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Why place matters in residential care: the mediating role of place attachment in the relation between adolescents' rights and psychological well-being

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Abstract

Little evidence exists on the relationship between rights' perceptions and well-being outcomes during the adolescence, and particularly in care, as well as on the mediating role of place attachment. Young people in residential care are psychologically and socially vulnerable, showing greater difficulties than their peers do in the family. Youth's rights fulfilment in residential care may positively affect their psychological functioning together with positive attachments to this place. A sample of 365 adolescents in residential care settings ($M=14.71$, $SD=1.81$) completed a set of self-reported measures, specifically, the Rights perceptions scale, the Place attachment scale and Scales of psychological well-being. Results revealed significant mediating effects of place attachment (Global scale and subscales of Friends Bonding and Place Dependence) on the relationship between Participation and Protection rights in residential care and Psychological well-being (Positive Relations with others, Personal Growth and Self-Acceptance). The positive role of rights fulfilment in residential care, specifically participation opportunities, as well as the role of youth's attachment to the care setting are discussed based on previous evidence and theoretical assumptions. A set of practical implications are described.

Keywords: youths' rights, psychological well-being, place attachment, residential care, mediating models

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YOUNG PEOPLE RIGHTS, PLACE ATTACHMENT AND WELL-BEING IN RESIDENTIAL CARE

1. Introduction

1.1. Young people's rights and well-being

The Convention on the Rights of the Child (CRC) (United Nations, 1989) highlights the children's ability to participate and to be active on issues related to them, pointing out that decision making on policies for children and young people across states and entities should be done based on their best interest. The CRC covers all main aspects of a child's life and is an important tool to develop worthwhile research and applied actions to promote child well-being (Doek, 2014). Greater scientific emphasis on children's perspectives on their rights is evident in the last five years (Kutsar, Soo, Strózik, Strózik, Grigoraş & Bălăţescu, 2019; Magalhães, Calheiros & Costa, 2016; Ruck, Peterson-Badali, & Helwig, 2014). However, fewer efforts exist on how these perceptions about rights' fulfillment may explain well-being outcomes (Casas, Gonzalez-Carrasco & Luna, 2018). The study of well-being outcomes addresses the apparent gap in the long-term tradition of research purely centered on psychopathology (Seligman & Csikszentmihalyi, 2000), as well as the need to consider young people as meaningful sources of information (Andresen, Bradshaw & Kosher, 2019). Actually, investing research efforts into well-being outcomes is needed since it positively affects many other individual (e.g., motivational behaviors, physical health) and social outcomes (e.g., socioeconomic growth) (Howell et al., 2016). According to the salutogenic model (Antonovsky, 1996) it is important to identify the factors that actively enhance individual health, more than merely identify risk factors for disease. This model made a transition from a pathogenic perspective of health (focused merely on disease origins), to a continuous approach that also includes a salutogenic perspective of health (focused on health origins and health promotion) (Mittelmark & Bull, 2013). Research from a positive and salutogenic perspective of health has been suggesting that, not only individual resources and capacities may explain positive outcomes, but also that the well-being is affected by social structures (e.g., developmental contexts like family or broader social structures; Joseph & Sagy, 2017). Specifically, in the childhood and adolescence, the respect and fulfillment of rights could be viewed as an important factor, anchored on the current social structure, that might explain young people's well-being. Recent cross-cultural evidence about the relationship between children's rights and well-being advises that it is the young people's perception about adults' respect of their rights that predicts higher levels of subjective well-being (more than merely knowing that they have rights) (Casas et al., 2018). Also, positive relationships were found between feeling protected, being cared for, having opportunities of participation and not being discriminated and children's well-being (Kutsar et al., 2019). As such, more than being focused on children's knowledge about their rights, it is

4 important to invest scientific efforts on how they perceive that these rights are respected and safeguarded, given that
5
6 little is known about how children's rights are realized by young people in their routines and daily experiences
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8 (Kutsar et al., 2019). Specifically, for young people in residential care, the fulfillment of their rights is especially
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10 complex considering their specific social and psychological vulnerability (Magalhães et al., 2016; Magalhães,
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12 Calheiros & Antunes, 2018). Not only do these young people show more complex risk factors and difficulties (e.g.,
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14 special education needs), compared to foster children (Llosada-Gistau et al., 2017b), but also their psychological
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16 functioning seems to be poorest. Worse subjective well-being is reported by young people in residential care,
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18 compared with children in other out-of-home placements (Llosada-Gistau, Montserrat & Casas, 2017a; Llosada-
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20 Gistau et al., 2017b). Also, young people in residential care report lower levels of subjective and psychological well-
21
22 being compared with their peers in the family (Crous, 2017; Dinisman, et al., 2012; Llosada-Gistau, Montserrat &
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24 Casas, 2015).

