by trained professionals. This protocol was specifically developed for the assessment of residential care settings to determine the quality of care provided to children and adolescents. This protocol is based on the following standards: the EQUAR standards (Ministerio de Sanidad, Servicios Sociales e Igualdad, 2012), the Standards for Out-of-Home Child Care in Europe (Quality4Children, 2017), the Guidelines for the Alternative Care of Children (United Nations, 2009) and the SOS Care promise (Aldeas Infantiles SOS Internacional, 2018). The interview uses a scale of three response options: 0=no, 1=a little bit and 2=a lot. Sociodemographic data, such as age and sex, were also collected. Most of the items are summed into different dimensions that together create a total score. Other items are analyzed individually. For this study, the following items and dimensions related to the topic of interest were used.

1. Item 1 concerned the perception of feeling like a family: "Does the home/residence you live in make you FEEL LIKE FAMILY?" This constituted the dependent variable of the study.
2. Item 2 concerned the perception of a feeling of privacy: "When you need PRIVACY, do they let you be alone for a moment?"
3. Item 3 concerned children's and adolescents' perceptions of staff turnover: "Since you arrived at the residential center, HAVE YOU HAD THE SAME CAREGIVERS?"
4. Item 4 addressed the perception of personal space as one's own: "Do you feel that the ROOM you have is YOURS?"
5. Item 5 addressed room decoration: "Can you DECORATE your room with the things you like (photographs, memories, etc.)?"
6. Item 6 concerned rule decision making: "Do you DECIDE the RULES of your home/residence together with the other kids and caregivers of your home?"

7. Item 7 considered the fairness of consequences: "Are the CONSEQUENCES for breaking the rules FAIR?"
 8. Item 8 addressed satisfaction with the care institution: "Are you HAPPY with what the care institution DOES FOR YOU?"
 9. Item 9 concerned beneficial perceptions: "Do you think being in this care institution is GOOD FOR YOU?"
 10. Dimension A examined the support network. This metric is used to assess the extent to which children and adolescents perceive that they have developed as people and strengthened their social and peer networks. The questions included whether they had friends, whether they could invite friends into their home, whether they could count on them, and whether they trusted people their age.
- B) The self-reported version of the KidScreen-10 index (Ravens-Sieberer et al., 2008) is a health-related quality of life (HRQoL) measure for use with children and adolescents aged 8 years. In the present study, a self-reported version was used. The KidScreen-10 is composed of 10 items, each of which is rated on a 5-point response scale (1-2-3-4-5). This index includes one extra question (item 11) that explores the overall health status of children and is not used to compute the total score. Higher scores indicate better functioning.

2.3.2 Data Analysis

The statistical package SPSS version 29.0 was used to analyze the results.

First, a descriptive analysis was conducted for categorical variables (sex and all ECARE items) to determine their frequency. Descriptive statistics of the independent variables (age, ECARE dimension A and KidScreen) were also calculated.

Second, cross tables and chi-square tests were used to determine the relationship between each independent categorical variable and the dependent variable "feel like family". The effect size was calculated with Cramer's V coefficient. A simple ordinal logistic regression was used to determine the relationship between each independent quantitative variable (age, KidScreen, support network) and the dependent variable.

Third, an ordinal logistic regression considering all variables simultaneously was used. This approach allowed us to analyze the joint influence of the variables and determine which variables had a significant impact when considered together. This comprehensive analysis helped to control potential confounding effects and provided a clearer understanding of the factors that influenced the dependent variable. The fact that the variables were significant or not significant when analyzed separately but changed when analyzed together may be a result of the regression considering the joint influence of multiple variables, which can reveal relationships that are not evident in a simple analysis.

