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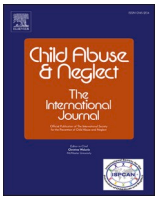

Children's right to participation in residential care: A staff-based study in Portugal

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ABSTRACT

Background: Youth in residential care (RC) reveal high-risk trajectories, which require upholding their rights and providing them with opportunities to participate.
Objective: We aimed to identify staff profiles focused on their perceptions of participation and the association with sociodemographic variables.
Participants and setting: This study included quantitative analysis of qualitative data collected from 87 professionals in the RC (M_{age} = 38.92, *SD* = 9.36).
Methods: A variable-centered approach was applied to identify the associations between the categories and configurations of profiles, followed by a person-centered approach to group professionals who shared similar conceptual profiles.
Results: Three profiles were identified. The *Full Participation* profile (14.9 %) involves those who conceive participation as ensuring that youth's views must be acted upon, and youth should participate in their education, play activities and RC issues to promote their empowerment. This cluster did not include participants from settings only for females, showing a greater proportion of males-only settings than the others. The *Participation in the Case Plan* profile described most professionals (56.3 %), reporting that youth should participate in child protection cases and family contacts to foster their well-being and quality of RC. This cluster showed a greater proportion of female-only settings than did the others. The *Blurred Participation* profile (28.7 %) represented a non-specific vision of how participation might work and showed a greater proportion of mixed settings than others.
Conclusions: Most professionals focused on youth participation in case plans more than on their capacity to participate in all decisions and be empowered. Skilled professionals are required to encourage participation in RC.

1. Introduction

Professionals in residential care are a critical resource for ensuring young people's participation. Therefore, this study aims to

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identify staff profiles based on their perceptions of participation to inform practices and policies in the out-of-home care system. According to the Convention on the Rights of the Child (CRC), every child has the right to express their views freely and be given due weight (Art. 12, General Assembly Resolution 44/25, 1989). In addition, the General Comment No. 12: The right of the child to be heard (from the UN Committee on the Rights of the Child) states that "mechanisms must be introduced to ensure that children in all forms of alternative care, including in institutions, are able to express their views and that those views be given due weight in matters of their placement, the regulations of care in foster families or homes and their daily lives" (United Nations, 2009a, p. 22). Specifically, "facilities providing residential care should be small and organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation' (according to the Guidelines for the Alternative Care of Children from the United Nations (2009b), p.18). As such, fulfilling the right to participate in residential care involves ensuring that youth may freely express their views and perspectives on matters affecting them, providing the information they need to be able to participate in, as well as considering these perspectives in decision-making (Equit, 2024).

Residential care refers to different types of non-family based alternative care services (such as residential treatment centers or group homes) which vary significantly across countries in terms of services provided, size, and organizational types (Sindi, 2022). Regardless of the type of residential care setting, over 2.7 million young people worldwide are placed in this kind of alternative setting (Petrowski et al., 2017). However, the ratio of placements seems to vary greatly, depending on the country. According to a recent report from Eurochild and Unicef (2021), significant variations are observed across Europe in terms of the percentage of children in foster care vs. residential care, as countries such as Malta (5.5 %) and Ireland (8.8 %) have percentages of children in residential care below 10 %, and others such as Greece (85 %) and Portugal (95 %) present the highest percentage of children in residential facilities (considering the total number of children in out-of-home care system). In the Portuguese context, there are two types of residential care: non-specialized (care and supported accommodation only, no in-home education or treatment services) and specialized (e.g., residential care to address emotional and behavioral problems or autonomy apartments). The last national report revealed that 6446 young people were placed in residential care in 2023, most of whom were placed in non-specialized residential care settings (83.9 %), and around 5 % in specialized residential care facilities (ISS, 2024). Considering the high rate of children in residential care in the Portuguese context and bearing in mind that their placement in care intends to warrant their rights, in this study, we aimed to explore staff's perspectives on participation in residential care.

1.1. The importance of children's participation in out-of-home placements

Following international guidelines, Lundy (2007) provided a conceptual model for child participation composed of four interrelated components: space (i.e., a safe and inclusive space should be provided to children to express their perspectives), voice (i.e., children should have the possibility of expressing their views), audience (i.e., children's perspectives must be listened to by someone with responsibility), and influence (i.e., children's perspectives should be taken seriously where appropriate). This model provides a framework that provides strategies and practices for improving child participation across contexts (Correia et al., 2022), including the child welfare system (Kennan et al., 2019). Child participation, as an inclusive, meaningful, transparent, and respectful process, may foster children's empowerment from minority groups (Ntinapogias & Nikolaidis, 2023) and their sense of agency (Brady et al., 2019; Sindi, 2022). Greater opportunities to participate positively affect young people's psychological adjustment in residential care (Magalhães et al., 2016). Conversely, not being heard in care seems to be associated with poor well-being and a low sense of agency (Cameron-Mathiassen et al., 2022).