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26 Looking at how rights' fulfillment in residential care may be related to young people's well-being is
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28 needed, given that we know that deprived and socially excluded children are at risk of lower psychological well-
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30 being (Crous, 2017). Previous evidence suggests that adolescents in residential care perceive that if their education,
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32 privacy or non-discrimination rights are not fulfilled, their mental health outcomes are negatively affected
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34 (Magalhães et al., 2018). Also, when professionals working with them and their families adopt practices that do not
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36 respect themselves and their families' needs, these adolescents recognized that it may negatively impact on their
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38 psychological functioning, namely, reporting higher internalizing and externalizing problems (Magalhães et al.,
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40 2018; Magalhães et al., 2016). Finally, participation is outlined as a noteworthy right to be respected and promoted
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42 in care, particularly regarding the decisions affecting young people' lives, as well as the importance of ensuring that
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44 they have access to diverse normative social resources (e.g., leisure activities, going out with friends). Not only are
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46 these participation opportunities associated with higher levels of well-being (Llosada-Gistau et al., 2017b), but also
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48 with lower psychological difficulties, for instance, in terms of self-esteem and sociability (Magalhães et al., 2016).
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50 This evidence is consistent with the literature anchored on the salutogenesis framework, which suggests that
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52 cooperative and supportive relationships in significant contexts of development (e.g., family, school, community)
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54 positively impact youth's sense of coherence, which in turn seems to explain more effective coping strategies with
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56 stressful events during the adolescence (Braun-Lewenshon, Idan, Lindstrom & Margalit, 2017).
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4 **1.2. Why place matters in the relationship between young people rights and well-being?**
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6 Place attachment involves a symbolic, emotional and functional connection established with a place
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8 (Raymond, Brown & Weber, 2010), which is conceptually different from other similar constructs like sense of
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10 community coherence or sense of community. Both of these latter concepts are focused on the relationship between
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12 an individual and the community or group. In this manuscript, the place attachment is conceptualized as more than
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14 the feeling of social connections, including also environmental and symbolic connections with a physical place that
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16 are reflected in the personal self. On the other hand, the sense of community coherence refers to how the
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18 comprehensibility (i.e., predictability feelings), manageability (i.e., the community ability to assist their elements)
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20 and meaningfulness (i.e., perceived satisfaction with what the community might offer) perceptions emerge within
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22 the community (Braun-Lewenshon et al., 2017). The sense of community involves feelings of belonging to the
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24 community, together with a sense of integration, emotional connection and a sense of counting/making a difference
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26 within the group (McMillan & Chavis. 1986).
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28 Place attachment has been positively associated to the individual well-being (Dallago, Cristini, Perkins,
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30 Nation & Santinello, 2010; Lv & Xie, 2017; Scannell & Gifford, 2017a), quality of life (Harris et al., 1995),
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32 satisfaction with life or positive social relationships (Lewicka, 2011b). Specifically, a positive bond with a place
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34 may fulfill a set of functions. Not only does the individual feels attached to the place to seek security feelings but
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36 also this bond could support the individuals' goals allowing the self-regulation, as a necessary mechanism to achieve
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38 objectives in life (Korpela, 1989; Scannell & Gifford, 2010a; Twigger-Ross & Uzzell, 1996). Place attachment may
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40 enhance self-regulation processes of managing negative emotions, and promoting restorative experiences and
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42 positive outcomes (Korpela, Ylén, Tyrvainen & Silvennoinen, 2009; Korpela, Kyttä & Hartig, 2002; Ratcliffe &
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44 Korpela, 2016). Based on these assumptions that greater attachment is revealed when a place may fulfil a set of
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46 developmental and self-regulatory functions (Scannell & Gifford, 2010a; Twigger-Ross & Uzzell, 1996), we assume
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48 that a residential care setting that safeguards young people's rights (e.g., basic provision, participation, privacy) is
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50 more conducive to a greater attachment and belongingness feeling to that context. Actually, the quality of residential
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52 care settings involves being able to provide opportunities for young people to participate in decision-making
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54 processes, respecting also their privacy and identity (Del Valle, Bravo, Hernandez & Gonzalez, 2012). All these
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56 aspects are central to providing a quality service of care to these vulnerable youth, and promoting a positive impact
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58 on their development. Moreover, there is evidence about the positive role of youth's participation and community
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4 involvement in terms of their community attachment (Dallago et al., 2014). Studies with adults also suggest that
5 community involvement (e.g., involvement in the decision making), positively predicts community attachment,
6 which in turn significantly predicts higher levels of quality of life (Baker & Palmer, 2006).
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10 On the other hand, thinking about the positive role of place attachment on individual well-being, recent
11 evidence suggests that people recognize as benefits from place attachment the enhancement of memories, feelings of
12 belonging, relaxation, positive emotions, activity support, comfort and security, personal growth and freedom
13 (Scannell & Gifford, 2017b). People who feel attached to a meaningful place tend to report a greater sense of
14 continuity and connection with past experiences in the place, as well as a feeling of belonging. Comfort, security and
15 positive emotions (like happiness) are also recognized as frequent benefits from being attached to a place, together
16 with perceptions of self-enhancement, improved self-esteem and personal growth (Scannell & Gifford, 2017b).
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24 The role of place attachment on children and youth psychological functioning may be grounded on
25 theoretical assumptions from the traditional attachment theory (Morgan, 2010). A regular pattern of positive
26 experiences, exploring a place, becomes internalized (internal working model), which will guide future behaviors on
27 that place and generate expectations about how the place may fulfill their own needs (Morgan, 2010). As such, the
28 child could develop a strong emotional relationship with the place if that place provides support and is compatible
29 with their needs (Chatterjee, 2005) as well as when positive social interactions and life events in that place occur
30 (Jack, 2010). “Direct and repeated experiences of places in childhood, together with the social meaning attached to
31 them by children and others (e.g. parents, teachers and peers), tend to have the biggest influence on the subsequent
32 development of place attachments.” (Jack, 2010, p. 758). Particularly, considering the young people in residential
33 care, and bearing in mind their specific needs and risks (Calheiros & Patrício, 2014; Llosada-Gistau et al., 2017b),
34 this relationship with the residential facility may play a crucial role on their well-being. These young people have an
35 experience of loss of their own home and possibly a set of moves in the child protection system, and for that reason
36 their ties to this new place may be even more important. This attachment may be enhanced through opportunities of
37 making meaning to past and present experiences, enabling the young people to anticipate also their future (Jack,
38 2010). Actually, this place attachment may fulfill the psychological need of belonging (Baumeister & Leary, 1995;
39 Scannell & Gifford, 2017b), with significant implications for young people’s well-being (Jack, 2010). Previous
40 research shows that higher levels of place attachment in residential care are associated with greater life satisfaction
41 and satisfaction with care facilities. Specifically, greater correlations were found on the association between place
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4 identity and satisfaction with life, compared with associations of caregivers bonding and subjective well-being
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 6 (Magalhães & Calheiros, 2015). This evidence may suggest that identity developmental processes (including place-
 7
 8 derived identity) are especially important for youth (Scannell, Cox, Fletcher & Heykoop, 2016), contributing
 9
 10 positively to the adolescents' subjective well-being. Evidence exists proposing that a place is one of most important
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 12 aspects of individual identity, as equal as gender or occupation (Jack, 2015).
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 16 **1.3. Research problems and objectives**
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18 The literature about young people's well-being has been largely focused on adolescents in normative
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 20 contexts of development (Casas et al., 2018; Scannell et al., 2016), but less evidence exists with young people in
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 22 care (Dinisman, et al., 2012; Llosada-Gistau et al., 2015; Llosada-Gistau et al., 2017b). The literature with young
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 24 people in residential care tends to be focused on psychopathology (Attar-Schwartz, 2009; Erol, Simsek & Munir,
 25
 26 2010) and even when well-being is explored, most of these studies are focused on subjective well-being (Llosada-
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 28 Gistau et al., 2015; Llosada-Gistau et al., 2017a) with few exceptions looking at psychological well-being (Crous,
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 30 2017). Despite the widely recognized contribution of the hedonic research (subjective well-being) to the literature, a
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 32 complete understanding about optimal psychological functioning and self-actualization is merely provided by an
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 34 eudaimonic perspective (Delle Fave, Massimini & Bassi, 2011; Ryff & Keyes, 1995). The multidimensional concept
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 36 of psychological well-being is grounded on a set of theoretical models and includes dimensions such as autonomy,
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 38 personal growth, self-acceptance, life purpose, environmental mastery and positive relations with others, which are
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 40 viewed as indicators of positive human development and flourishing (Ryan & Deci, 2001; Ryff & Keyes, 1995).
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 42 Considering that the adolescence is a period of significant cognitive and emotional changes, this could be a critical
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 44 developmental stage to explore how youth positively develops, namely their well-being outcomes, more than merely
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 46 focusing on their maladaptive trajectories (Braun-Lewenshon et al., 2017).
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48 Also, the relationship between rights perceptions in residential care and psychological functioning has been
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 50 tested merely from a traditional perspective of mental health (i.e., psychopathology) (Magalhães et al., 2016).
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 52 Results suggest that youth's perceptions about their rights in the welfare system (e.g., participation opportunities)
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 54 predict lower levels of externalizing and internalizing problems (Magalhães et al., 2016). Nevertheless, further
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 56 evidence is needed adopting a conceptual framework focused on well-being outcomes (Howell et al., 2016). As
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4 such, this study explores young people's mental health from a conceptualization focused on their psychological
5 well-being, going beyond the focus on psychopathology.
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8 Furthermore, the literature on place attachment in residential care is scarce (Magalhães et al., 2015), and, to
9 our best knowledge, the mediating role of place attachment remains unexplored. However, considering previous
10 evidence suggesting that community involvement/participation may be related to higher community attachment, and
11 that greater attachment predicts greater quality of life (Baker & Palmer, 2006), we propose a mediating model of
12 place attachment in the relationship between young people' rights fulfillment and psychological well-being. Indeed,
13 when individuals perceive that the place guarantees them basic conditions, like feelings of security and,
14 consequently, greater place bonding, this may be associated with higher levels of well-being or quality of life (Ruiz,
15 Pérez & Hernández, 2013).
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24 Theoretically and empirically, one-dimensional (Lewicka, 2010) and multidimensional models have been
25 proposed across decades to conceptualize the place attachment, focusing on personal, social or environmental
26 aspects of attachment (Kyle et al., 2005; Raymond et al., 2010). However, the literature has focused mainly on place
27 identity (the cognitive component of place attachment) and place dependence (the perceived function of a place)
28 (Jorgensen & Stedman, 2001; Kyle et al., 2005; Williams & Vaske, 2003), and less efforts have been made in terms
29 of social (the feelings of belonging to the group of people who are an important part of the place) and environmental
30 dimensions of place attachment (the connection with the physical environment) (Magalhães & Calheiros, 2015;
31 Raymond et al., 2010). Evidence with young people in residential care suggests that place attachment can be
32 explored either from one-dimensional and multidimensional measurement models, although a multidimensional
33 approach seems to fit better (Magalhães et al., 2015). A multidimensional approach allows us to obtain evidence
34 focused on these widely studied dimensions (place identity and place dependence), but also to understand the
35 community, social and environmental aspects of attachment. Considering these challenges on conceptualization and
36 measurement of place attachment, additional evidence is needed to provide new insights about similar and/or
37 distinctive effects of one-dimensional and multidimensional models of place attachment, in terms of individual
38 psychological well-being.
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54 In order to address these gaps in the literature, this cross-sectional study aims to explore the mediator role
55 of place attachment (one-dimensional and multidimensional) in the relationship between the rights' perceptions and
56 psychological well-being of adolescents in residential care. Also, we aim to provide evidence about different
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4 mechanisms emerging in multidimensional and one-dimensional models of the relationship between rights
5 perceptions and psychological well-being. Based on previous literature and conceptual assumptions (Casas et al.,
6 2018; Jack, 2010; Lewicka, 2011b; Morgan, 2010), it is likely that relations between rights' perceptions and well-
7 being, through the mediating role of place attachment, are positive and significant. Specifically, higher levels of
8 rights perceptions (especially participation rights) were expected to positively predict place attachment (the whole
9 dimension, and specifically, the subscale of place identity), and this attachment was expected to predict higher levels
10 of psychological well-being (especially, personal growth) (Scannell & Gifford, 2017b; Llosada-Gistau et al., 2017b;
11 Magalhães et al., 2015).
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22 **2. Method**