2.3.3 Results

A global descriptive analysis was conducted on the studied variables. This analysis revealed that 52% of the children and adolescents felt that they were part of a fam-

Table 1 Descriptive statistics

Variables	Frequency		
	No	A little bit	A lot
ECARE			
1. Feeling like a family	2.1%	16.4%	51.9%
2. Privacy perception	5.9%	14.3%	69%
3. Staff turnover	46%	24.7%	24.4%
4. Personal space as one's own	17.8%	11.1%	63.8%
5. Room decoration	8%	10.5%	72.5%
6. Rule decision making	20.6%	27.9%	42.5%
7. Fair consequences	10.8%	27.5%	51.6%
8. Satisfaction with the care institution	5.2%	16%	71.8%
9. Beneficial perception	8%	10.8%	73.9%
	M (SD)	Min value	Max value
Age	13.28 (3.161)	5	19
Support network (T measure)	50 (10)	6.60	60.66
KidScreen (T measure)	50 (10)	5.68	67.06

Table 2 Relationships between feeling like family and the independent variables

Independent variables ¹	Feeling like family n(%)			Cramer's V
	No	A little bit	A lot	
2. Privacy perception	37 (14.7)	36 (14.3)	123 (48.8)	0.254
3. Staff turnover	13 (4.9)	7 (2.6)	48 (17.9)	0.127
4. Personal space as one's own	33 (12.6)	28 (10.7)	120 (45.8)	0.270
5. Room decoration	46 (17.9)	32 (12.5)	127 (49.4)	0.227
6. Rule decision making	15 (5.9)	20 (7.8)	85 (33.3)	0.251
7. Fair consequences	23 (9.1)	22 (8.7)	100 (39.4)	0.264
8. Satisfaction with the care institution	36 (13.7)	30 (11.5)	135 (51.5)	0.325
9. Beneficial perception	36 (13.8)	35 (13.5)	137 (52.7)	0.356
Sex (Male)	30 (11.2)	25 (9.3)	69 (25.7)	0.075 (0.075)
Sex (Female)	42 (15.7)	22 (8.2)	80 (29.9)	

¹For all ECARE items, the data displayed in the table refer to the "yes/a lot" answer option

ily, almost 70% perceived that they had high levels of privacy, 46% did not perceive frequent staff rotation, 72% felt that they could decorate their room, 42% perceived that decisions were made together, 51% believed that consequences were fair, 71% were very satisfied with the institution, and 74% felt that being in the institution was beneficial (see Table 1).

The chi-square analysis revealed the following results (see Table 2 for further details).

- (a) There was a statistically significant relationship between "feeling like a family" and the following variables: "privacy perception", $\chi^2 (4, N=252)=32.5, p<0.01$; "personal space as one's own", $\chi^2 (4, N=262)=38.2, p<0.01$; "room decoration", $\chi^2 (4, N=257)=26.5, p<0.01$; "rule decision making", $\chi^2 (4, N=255)=32.1, p<0.01$; "fair consequences", $\chi^2 (4, N=254)=35.3, p<0.01$; "satisfaction with the care institution", $\chi^2 (4, N=262)=55.5, p<0.01$; and "beneficial perception",

χ^2 (4, $N=260$)=65.9, $p<0.01$. Significance was determined using a two-tailed model. All relationships were moderate, with contingency coefficients ranging from 0.306 to 0.450.

The observed frequencies and the corrected residuals were analyzed for all of the variables, with the following results: children and adolescents tend to feel more like part of a family if they perceive that they have privacy, the space is their own, they can decorate their room, the rules are decided by everyone, the consequences of breaking the rules are fair, they are happy with what the care institution does for them, and they consider the care institution to be good for them. When children and adolescents perceive the opposite of each of these situations, they tend to feel less like part of a family.

For most of these situations, there were no significant differences in the intermediate category, and the observed frequencies were close to the expected frequencies. However, there were some differences in the following aspects: respondents who felt that their space was at least a little their own tended to feel slightly like part of a family; in terms of satisfaction with the care institution, those who felt a little content tended to feel that they were a little or not at all part of a family more often than they felt that they were part of a family; and those who believed that the institution was beneficial and was slightly good for them tended to feel that they were a little or not at all part of a family more often.