As such, a rights-based approach is critical for fostering young people's psychological functioning (Magalhães et al., 2016; Magalhães et al., 2018) and empowering vulnerable groups (Grugel, 2013), such as those in residential care. Considering the particularly vulnerable developmental trajectory of young people in residential care, due to previous maltreatment, current mental health needs (Magalhães & Calheiros, 2020; Magalhães & Camilo, 2023), and their families' separation, further efforts are needed to ensure that these young people are not treated merely as passive clients of out-of-home care services (Sindi, 2022). Further resources (financial and/or human) should be allocated to residential care settings to provide them with the necessary conditions for young people's participation (Jamieson, 2017).

1.2. The extent of children's participation in residential care

Regular and well-structured opportunities for participation are valuable resources for young people in residential care routines and decisions (Brady et al., 2019). However, ensuring participation in residential care settings is not a situational matter; it is a structural issue that warrants child participation in everyday life in care settings (Gharabaghi, 2023). According to the literature, young people in residential care regularly participate in issues related to their daily routines, such as clothes, activities or hobbies (Brady et al., 2019; McCarthy, 2016; Sindi, 2022). Residential care settings provide opportunities for participation in house meetings where youth can discuss daily activities or house rules with staff, even though these meetings are not consistently implemented (Brady et al., 2019).

Moreover, if some studies suggest that young people's involvement in care plans and statutory issues is appropriate (Brady et al., 2019), others suggest that there is a limited participation of young people in major issues related with decision-making, such as in the child protection case plan, their admission to residential settings or their contacts with family while they are placed in residential care (Brummelaar et al., 2018; McCarthy, 2016; McPherson et al., 2021). Additionally, some inconsistencies have been described regarding young people's participation in issues related to residential care services provision (Brady et al., 2019).

These mixed findings on participation in residential care (e.g., everyday aspects vs. care planning decisions) expose a set of ambiguities and tensions in residential care (Sindi, 2022), suggesting that meaningful participation in decision-making while in care has

not yet been fully achieved (Brummelaar et al., 2018). Therefore, further efforts are needed to ensure fully participatory processes in residential care, foster the agency of children and young people, and prevent a paternalistic approach to child protection that does not support dignity or rights in care (Sindi, 2022). Moreover, given that the lack of child participation is associated with greater young people's behavioral problems, incomprehension, and passiveness in decision-making processes and that participating in childcare might foster care services' effectiveness (Brummelaar et al., 2018), it is important to explore facilitators and barriers related to participation in care. Specifically, variables related to staff beliefs, attitudes, and practices are particularly important in residential care settings (Magalhães et al., 2023).

1.3. The role of professionals in residential care in promoting participation

Skilled professionals are needed to facilitate young people's participation in residential care (Magalhães et al., 2023), and its implementation is an important precursor to ensuring the best interests of children (Equit & Purtell, 2023). The lack of skilled professionals, staff's negative attitudes toward participation, lack of knowledge about what participation entails, scarcity of training, staff turnover, and workload have been highlighted as important barriers to child participation in care (Brummelaar et al., 2018; McCarthy, 2016; McPherson et al., 2021). Furthermore, some studies have suggested that experienced staff seem to be less likely to foster child participation in residential care than younger professionals with less experience (McPherson et al., 2021). This finding might be related to staff's reluctance to involve youth based on their beliefs related to participation, as well as their views of youth in residential care as vulnerable and who need the protection of adults (McPherson et al., 2021), consistent with a paternalistic approach to child protection in residential care (Sindi, 2022). The staff's negative attitudes toward youth participation are particularly detrimental, as it may increase their social exclusion by counteracting the recognized recommendation to implement rights-based residential care services (Sindi, 2022). In fact, staff in residential care may face difficulties in accepting young people's expressions, which in turn is associated with a greater barring of young people from participatory opportunities (McCarthy, 2016). When staff practices in residential care are guided by negative attitudes and a personal devaluation of young people's participation as well as by staff's beliefs and experiences, more than by evidence-based recommendations, the right to participation seems to be undermined in care (McCarthy, 2016).