23 **2.1. Participants**

24 A sample of 365 Portuguese adolescents in residential care, aged from 11 to 18 years old ($M=14.71$, $SD=1.81$),
25 mostly male (53%), participated in this study. Most of these adolescents are in residential care for the first time
26 (59.7%), 30.7% has one previous placement in care, 7.9% two placements, and 1.1% three previous placements. The
27 mean of placement' length in the current facility is 39 months (approximately 3 years), ranging from less than one
28 month to 17 years. They are in residential care for protection reasons, and not with correctional or therapeutic aims.
29 As such, a set of risk factors were identified in their biological families, which may be justifies their placement in
30 care, namely, neglectful practices (69%), exposure to inadequate parental behaviors or intimate partner violence
31 (50%), alcohol abuse (38%) and psychological maltreatment (21%). These residential facilities ($N=56$) are mostly
32 mixed (hosting both girls and boys; 37%), but also gendered-specific (only for girls, 29.6% and only for boys 32%).
33 The number of children and youth attended in those facilities ranged from 10 to 45.
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49 **2.2. Measures**

50 **2.2.1. Rights perceptions scale**

51 The Rights Perceptions Scale allows the assessment of four dimensions of rights' perceptions by young people
52 specifically in residential care (20 items, answered in a five-point Likert scale, from 1 -strongly disagree - to 5 -
53 strongly agree; Magalhães, 2015). *Participation and Protection* (5 items; "I feel free to say what I think in the
54 institution") refers to the young people's perceptions about their involvement in care and protection and feelings of
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4 security ($\alpha = 0.73$). Respectful system practices and behaviours (7 items; “I have been accused of something that I
5 did not do, because I am in an institution”) refers to young people’s perceptions about the professionals’ practices in
6 the welfare system as well as non-discriminatory behaviours ($\alpha = 0.74$). Autonomy and Contacts with family (5
7 items; “I visit my family whenever I wish”) refers to the young people’s perceptions that they have opportunities to
8 become independent, as well as their contacts with family ($\alpha = 0.70$). Normalization (3 items; “I feel that because I
9 am in the institution, I do not have the same life opportunities as other kids of my age”) reflects the young people’s
10 perceptions that they have the equal opportunities as their peers who are not in care ($\alpha = 0.67$). An internal
11 consistency of $\alpha = 0.82$ for the general dimension of perceived rights was found in this study.
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21 **2.2.2. Place Attachment Scale**

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23 This scale allows the assessment of place attachment to residential care facilities (Magalhães et al., 2015) through 19
24 items answered in a 5 point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). This scale aims to assess
25 five dimensions. Place identity involves how the symbolic attachment with the residential setting contributes to self-
26 definition ($\alpha = 0.93$; “I strongly identify with this institution”). Place dependence refers to how the perceived
27 bonding with the residential setting is based on the conditions provided to the youth’s life ($\alpha = 0.83$; “I would not
28 replace this institution for any other place to do the activities I do here”). Institutional bonding implies the
29 connection with the larger context of the residential setting, including the neighbourhood and the surrounding
30 environment ($\alpha = 0.69$; “I feel very attached to the neighbourhood and physical space where this institution is”).
31 Caregivers bonding refers to the perceived attachment based on the feeling of belonging and bonding specifically
32 with the staff ($\alpha = 0.75$; “My relationships with the social workers of this institution are very special to me”). Friends
33 bonding refers to the perceived belonging to the group of peers in care, which contribute to their attachment to the
34 setting ($\alpha = 0.74$; “The friendships I have made through activities in the institution strongly connect me with this
35 institution”). The process of translation and adaptation of this scale provided psychometric evidence on two types of
36 models (multidimensional and one-dimensional). The multidimensional model revealed better fit statistics (GFI=.90;
37 CFI=.95; AIC=496.183; ECVI=1.213); nevertheless, the results also suggest the possibility of analysing a global
38 scale of place attachment (GFI=.89; CFI=.94; AIC=544.260; ECVI=1.331). A *Cronbach’s Alpha* of .95 was found
39 considering the global dimension of place attachment (Magalhães et al., 2015).
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4 **2.2.3. Scales of psychological well-being**
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6 The Scales of Psychological Well-Being for adolescents, short-version (30 items), were used to assess
7 psychological well-being (Fernandes, Vasconcelos-Raposo, & Teixeira, 2010), using a likert 5-point scale (from 1 -
8 strongly disagree to 5 - strongly agree) and evaluating six dimensions. Autonomy involves self-determination,
9 independence and self-regulated behaviour (e.g., “I have confidence in my opinions, even if they are different from
10 other people.”). Environmental mastery refers to the individual capacity to manage the environment (e.g., “In
11 general, I feel I am in charge of the situation in which I live”). Personal growth includes individual enhancement and
12 the development of personal potential (e.g., “I think it is important to have new experiences that challenge how you
13 think about yourself and the world”). Positive relations with others refers to perceptions about having trust, affective
14 and secure relationships (e.g., “People would describe me as a giving person, willing to share my time with others”).
15 Purpose in life refers to young people’s objectives and directions in life that provide them individual meaning to past
16 and present experiences (e.g., “Some people wander aimlessly through life, but I am not one of them”). Self-
17 acceptance involves positive attitudes about individual self (e.g., “When I look at the story of my life, I am pleased
18 with how things have turned out”) (Ryff, 1989; Ryff & Singer, 1996). Based on previous evidence of validity and
19 reliability in the Portuguese context with young people in residential care merely four dimensions of psychological
20 well-being were used in this study (19 items): Personal growth (5 items; $\alpha = 0.78$), Positive relations with others (5
21 items; $\alpha = 0.65$), Self-acceptance (5 items; $\alpha = 0.70$) and Purpose in life (4 items; $\alpha = 0.61$) (Magalhães, 2015). An
22 internal consistency of $\alpha = 0.87$ for the general dimension of psychological well-being was found in this study.
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44 **2.3. Procedures**
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46 As part of a larger research project, this study involved a set of formal procedures previous the data
47 collection. A convenience sampling approach was used to recruit adolescents aged from 11 to 18 years old, excluded
48 those one who had previously participated in other studies from the broader project or who had significant cognitive
49 impairment that could inhibit them filling out a self-reported measure. Data was collected by the first author,
50 through a group collection in the residential setting, aiming to provide support if adolescents need. Ethical approval
51 was obtained from the Scientific Commission of our research centre and from the University Ethical Committee.
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4 participate.