- (b) There was no statistically significant relationship between "feeling like family" and the variables of staff turnover, χ^2 (4, $N=268$)=8.6, $p<0.072$, and sex, χ^2 (2, $N=268$)=1.5, $p<0.468$.

The ordinal regression conducted on the independent quantitative variables revealed a statistically significant relationship between age, KidScreen score, support network and "feeling like family" (see Table 1).

- (a) In terms of age (χ^2 [1]=8.684, $p=0.003$), $\beta_2=-0.126$ indicates that as the age variable increases, the codes of the variable "feeling at home" decrease by 13% for each year in which age increases. $R^2=0.038$ indicates that 3.8% of the variance is explained by this model.
- (b) In terms of the KidScreen measure (χ^2 [1]=9.187, $p=0.003$), $\beta_2=0.039$ indicates that as the KidScreen score increases, the codes of the variable "feeling at home" also increase by 4% for every one-point increase in KidScreen. $R^2=0.039$ indicates that 3.9% of the variance is explained by this model.
- (c) In terms of the support network (χ^2 [1]=8.505, $p=0.004$), $\beta_2=0.035$ indicates that as the support network score increases, the codes of the variable "feeling at home" also increase by 4% for each one-point increase in the support network. $R^2=0.036$ indicates that 3.6% of the variance is explained by this model.

Finally, an ordinal logistic regression was performed with all the variables, and those that were not significant and did not contribute significantly to the model were eliminated from the regression, simplifying the model.

Table 3 Logistic regression

		Parameter Estimates						
		β	SE	Wald	DF	p	95% CI	
							LL	UL
Threshold	Feeling like family = No	-4.696	0.687	46.698	1	<.001	-6.043	-3.349
	Feeling like family = A little bit	-3.793	0.664	32.656	1	<.001	-5.095	-2.492
Location	Staff turnover = No (perceives a lot of turnover)	-0.721	0.297	5.903	1	0.015	-1.302	-0.139
	Staff turnover = A little bit (perceives a little turnover)	-0.56	0.322	3.037	1	0.081	-1.191	0.07
	Room decoration = No	-1.239	0.345	12.858	1	<.001	-1.916	-0.562
	Room decoration = A little bit	0.227	0.34	0.447	1	0.504	-0.439	0.894
	Rule decision making = No	-1.128	0.271	17.401	1	<.001	-1.659	-0.598
	Rule decision making = A little bit	-0.704	0.258	7.43	1	0.006	-1.211	-0.198
	Beneficial perception = No	-2.276	0.379	36.124	1	<.001	-3.018	-1.534
	Beneficial perception = A Little bit	-1.181	0.287	16.949	1	<.001	-1.743	-0.619
	Age	-0.137	0.039	12.129	1	<.001	-0.214	-0.06

SE standard error, DF degrees of freedom, CI confidence interval, LL lower limit, UL upper limit

The reference category for categorical variables was "yes". The complementary log–log binding function was used. This is typically used when higher categories are more likely. The pseudo R-squared value was 0.421, indicating that the model was able to explain 42.1% of the variability in the data.

The logistic regression included staff turnover, room decoration, rule decision making, beneficial perceptions and age (see Table 3). There were three decreased effects for feeling at home: staff turnover, room decoration, and rule decision making. Specifically, the results showed the following:

- Participants who perceive that they do not have the same staff (i.e., much turnover) have a significant decrease in the variable of feeling like a family compared with those who do not experience much turnover ($\chi^2 [1] = 5.9$, $p = 0.015$, $\beta_2 = -0.721$).
- Compared with being able to do so, the inability to decorate one's room ($\chi^2 [1] = 12.858$, $p < 0.001$, $\beta_2 = -1.239$) was associated with a significant decrease in feeling like part of a family. However, the feeling that the room can be decorated "a little bit" was not significant ($\chi^2 [1] = 0.447$, $p = 0.504$, $\beta_2 = 0.227$).
- Respondents who believed that everyone could not contribute to deciding on rules ($\chi^2 [1] = 17.401$, $p < 0.001$, $\beta_2 = -1.128$) or who felt this only slightly ($\chi^2 [1] = 7.43$, $p = 0.0061$, $\beta_2 = -0.704$), had a significant decrease in the variable of

feeling like a family compared with those who believed that they could decide together.