In contrast, a supportive and trusting relationship with the staff may facilitate participation in residential care (Brummelaar et al., 2018; McPherson et al., 2021). The capacity of staff to ensure a secure residential care environment by paying attention to the young person, being available to them, and providing an opportunity for a reciprocal relationship in which participation is welcome is associated with greater opportunities for involvement and consideration (Brummelaar et al., 2018). Moreover, staff's ability to be positively connected with young people seems to be associated with higher participation in residential care (McCarthy, 2016), as well as with greater youth satisfaction with placement (Boel-Studt et al., 2023). Regardless of the role of professionals in residential care (i.e. frontline caregivers, caseworkers, etc.), they are responsible for supporting the child's participation, ensuring that these children are listened to and heard (Sindi, 2022). As such, this study aimed to identify profiles of staff perceptions about participation that might allow us to develop training opportunities tailored to the diverse needs of different staff profiles. Specifically, we aimed to (a) identify staff profiles working in residential care, based on their perceptions about participation, and (b) to compare the staff profiles according to sociodemographic characteristics.

2. Method

2.1. Research design and data collection

This study was based on a quantitative analysis of previously published data (Magalhães et al., 2023). In that publication, the authors aimed to explore, describe, and discuss in-depth qualitative findings regarding the concepts of participation, the related barriers, facilitators, and benefits based on open-ended questions (Magalhães et al., 2023). Thus, a qualitative content analysis involving the identification of mutually exclusive categories and subcategories was previously performed and published (Magalhães et al., 2023). In the current manuscript, we aimed to go further by using a quantitative approach to organize these categories and subcategories into profiles.

Data were collected from 87 professionals ($M = 38.92$, $SD = 9.36$ years old) working in Portuguese residential settings. Most of this sample was composed of female (93.1 %) and single (48.3 %) professionals who had completed a bachelor's or master's degree (86.2 %). Many professionals who participated were caseworkers (i.e., psychologists and social workers; 41.4 %), followed by 29.9 % caregivers (i.e., frontline staff) and 23.0 % directors. Many of these professionals had been working in mixed-gender residential care settings (72.4 %), 13.8 % in female-only settings, and 13.8 % in male-only settings. Our participants had been developing their role in the current residential care setting for less than seven years (35.3 %), 25.1 % between seven and 15 years, 14.7 % greater than 15 years of work, and 24.1 % did not provide information regarding their length of experience. Data collection of qualitative data was carried out in 2021 by disseminating a link (Qualtrics) on social media and mailing lists targeting the staff working in the Portuguese residential care system. A total of 245 professionals accessed the link; however, only 87 completed the full questionnaire.

2.2. Research tools

Sociodemographic variables were assessed through a questionnaire focused on a set of individual attributes (e.g. gender, age, and education) and professional characteristics (i.e. the number of young people placed in the residential setting, the staff's role in residential care, experience in the residential care system, and the type of residential setting).

Moreover, these professionals were asked to answer a set of open-ended questions focused on the concept of participation (e.g., *"How would you define children's and adolescents' right to participate in residential care?"*) issues in which young people should participate (e.g., "*What kind of life issues do you consider to be important for children and adolescents in residential care to participate?*"), facilitators and barriers (e.g., *"What are the main barriers to the participation of children and adolescents in residential care?"*) and benefits of participation (e.g., *"What kind of benefits might derive from the children and adolescents' participation in residential care?"*) (Magalhães et al., 2023, p.119).

2.3. Data analysis

The previously published results (Magalhães et al., 2023) revealed 62 subcategories organized around six central macro-categories: The Concept of Participation, Participation Life Domains, Residential Care domains of Participation, Participation Enablers, Barriers to Participation, and Benefits of Participation. In the current study, only the categories reported by more than 10 % of the participants were included in the quantitative data analysis to avoid statistical work on the residual categories. While no specific statistical criterion is established, this threshold aims to exclude variables (conceptual (sub)categories) that have low residual frequencies in multivariate analysis (Greenacre, 2006).