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 6 Exploratory analyses were performed before the mediation models (i.e., descriptive, mean differences and
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 8 correlation analysis) considering that previous evidence revealed a set of differences on children’s rights, well-being
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 10 and bonding to the place according to gender, age and time in residential care (Dinisman et al, 2012; Llosada-Gistau
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 12 et al., 2017a; Llosada-Gistau et al., 2017b; Uyan-Semerci, Erdogan, Akkan, Muderrisoglu & Karatay, 2017). Based
 13
 14 on our results from these exploratory analyses, these sociodemographic variables were controlled for in the
 15
 16 mediation analysis. Considering previous evidence on multidimensionality and one-dimensionality of place
 17
 18 attachment (Magalhães et al., 2015), both models were tested. A bootstrap approach was used to test the significance
 19
 20 of indirect effects in the mediation model (Shrout & Bolger, 2002) with 95% confidence intervals generated with
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 22 bias corrected bootstrapping (5000 resamples). Standardized coefficients will be presented.
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26 **3. Results**

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 28 **3.1. Descriptive statistics**

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 30 The analysis of the ratio *Skewness/Standard Error* revealed that there were a set of dimensions that did not
 31
 32 show values too close the range -2 and 2 (Table 1). However, it was found that the absolute values of *skewness* were
 33
 34 lower than 3 what can be considered as non-problematic in terms of distribution.
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36
 37 INSERT TABLE 1 HERE

38
 39 Independent, mediators and dependent dimensions were analyzed considering the participants’ gender.
 40
 41 Results revealed that males scored significantly higher on Autonomy and Contacts with family, Place Identity and
 42
 43 Place Dependence, and that females scored higher on Positive relations with others and Personal Growth (Table 2).
 44
 45 Medium effect sizes [.20; .50] were found on these significant differences.
 46

47
 48 INSERT TABLE 2 HERE

49
 50 Also, significant and positive correlations were found between young people’s age and six dimensions: two
 51
 52 subscales of Rights Perceptions (Autonomy and Contacts with family, Respectful system practices and behaviors),
 53
 54 two subscales of Psychological Well-being (Personal Growth and Purpose in life) and the two global scales of
 55
 56 Rights Perceptions and Psychological Well-being. On the placement history, significant and positive correlations
 57
 58 were found between young people’s placement length and all dimensions, except two dimensions of Psychological
 59
 60 Well-being (Self-Acceptance, Purpose in Life) and the Caregivers Bonding dimension of Place Attachment.
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4 Regarding the relationship between independent, mediator and dependent variables, we found significant and
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6 positive correlations between all variables except on the relationship between the Rights Perceptions of
7
8 Normalization the Place Attachment dimension of Caregivers Bonding and the following dimensions of
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10 Psychological Well-Being: Personal Growth, Positive Relations with others, Purpose in Life, as well as between the
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12 Rights Perceptions of Respectful system practices and behaviors and these three dimensions of Psychological Well-
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14 Being (Table 3).

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16 INSERT TABLE 3 HERE

17
18 **3.2. Mediation Models**

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20 From the correlations and mean differences, we found a set of individual differences on our variables and
21
22 for that reason the mediation models were performed controlling for age, length of placement and gender. A first
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24 model (including all subscales) was tested and results revealed very good fit statistics ($\chi^2/df=3.02$, $p<.001$; GFI
25
26 = .97; CFI = .98; RMSEA = .075; CI90% [.057; .092]). Results revealed mediation effects (Figure 1)¹ on the
27
28 relationship between Participation and Protection and Positive Relations with others ($\beta= .103$, $SE= .033$, $p<.001$)
29
30 and Personal Growth ($\beta= .091$, $SE= .033$, $p<.01$). Adolescents revealing higher opportunities of participation in
31
32 residential care displayed: 1) greater friends bonding which, in turn, predicted more positive psychological well-
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34 being outcomes, specifically on positive relations with others; and 2) greater place dependence, which, in turn,
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36 predicted lower levels of psychological well-being in terms of personal growth. Also, significant total effects were
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38 found on the relationship between Normalization and Positive Relations with Others, with higher levels of
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40 normalization predicting lower positive relations.
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43 INSERT FIGURE 1 HERE

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45 A second model (place attachment global scale) was tested and results revealed very good fit statistics
46
47 ($\chi^2/df = 3.99$, $p<.001$; GFI= .96; CFI=.94; RMSEA= .091; CI90% [.072; .111]). Results revealed a set of mediation
48
49 effects (Figure 2)² on the relationship between: a) Participation and Protection and Positive Relations with others
50
51 ($\beta= .087$, $SE= .029$, $p<.001$), Self-Acceptance ($\beta= .072$, $SE= .029$, $p<.05$), and Personal Growth ($\beta= .068$, $SE= .030$,
52
53 $p<.01$). Higher scores on Participation and Protection predicted higher levels of place attachment, which in turn
54
55 predicted psychological well-being, specifically, positive relationships with others, self-acceptance and personal
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 ^{1,2} Merely statistically significant paths are presented in both figures

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3
4 growth. Also, significant total effects were found on the relationship between Normalization and Positive Relations
5
6 with Others, with higher levels of normalization predicting lower positive relations.

7
8 INSERT FIGURE 2 HERE
9

10 A third model was tested (all global scales included), which revealed lower fit statistics compared to both
11
12 previous models ($\chi^2/df=4.38$, $p<.001$; GFI = .97; CFI = .86; RMSEA = .0965; CI90% [.066; .128]). Results revealed
13
14 significant mediation effects (Figure 3) on the relationship between Rights Perceptions and Psychological Well-
15
16 being ($\beta= .135$, $SE= .029$, $p<.001$). Higher perceived rights fulfillment in residential care predicted higher levels of
17
18 place attachment, which in turn predicted greater psychological well-being.

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20 INSERT FIGURE 3 HERE
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24 **4. Discussion**

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26 In the present study, we aimed to analyze the relationship between an explicit approach of young people's
27
28 rights in care and their psychological well-being, through the young people's attachment to the residential facilities.
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30 Also, we aimed to explore if similar or distinctive results may emerge from one-dimensional and multidimensional
31
32 approaches. Results strengthened the Participation and Protection as an important right dimension for young people
33
34 in residential care as it was significantly associated with psychological well-being through the role of place
35
36 attachment, as we hypothesized. Young people who perceived greater opportunities to share their perspectives, to be
37
38 involved in extra-curricular activities, as well as those who perceived higher levels of protection and security in care
39
40 tend to score greater on all psychological well-being scales (i.e., purpose in life, positive relations with others, self-
41
42 acceptance, and personal growth). Except for purpose in life, the relationship between Participation and Protection
43
44 and psychological well-being was mediated by place attachment as a whole dimension. Higher levels of
45
46 participation and protection are related to greater perceived attachment to the residential setting and with
47
48 psychological well-being. Finally, we found that place attachment mediates the relationship between perceived
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50 rights and psychological well-being as a whole.