- (d) Participants who believed that the care institution was not good for them ($\chi^2 [1]=36.124, p<0.001$), $\beta_2=-2.276$, or was only slightly good for them ($\chi^2 [1]=16.949, p<0.001, \beta_2=-1.181$), tended to feel less like part of a family than those who considered it beneficial.
- (e) As age increased, there was a small but significant decrease in feeling like part of a family ($\chi^2 [1]=12.129, p<0.001, \beta_2=-0.137$). This variable was considered a covariate since quantitative variables should be treated as covariates (Pardo & Ruiz, 2015, p. 234).

3 Discussion

The first and second objectives of this research were to explore the meaning of feeling like a family for children and adolescents in residential care and to determine the relationships between “feeling like a family” and different variables.

The results show that the participants in this study associated the feeling of being part of a family with shared activities and deep-rooted traditions. Activities such as playing and sharing meals stood out significantly, highlighting the importance of daily interactions and routine celebrations in daily life. Specifically, the qualitative study revealed that 59.6% of the participants associated the feeling of being part of a family with performing activities and participating in events.

Material aspects such as video game consoles, mobile phones or clothes were rarely mentioned. When the participants mentioned these, they did not highlight their quality or brand but rather their ability to enjoy these objects in the company of others. According to the qualitative study, other components of the feeling of being part of a family were related to the physical space in which they lived.

According to the qualitative study, for 29.8% of the participants, this feeling was related to the relationships they established with people around them and to a feeling of positive emotions such as affection, tranquility, stability and peace. An affectionate and supportive environment makes children feel like they are part of a family and provides them with emotional stability and a sense of belonging (Pinheiro et al., 2022).

The quantitative study corroborated this perception and showed that feeling like a family is statistically significantly related to physical aspects of the home (personal space, room decoration), positive feelings (fairness, satisfaction and benefits, privacy perception) and other new aspects related to the dynamics of the home (rule decision making). The ordinal regression provided additional information indicating the importance of personal relationships and the support network in building a family.

Although staff turnover was not a significant factor that affected the feeling of being part of a family, it was combined with other variables for the logistic regression. This shows the importance of this aspect when other variables, such as room decoration, rule decision making, beneficial perceptions or age, come into play. This finding is consistent with the findings of Pinheiro et al. (2022), who reported that the perception of high turnover among caregivers decreases this feeling and highlighted

that professional turnover associated with administrative burden can negatively affect relationships and the feeling of home.

With respect to the demographic variables, the variable of sex did not differ with respect to feelings toward the family. However, it is relevant to note the weight of age among the factors that had a particular influence on the feelings of family. As children aged, this feeling decreased by 13% each year. According to Börjesson and Torgé (2021), the sense of home is linked to a sense of identity, and the home fulfills different meanings and roles at different stages of life. This may explain why this perception evolves over the years.

In contrast, studies have shown that when children and adolescents feel that they can have privacy when they need it, can participate in creating rules, and consider consequences to be fair, the feeling of family increases. These findings are consistent with those of the study by Söderqvist et al. (2014), which sought to understand the feeling of home in a residential care center for unaccompanied youth. These authors reported that surveillance and restrictions can interfere with the feeling of home, especially when individuals' autonomy is limited.