As such, in the current study, the following 23 subcategories were included: The Concept of Participation was perceived as a *Decisive Issue* (e.g., "It is fundamental"), *An Overlooked Right* (e.g., "It should exist, but it does not exist in all residential homes") and as *Influence* (e.g., "Valuing the opinion of children and adolescents in residential care"). Participation Life Domains included *Education* (e.g., "Scholar Trajectory"), *Daily Routines* (e.g., "In the organization of routines and activities"), *Playful Activities* (e.g., "The choice of leisure activities"), *Young People Protection Case* (e.g., "In defining their intervention plan"), *Family Contacts* (e.g., "Contact and visits with relatives or significant others") and *All Life Domains* (e.g., "All areas of their life"). Residential Care domains of Participation involved *Routines and Setting Functioning* (e.g., "To give their opinion about the rules and routines of the group home"), *Group Home Activities* (e.g., "Activities to promote personal and social skills"), *Organization of Physical Space* (e.g., "In some choices in the residential home, for example, furniture in some rooms, particularly in their bedroom") and *All Domains* (e.g., "They should be able to give their opinion in all domains [of the residential group home] that interfere with their life") (Magalhães et al., 2023, p.122-123).

Participation Enablers included *Skilled Professionals* (e.g., "Professionals showing human skills/empathy"), Having *Space* (e.g., "It also facilitates the active participation by creating group moments [formal or informal, depending on needs] for discussion") and *Group Home Management* issues (e.g., "The management of daily routines in the residential care setting"). Barriers to Participation involved *a Lack of Skilled Professionals* (e.g., "Lack of qualified staff") and *Developmental Issues* of young people (e.g., "The very young age"). Finally, in terms of Benefits of Participation, in this study the following subcategories related to young people were included: *Young people's well-being* (e.g., "Greater self-esteem"), *Empowerment and Life Skills* (e.g., "Acquisition of personal and social skills"), *Acceptance and Engagement* (e.g., "Better acceptance of residential care"), *and Sense of Belonging* (e.g., "To develop feelings of belonging in the residential care"), also benefits related with *Residential Care Quality* were considered (e.g., "The improvement of conditions in residential care, mostly matched to the needs and interests of the children") (Magalhães et al., 2023, p.123-125).

Conceptual subcategories were transformed into variables, and Multiple Correspondence Analysis (MCA) was performed to assess the relational structure between multiple categorical variables (Blasius & Greencare, 2006; Carvalho, 2017). MCA makes it possible to describe the associations between all categories and graphically represent the multidimensionality that sustains these interrelationships. The MCA transforms categorical input variables using an optimal scaling procedure and assigns optimal quantification to the categories of these input variables. Using optimal quantification of the categories, MCA provides a graphical representation of the categories as points in two-dimensional graphs (Ramos & Carvalho, 2011). The most statistically relevant associations are emphasized by the geometric proximity of the categories, and different profiles can be identified from the configurations drawn by these associations. In this study, MCA made it possible to identify profiles based on staff perceptions of participation in residential care.

The optimal quantifications associated with the two dimensions (axes) of the MCA were then used, and cluster analysis was applied to group participants according to their profiles. A hierarchical cluster analysis was first carried out using two clustering heuristics: the ward method and the farthest neighbour method (Hair et al., 2019). Once the three-cluster solution was validated, an optimisation algorithm was applied: k-means and the three clusters were saved.

Analysis of variance and chi-square were also used to compare the three profiles according to sociodemographic variables (i.e., age, current professionals' role in the residential care setting (i.e., caregiver, caseworker, or director), residential care setting typology (i.e., only females, only males, and mixed), education (i.e., high school, bachelor, or master/PhD), work experience in residential care (i.e., years of experience), and the number of young people placed in the residential care home where the professionals worked).

3. Results

3.1. Multiple correspondence analysis and clustering

First, based on the discrimination measures from the MCA, the following four variables were removed from further analysis because they showed discrimination close to zero: Decisive Issue, Skilled Professionals, Group Home Management, and Lack of Skilled Professionals. The results of the MCA, with the remaining variables, suggest a two-dimensional model to describe professionals' perceptions of child participation in residential care (Table 1).