51
52 These results are consistent with literature that suggests that being active and involved in the community is
53
54 related to higher levels of place attachment (Dallago, Lenzi, Perkins & Santinello, 2014). Furthermore, this data
55
56 reflects the positive role of actively involving these adolescents on important aspects of their life as it may positively
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58 affect their mental health outcomes, specifically, higher scores of subjective well-being, self-esteem and sociability
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4 (Llosada-Gistau et al., 2017b; Magalhães et al., 2016). In fact, young people's participation seems to positively
5 contribute to their development, namely, in terms of social processes and decision-making (Melton, 1983) as well as
6 in terms of self-esteem and confidence (Melton, 1987). Nevertheless, there are studies with young people in care
7 suggesting that they perceive limited opportunities to participate in decisions about their lives as well as a greater
8 need for information about those issues (Johnson, Yoken, & Voss, 1995). It is known that young people want to be
9 involved and participate in these processes and that, when they are heard, decisions tend to be perceived as more
10 appropriate for young people and to be more accepted by them (Cashmore, 2002). Finally, not only do young people
11 wish be involved, informed and considered in decision making processes related to their lives as well as they want
12 these processes to be transparent, informative and respect young people's views in order to contribute to their well-
13 being, self-esteem and personal empowerment (Doek, 2014).

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Two theoretically unexpected results emerged in the mediation models. First, the negative prediction of
place dependence on personal growth and second, the negative relationship between normalization and positive
relations with others. In fact, it was expected that the more young people perceive that they have similar
opportunities to youth who are not in care, higher levels of psychological well-being would be revealed. Actually,
deprived and socially excluded young people are at risk in terms of mental health outcomes, showing lower levels of
psychological well-being (Crous, 2017). Nevertheless, we found the opposite result only for Positive relations with
others. This dimension of psychological well-being is focused on the perceived reciprocity in friendship
relationships as well as on trustworthy and supportive interpersonal relationships. We propose that the more young
people perceive that they have fewer opportunities in life than their peers who are not in care (i.e., they do not have
similar opportunities), the more they may seek for care/support in their intimate relationships as a potential
compensatory effect, and for that reason they may reveal higher levels of positive relationships with others.
Actually, this may be framed theoretically on the need to belong hypothesis, which proposes that individuals need to
develop positive and significant relationships as a basic human motivation (Baumeister & Leary, 1995). As such,
young people could perceive this dimension of Positive relations with others as a fundamental need and a resource
to deal with difficulties related to non-normalizing conditions/opportunities. This result needs further evidence in the
future, as other dimensions may be moderating this relationship.

Moreover, it is well-recognized the positive role of place attachment on individual well-being (Lewicka,
2011b; Ratcliffe & Korpela, 2016). However, if the effect of a whole dimension of place attachment was positive

4 regardless the psychological well-being dimension, when we analyze subscales of place attachment some
5 differences emerged. Place dependence seems to negatively predict personal growth of young people in residential
6 care. Given that we are analyzing place dependence during the adolescence and considering that an important
7 developmental task during this phase is related to the autonomy and independence, this result may be theoretically
8 plausible. Also, if the residential setting should promote a familiar context to youths' development (Del Valle et al.,
9 2012), too much dependence to the residential setting may undermine their opportunities of personal growth (i.e.,
10 their motivation to explore new experiences and to develop themselves and their potential) (Ryff, 1989; Ryff &
11 Singer, 1996). Nevertheless, generally, our results highlighted the positive role of place attachment to the young
12 people's psychological well-being in residential care, including different aspects of self-actualization and optimal
13 development. This evidence is congruent with previous data with adolescents (Dallago et al., 2014) and adults,
14 which propose a positive contribution of place attachment in terms of individual outcomes, namely, greater
15 individual life satisfaction or higher sense of coherence (Lewicka, 2005; 2011a). Also, it is consistent with the
16 theoretical assumptions that suggest that a regular pattern of positive experiences on a place may generate positive
17 expectations about that place (Morgan, 2010), which in turn may explain greater well-being outcomes (Chatterjee,
18 2005; Jack, 2010; Magalhães & Calheiros, 2015). This is an innovative contribution to the research in this field as
19 the majority of studies exploring place attachment was developed with adults, leaving a scarcity of studies including
20 youth' samples (Dallago et al., 2009).

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39 Looking at our research hypotheses, and consistently with that, we found that participation is the young
40 people's right that explains more the place attachment scores and it is the only one that positively predicted
41 psychological well-being. Nevertheless, and contrary to what we've hypothesized, the place attachment predicted
42 positive relations with others more than personal growth, and particularly, it is the friends bonding dimension that
43 explain this well-being outcome. Even considering that place-derived identity is particularly significant during the
44 adolescence (Scannell, Cox, Fletcher & Heykoop, 2016), our results may suggest that peers' relationships in care are
45 particularly significant to the psychological well-being. This friends bonding may fulfill the psychological need of
46 belonging (Baumeister & Leary, 1995; Scannell & Gifford, 2017b), which may explain greater perceptions of young
47 people's well-being (Jack, 2010). Finally, as a broad model, we found that the perceived rights fulfillment explained
48 greater psychological well-being, through the mediating role of place attachment. This evidence could be framed on
49 the salutogenesis theoretical assumptions about the need to explore the predictors of positive health outcomes,
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4 instead of being focused merely on risk factors of disease (Mittelmark & Bull, 2013). Actually, these findings
5 highlight the role of context and social structure on individual well-being (Joseph et al. 2017), and specifically, the
6 way these factors may be related to more effective coping and adaptive behaviors (Braun-Lewenshon et al., 2017).
7
8 Generally, our findings suggest that perceived rights may impact psychological well-being through the role of place
9 attachment, but also propose that a multidimensional approach allow us to identify specific chains on these
10 mechanisms (e.g., consistently with the original multidimensional proposal of psychological well-being).
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Despite these innovative results, some limitations should be recognized. Considering our cross-sectional design, the mediation results should be carefully discussed. Further studies using longitudinal approaches are needed to support this evidence. Also, using merely self-reported measures and a non-random sampling methodology are two limitations that should be addressed in the future research. Finally, considering that some subscales showed internal consistency values near to .60 or .70, future studies may include additional scales on well-being. Nevertheless, we also know that small number of items is associated with smaller Cronbach alpha values (Serbetar & Sedlar, 2016) and that an alpha of at least .65 is considered acceptable in human sciences (Vaske, Beaman & Sponarski, 2016). Even considering these limitations, these findings strengthened the importance of participation processes in residential care, both to enhance the bonding sense to this place, the role of significant others in care, and to foster young people's psychological well-being. This evidence allows us to identify a set of practical implications.

5. Conclusion

In sum, this study provided evidence on the mediating role of place attachment in the relationship between rights' perceptions in residential care and young people well-being. Our results strengthened the importance to explore place attachment during the adolescence (Dallago et al., 2009), as an important mechanism through which rights fulfillment may be associated to psychological well-being. Also, well-established recommendations about the quality of residential care facilities include indicators of rights fulfillment as well as the importance of a familiar context to the adaptive growth (Del Valle et al., 2012). Participation right was the most important predictor of psychological well-being in residential care, which suggest significant implications for practice in this context.