Our study revealed other factors that also diminish this feeling, such as the inability to personalize and decorate personal space to make it feel like their own, dissatisfaction with the care institution and the feeling that being there is not positive for them. Acceptance of their situation, understood as satisfaction with the care institution and the perception that being at home is beneficial for them, also contributes to children's and adolescents' feelings of being at home. This finding agrees with the study by Nózka (2020, p. 509), which noted that "the stronger the relationship of the subjects with their former place of residence and the lower their acceptance of the situation here and now, the more fragile their relationships with the space they currently occupy seem".

The third and final objective was to determine how quality of life is affected by the perception of feeling like part of a family.

Stable relationships, a sense of belonging, and the feeling of being at home in residential care can have a positive impact on young people's perceptions of their quality of life by providing them with feelings of care and love, "allowing them to rely on trusted professionals for the necessary support. For that reason, positive and supportive relationships between professionals and young people are associated with young people's resilient outcomes" (Pinheiro et al., 2022, p. 2).

Feeling like part of a family was also found to be associated with higher scores on quality of life measurements through the KidScreen instrument. These results are consistent with those of the study by Guevara et al. (2021), which showed that participants who rated their family relationships as excellent obtained higher scores on quality of life measurements, including the KidScreen instrument. This study revealed that this influence is significant in adolescence since this stage is crucial for adopting healthy habits and developing psychosocial behaviors that positively impact the current and future health of adolescents. In the present study, similar results were observed: the older the participant was, the lower his or her feeling of family.

The study used qualitative and quantitative tests and found convergence with KidScreen, a widely used questionnaire for the self-perceived assessment of quality of life in children and adolescents. However, this study raises important practical

considerations. The family, as a primary socializing institution, plays a fundamental role in the protection and development of children (El-Sakka et al., 2018). Within this environment, children find safety from abandonment and violence as well as the opportunity to internalize social norms and values. The importance of feeling at home lies in multiple aspects that influence emotional and social development. From a psychological perspective, it acts as a shield against self-threat and provides a space of safety and comfort (Yang et al., 2020). Residential interventions should focus on enhancing aspects that improve this feeling as well as reversing those that diminish it.

The children and adolescents in this study mostly felt very much at home (51.9%). However, children's and adolescents' perceptions of feeling at home and feeling like part of a family can be influenced by multiple factors since they are complex, individual and subjective concepts. For this reason, some authors, such as Fleming et al. (2017), suggest that the ideal of creating residential care like a home could be misleading or contradictory.

Although achieving the feeling of home may be complicated by its individual and subjective nature, this study focused on identifying and analyzing the factors that contribute to getting closer to that experience. In this way, this study seeks to provide valuable information to improve practices in residential care institutions and to ensure the promotion of an environment that favors the well-being and comprehensive development of minors.

Among the limitations and areas for improvement of the study are the need to incorporate more elements of convergent validity, which, together with KidScreen, contribute to the definition of this construct. The incorporation of specific measures related to social support would be interesting because social support is one of the constructs that can most easily be examined with widely used standardized questionnaires. It would also be interesting to determine the relationship between the feeling of being part of a family and the mental health of children and adolescents.

In conclusion, the initial objective of this research was to explore the construct of feeling part of a family, which has specific cultural connotations. We first asked children and young people an open, qualitative question, followed by standardized quantitative measures. The results identify specific aspects for assessing and improving the care of these children and young people. In the current global debate about deinstitutionalization, maintaining these elements is highly important to preserve the quality of care. Special mention is made of the place and daily routine, which allows them to participate in emotions and social relationships where they feel important. The fact that feeling like part of a family correlates with quality of life, as reflected in the KidScreen, is an indication of the validity of this construct and the potential generalizability of the results of this research.

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Data Availability Data are not available due to ethical and legal restrictions.

Declarations

Ethical Approval The study was approved by the legal guardians of the participants.

Informed Consent Informed consent was obtained from the participants.

Involving Human Participants This study is respectful of the privacy of children and young people and is protected by the organization responsible for their care.

Competing interest The authors have no conflicts of interest.

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