This evidence pointed out that providing opportunities of participation may improve the psychological well-being of youth in residential care, empowering them and enhancing their self-esteem (Cashmore, 2002;

4 Lansdown, Jimerson & Shahroozi, 2014). Professionals in residential care must be aware about the need to promote
5
6 young people's opportunities of being heard and included in decision making (Llosada-Gistau et al., 2017b), namely
7
8 in terms of routines, contacts with relatives, careers and scholar choices or extracurricular activities. This is also an
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10 important real lab to train competencies that will be important in their future professional, personal and social
11
12 integration. Also, considering our results on the positive role of autonomy and contacts with family in terms of place
13
14 attachment and that excessive dependence of residential setting may prevent greater well-being, professionals in
15
16 residential care should: a) provide opportunities to acquire skills of being autonomous and independent, during their
17
18 placement in care, allowing them to be more prepared to the future transition from care; b) guarantee stable and
19
20 significant relationships, both in care and with family, providing them a sense of continuity, which may enhance
21
22 their well-being outcomes; c) encourage positive relationships between peers in care, given that peers' memberships
23
24 are particularly important during the adolescence, in terms of mental health, self-construction and social integration.
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26 Assuming that friends bonding in care may foster positive relations of these adolescents in other contexts, this may
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28 be fostered as a meaningful strategy of preventing further social exclusion processes and promoting supportive
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30 social networks.
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1 YOUNG PEOPLE RIGHTS, PLACE ATTACHMENT AND WELL-BEING IN RESIDENTIAL CARE

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4 Table 1

5
6 *Descriptive analyses of dependent, independent and mediator variables*

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Dimensions	<i>M</i>	<i>SD</i>	Skewness			Kurtosis		
			Statistic	<i>SE</i>	Statistic / <i>SE</i>	Statistic	<i>SE</i>	Statistic / <i>SE</i>
Participation and Protection	3.69	0.78	-0.40	0.13	-3.12	-0.30	0.25	-1.19
Autonomy and Family Contacts	3.50	0.82	-0.45	0.13	-3.51	0.11	0.25	0.43
Normalization	2.63	1.01	0.16	0.13	1.24	-0.50	0.25	-1.97
Respectful system practices and behaviours	3.22	0.84	0.09	0.13	0.72	-0.23	0.25	-0.90
Perceived Rights (Global)	3.32	0.60	0.25	0.13	1.86	0.05	0.27	0.17
Place Attachment (Global)	3.20	0.87	-0.31	0.13	-2.38	-0.19	0.26	-0.73
Friend Bonding	3.37	1.04	-0.38	0.13	-2.92	-0.29	0.26	-1.12
Caregivers Bonding	3.40	0.91	-0.35	0.13	-2.69	-0.08	0.26	-0.31
Institutional Bonding	3.25	0.87	-0.44	0.13	-3.38	0.31	0.26	1.19
Place Identity	3.14	1.08	-0.22	0.13	-1.69	-0.60	0.26	-2.31
Place Dependence	2.97	1.02	-0.05	0.13	-0.38	-0.48	0.26	-1.84
Personal Growth	4.08	0.62	-0.44	0.13	-3.48	-0.25	0.25	-0.98
Positive Relations with others	3.85	0.62	-0.48	0.13	-3.78	0.59	0.25	2.32
Self-Acceptance	3.74	0.67	-0.41	0.13	-3.23	0.28	0.25	1.08
Purpose in Life	3.87	0.65	-0.13	0.13	-1.04	-0.36	0.25	-1.41
Psychological well-being (Global)	3.89	0.51	-0.03	0.13	-0.26	-0.23	0.26	-0.88

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47 *Note.* *M*=Mean; *SD*= Standard deviation; *SE*= Standard error.

4 Table 2

5 *Gender differences on dependent, independent and mediator variables*
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	Gender	<i>M</i>	<i>SD</i>	<i>t</i> (p-value)	Cohen's <i>d</i>
Participation and Protection	Female	3.61	0.77	-1.92 (n.s.)	
	Male	3.76	0.79		
Autonomy and Contacts with family	Female	3.35	0.78	-3.45 (<.01)	.36
	Male	3.64	0.84		
Normalization	Female	2.57	1.01	-.988 (n.s.)	
	Male	2.68	1.02		
Respectful system practices and behaviors	Female	3.28	0.78	1.22 (n.s.)	
	Male	3.17	0.88		
Perceived Rights (global)	Female	3.28	0.60	-1.35 (n.s.)	
	Male	3.36	0.59		
Personal Growth	Female	4.16	0.57	2.21 (<.05)	.23
	Male	4.01	0.66		
Positive Relations with others	Female	3.96	0.56	3.12 (<.01)	.33
	Male	3.76	0.66		
Self-Acceptance	Female	3.71	0.69	-.736 (n.s.)	
	Male	3.76	0.66		
Purpose in Life	Female	3.91	0.66	.928 (n.s.)	
	Male	3.84	0.65		
Psychological Well-Being(global)	Female	3.93	0.48	1.69 (n.s.)	
	Male	3.84	0.54		
Place Attachment (global)	Female	3.11	0.82	-1.87 (n.s.)	
	Male	3.28	0.91		
Friend Bonding	Female	3.29	1.01	-1.32 (n.s.)	
	Male	3.43	1.07		
Caregivers Bonding	Female	3.36	0.88	-.769 (n.s.)	
	Male	3.43	0.95		
Institutional Bonding	Female	3.18	0.83	-1.38 (n.s.)	
	Male	3.30	0.91		
Place Identity	Female	3.02	1.06	-2.02 (<.05)	.21
	Male	3.25	1.09		
Place Dependence	Female	2.84	0.98	-2.14 (<.05)	.22
	Male	3.07	1.05		

52 *Note.* *M*=Mean; *SD*= Standard deviation.
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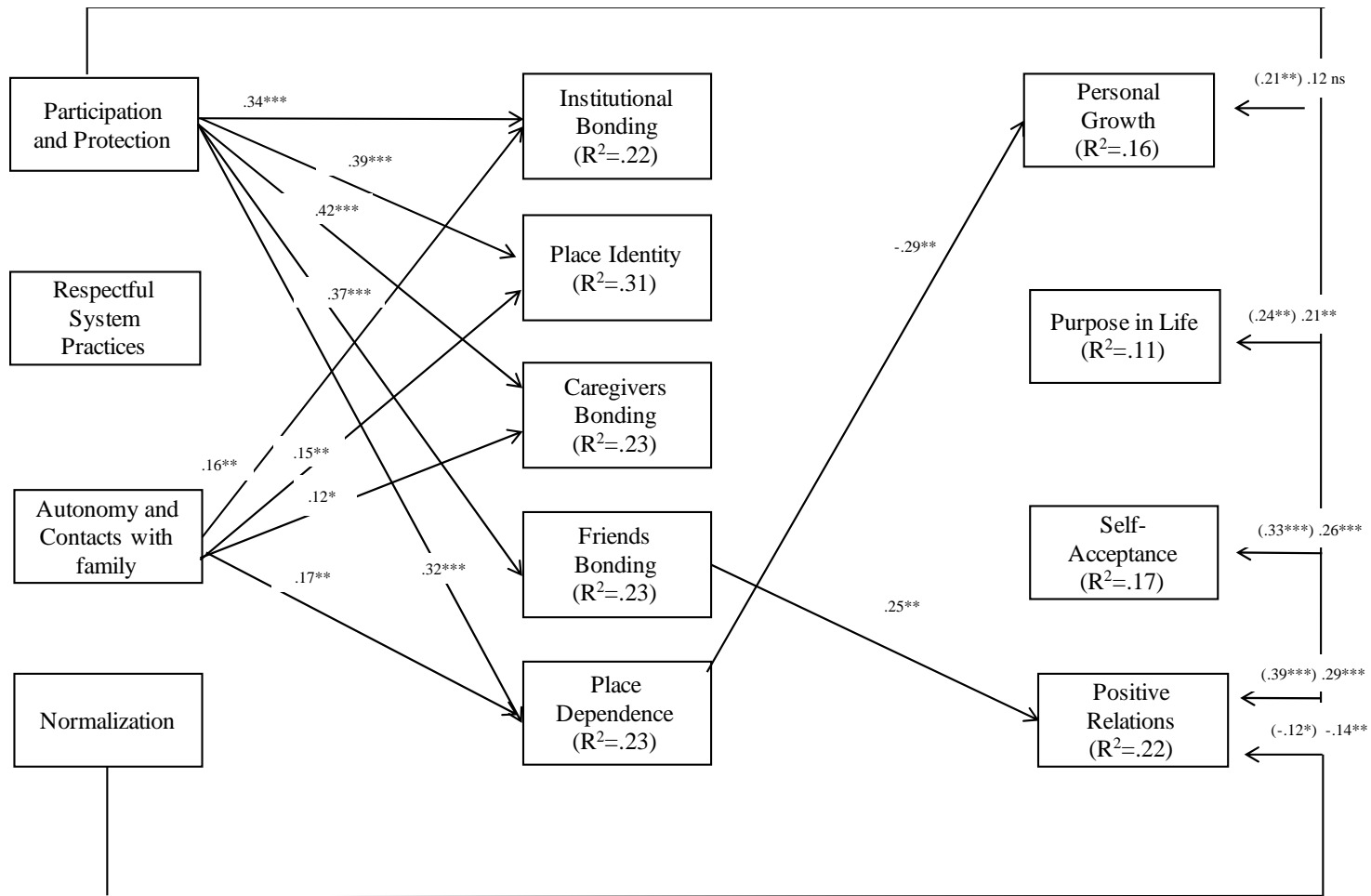
Table 3

Correlations among dependent, independent and mediator variables

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Participation	.54***	.25***	.28***	.26***	.35***	.38***	.29***	.46***	.46***	.53***	.45***	.45***	.55***	.18***	.08	.73***	.41***
2. Autonomy		.16**	.18**	.24***	.15**	.26***	.25***	.34***	.33***	.41***	.36***	.38***	.43***	.20***	.24***	.66***	.28***
3. Normalization			.46***	.06	-.02	.15***	.06	.21***	.07	.25***	.15**	.18**	.21***	.10*	.02	.63***	.07
4. Respectful practices				.09	.09	.12*	.05	.18**	.07	.25***	.15**	.19***	.20***	.16**	.14**	.77***	.12***
5. Personal Growth					.52***	.46***	.57***	.25***	.25***	.26***	.25***	.15**	.26***	.14**	.17**	.23***	.80***
6. Positive Relations						.50***	.46***	.34***	.28***	.29***	.27***	.21***	.31***	.12*	.01	.21***	.78***
7. Self-Acceptance							.57***	.29***	.26***	.33***	.29***	.27***	.34***	.09	.05	.32***	.81***
8. Purpose in Life								.17**	.19***	.20***	.18**	.14**	.20***	.06	.12*	.23***	.80***
9. Friends Bonding									.55***	.78***	.66***	.68***	.82***	.24***	.03	.42***	.34***
10. Caregivers Bonding										.64***	.65***	.56***	.78***	.10	.00	.32***	.31***
11. Place Identity											.73***	.83***	.95***	.27***	.02	.51***	.34***
12. Institutional Bonding												.73***	.85***	.18**	.06	.38***	.32***
13. Place Dependence													.89***	.21***	.05	.43***	.25***
14. Place Attachment														.24***	.03	.49***	.36***
15. Length of placement															.25***	.26***	.13*
16. Age																.20***	.13*
17. Perceived Rights																1	.32**
18. Psychological well-being																	1

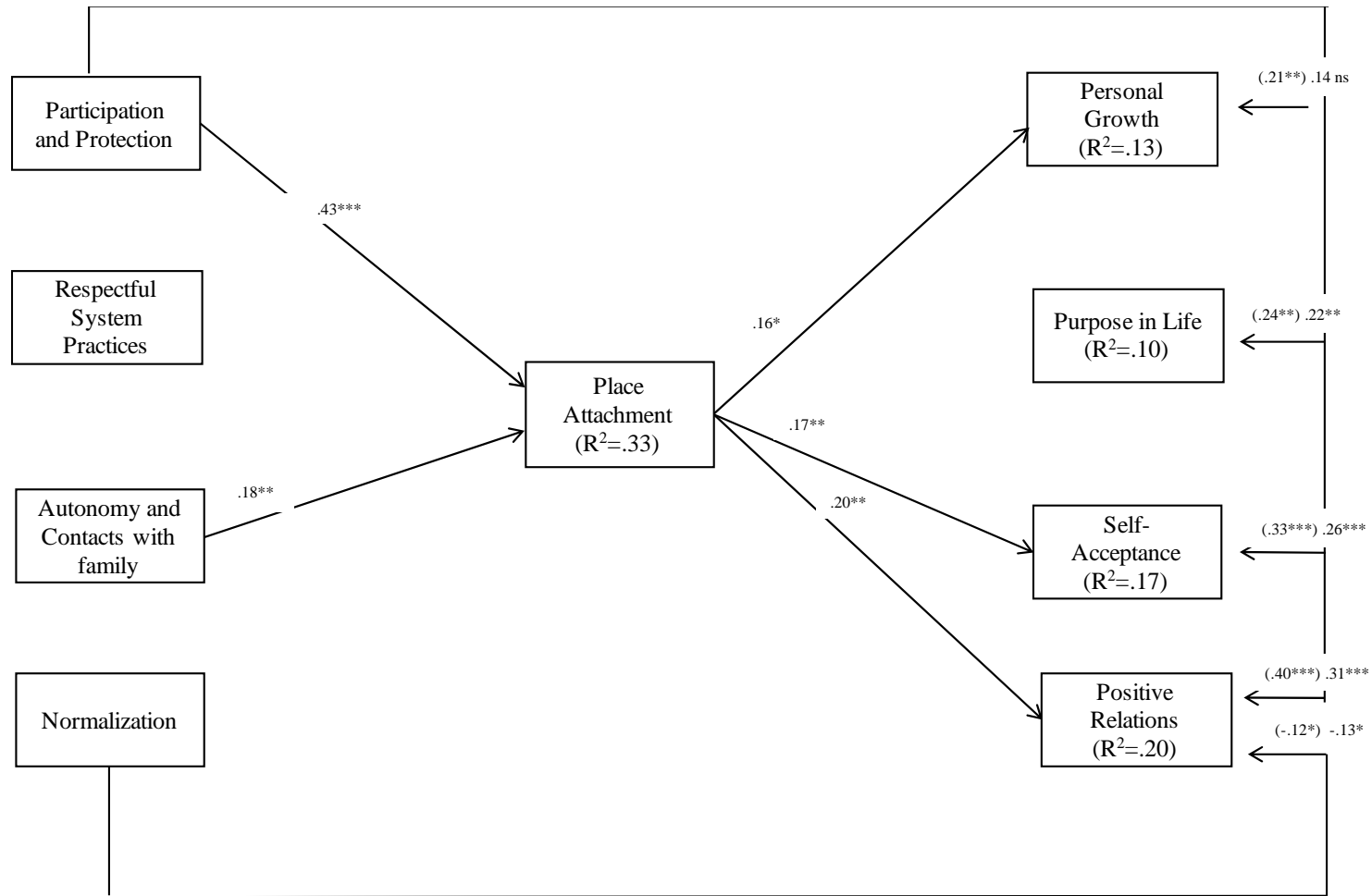
Note. * $p < .05$; ** $p < .01$; *** $p < .001$. 1. Participation and Protection; 2. Autonomy and contacts with family; 3. Normalization; 4. Respectful system practices and behaviors; 5. Personal Growth; 6. Positive Relations with others; 7. Self-Acceptance; 8. Purpose in Life; 9. Friends Bonding; 10. Caregivers Bonding; 11. Place Identity; 12. Institutional Bonding; 13. Place Dependence; 14. Place Attachment – Global dimension; 15. Length of placement; 16. Age; 17. Perceived Rights – Global dimension; 18. Psychological well-being - Global dimension

20 *Figure 1. The mediating role of place attachment (multidimensional) in the relationship between rights perceptions and psychological well-being*
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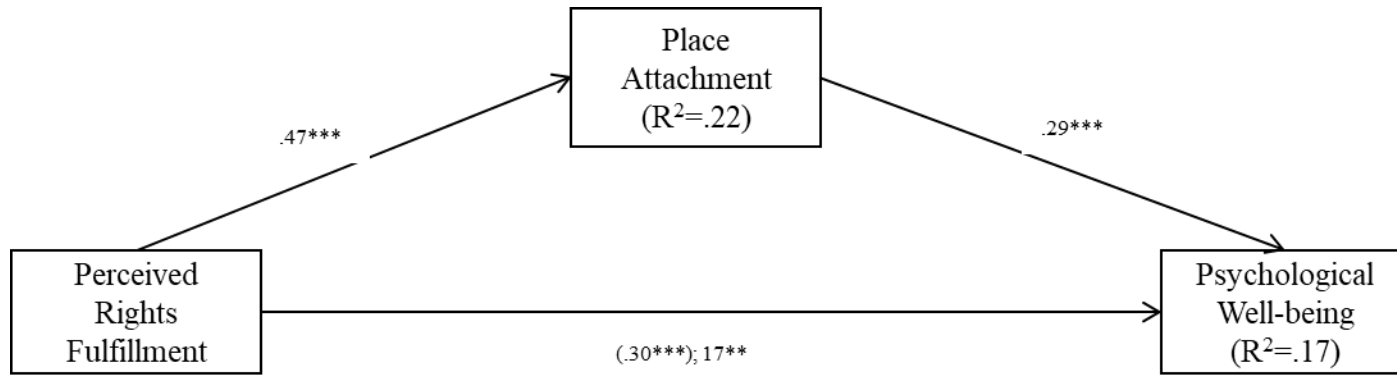
56 Note: standardized coefficients are presented in the figure; total effects are presented in parentheses, followed by direct effects
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20 *Figure 2. The mediating role of place attachment (global scale) in the relationship between rights perceptions and psychological well-being*
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22 *Figure 3. The mediating role of place attachment in the relationship between rights perceptions and psychological well-being (one-dimensional variables)*
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We would like to thank the opportunity to improve this manuscript, based on valuable and important reviewers' feedback. Below, we provide the answers to all issues raised by reviewers.

Reviewer #1: The topic and aims of this paper have the potential to make some significant contribution to the field of stress and coping among children and adolescents in unique settings. However, some pitfalls have been encountered in the process of making such contribution, and before re-considering publishing the paper the authors have to address several issues.

Introduction and literature review

Overall this part lacks some significant literature that could deepen the authors and the readers understanding into the conceptual world of focusing on well-being outcomes. More specifically, the salutogenic model by Antonovsky is an excellent foundation to be covered in this specific article. Recently, the book "The Handbook of Salutogenesis" was published and includes also a chapter on adolescents which incorporate many studies that have been done in this field.

R. We recognize the relevance of including the foundation of well-being framed on the salutogenic model. As such, the theoretical assumptions from the salutogenic model were added in the introduction, specifically on page 1 (first paragraph) and page 2 (last paragraph).

Also, in the same token, another pitfall of the specific literature review - as place attachment is mentioned without reference to community sense of coherence or sense of community it seems important to mention these concepts, review them and incorporate these terms into the article. The discussion of this paper could benefit from it later in the article.

R. The theoretical clarification about place attachment, community sense of coherence or sense of community was added in the introduction, specifically on page 3 (first paragraph).

Method

Measures -

1. *The authors should mention for each measure - who wrote it and in what year*

(i.e. rights perception scale).

2. The authors should also report the reliability of the entire scales and not only the reliability of the subscales. Later they should also use these variables as part of their analyses.

R. This information was added in the method section, in the final paragraph of the instruments description (pages 7-9).

Results

1. Some technical and APA issues: The tables are not written with accordance to APA rules. For example: Asterix for significance; in the correlation table only 2 numbers after decimal; in the correlation table the column should include the names of the variables.

2. Reference is not appropriate in the result section where the authors present their results.

3. The authors should include in all analyses also the combined comprehensive variables.

4. As the aim of a quantitative study is to make generalization, the authors should include an additional mediation analysis which should include the combined variables in a model: Independent variable - the rights, mediator - place attachment, outcome - well-being. In this manner also generalization could be done more clearly in the discussion part.

R. The APA issues were corrected, and additional analyses were performed with general dimensions of our variables: descriptive statistics (results on pages 10-11; tables on pages 23-25), mediation model (results on page 12; the figure of the third model on page 28).

Discussion

1. The discussion part should be re-written with accordance to the new literature review and analyses.

R. The discussion was completed in accordance with the previous changes that were done in the introduction and results (pages 14-15)

2. Study limitation is missing from the manuscript.

R. The final paragraph of the discussion includes the study limitations (page 15).

3. *Conclusion is also missing from the manuscript.*

R. A section with the manuscript's conclusion was added, followed the discussion.

Reviewer #2: this study was an important contribution to the literature and our understanding of the role of place attachment as a mediator in adolescent's psychological well-being. The literature review was complete and provided good rationale for the purpose of the study.

Study objectives were clear.

The type of research design could be added as part of the research objectives, though it is stated in the Discussion section.

R. This information was added in the introduction, page 6: In order to address these gaps in the literature, this cross-sectional study aims to explore the mediator role of place attachment (one-dimensional and multidimensional) in the relationship between the rights' perceptions and psychological well-being of adolescents in residential care.

Under Procedures, the authors may consider adding when and in what context adolescents completed the surveys. Did they complete them in a group setting? Were trained adults or researchers present to answer questions if adolescents had them?

R. This information was added in the procedures section, page 9: Data was collected by the first author, through a group collection in the residential setting, aiming to provide support if adolescents need.

Under results, I would suggest identifying the dimensions by the area they fall under - Rights Perception, Place Attachment, Psychological Well-being. I provided an example in the attached document.

R. We appreciated the reviewer suggestion. This section was re-written according to the example (page 10-11).

The attached document provides some suggested edits by page number. Most are simply grammatical suggestions for consideration.

R. All suggestions were integrated in this revised version. Thank you so much for your kind, attentive and rigorous analysis.