Three profiles were identified by crossing these two dimensions (Fig. 1). The *Full Participation* profile (Cluster 1, 14.9 % of the professionals) involves conceiving participation to ensure that youths' views must be acted upon and that youths should participate in

issues related to their lives (such as education, daily routines, and playful activities) and the residential care setting (such as organizing the routines, functioning, and the physical space of the residential care home). This profile also involves perceiving a safe and inclusive space as an important enabler for young people's participation in residential care. By contrast, youth developmental issues (e.g., younger age) were perceived as barriers to effective participation in care. Finally, within this profile, the impact of participation involves enabling young people's empowerment and life skills, as well as further acceptance and engagement with the residential care intervention, together with a greater sense of belonging. *Participation in the Case Plan* profile (Cluster 2, 56.3 % of the professionals) involved perceptions that youth should participate in their child protection cases, family contacts, as well as in the definition of activities being implemented in the residential care home, which can foster young people's well-being and residential care quality. Finally, the *Blurred Participation* profile (Cluster 3, 28.7 % of the professionals) includes non-specific conceptions about young people's participation in residential care, given that they should participate in all personal and organizational issues, missing any specific vision about how participation might work.

3.2. Associations between clusters and sociodemographic variables

Moreover, a set of associations was tested between the three profiles (via clusters) and the sociodemographic variables. Only the type of residential care setting significantly differentiated the profiles (X^2 (4, $N = 87$) = 9.814, $p = .040$). The results suggest that the *Full Participation* profile (Cluster 1) did not include settings only for females, showing a greater proportion of males-only settings (38.5 %) than the other clusters (10.2 % in Cluster 2 and 8.0 % in Cluster 3). *Participation in the Case Plan* profile (Cluster 2) showed a greater proportion of female-only settings (18.4 %) than in the other clusters (0.0 % in Cluster 1 and 12.0 % in Cluster 3). Finally, the *Blurred Participation* profile (Cluster 3) showed a greater proportion of mixed settings (80.0 %) than did the other profiles (61.5 % in Cluster 1 and 71.4 % in Cluster 2).

For all the other sociodemographic variables, no significant associations were found: age ($F(2, 86) = 0.872$, $p = .422$), current professional role in the residential care setting (i.e., caregiver, care worker, or director) (χ^2 (4, $N = 82$) = 0.977, $p = .914$), education level (i.e., high school, bachelor, or master/PhD) (χ^2 (4, $N = 84$) = 3.842, $p = .439$), work experience in residential care (i.e., years of experience) (F (2, 66) = 0.336, $p = .716$), and the number of young people placed in the residential care home where the professional works (F (2, 85) = 0.349, $p = .707$).

4. Discussion

The current study aimed to identify staff profiles that focus on child participation in residential care as well as compare them in terms of sociodemographic characteristics. The findings revealed three profiles: *Full Participation*, *Participation in the Case Plan,* and *Blurred Participation*. Most participants belonged to the *Participation in the Case Plan* profile, which involved perceptions related to child participation in the case plan intervention, including contacts with their birth family as well as in the definition of activities being implemented in the residential care home. The child's participation in their cases is vital to the success of child protection intervention, including when it involves family reunification. This might be fully achieved by meeting in family- and child-friendly spaces, providing them with comprehensive information, and addressing their specific needs in a safe space (Kennan et al., 2019). A culture of

Table 1
Discrimination measures and contributions of the active variables.

	Dimension			
	1		2	
	Discrimination measures	Contributions	Discrimination measures	Contributions
An_overlooked	0.078	2.8 %	0.050	2.6 %
Influence	0.174	6.2 %	0.052	2.7 %
All_Life_Domains	0.233	8.3 %	0.386	19.9 %
Education	0.320	11.3 %	0.004	0.2 %
Daily_Routines	0.079	2.8 %	0.011	0.6 %
Playful_Activities	0.293	10.4 %	0.091	4.7 %
Youngpeople_Protect_Case	0.083	2.9 %	0.058	3.0 %
Family_Contact	0.090	3.2 %	0.058	3.0 %
All_domains	0.190	6.7 %	0.472	24.3 %
Routines_and_Setting_Functioning	0.328	11.6 %	0.033	1.7 %
Group_Home_Activities	0.189	6.7 %	0.073	3.8 %
Organization_of_Physical_Space	0.172	6.1 %	0.091	4.7 %
Space	0.141	5.0 %	0.101	5.2 %
Developmental_Issues	0.036	1.3 %	0.039	2.0 %
Youngpeople_Well_Being	0.011	0.4 %	0.029	1.5 %
Empowerment_and_Life_Skills	0.105	3.7 %	0.001	0.0 %
Acceptance_and_Engagement	0.110	3.9 %	0.191	9.9 %
Sense_of_Belonging	0.186	6.6 %	0.110	5.7 %
Residential_Care_Quality	0.003	0.1 %	0.090	4.6 %
Total	2.821	100.0 %	1.941	100.0 %

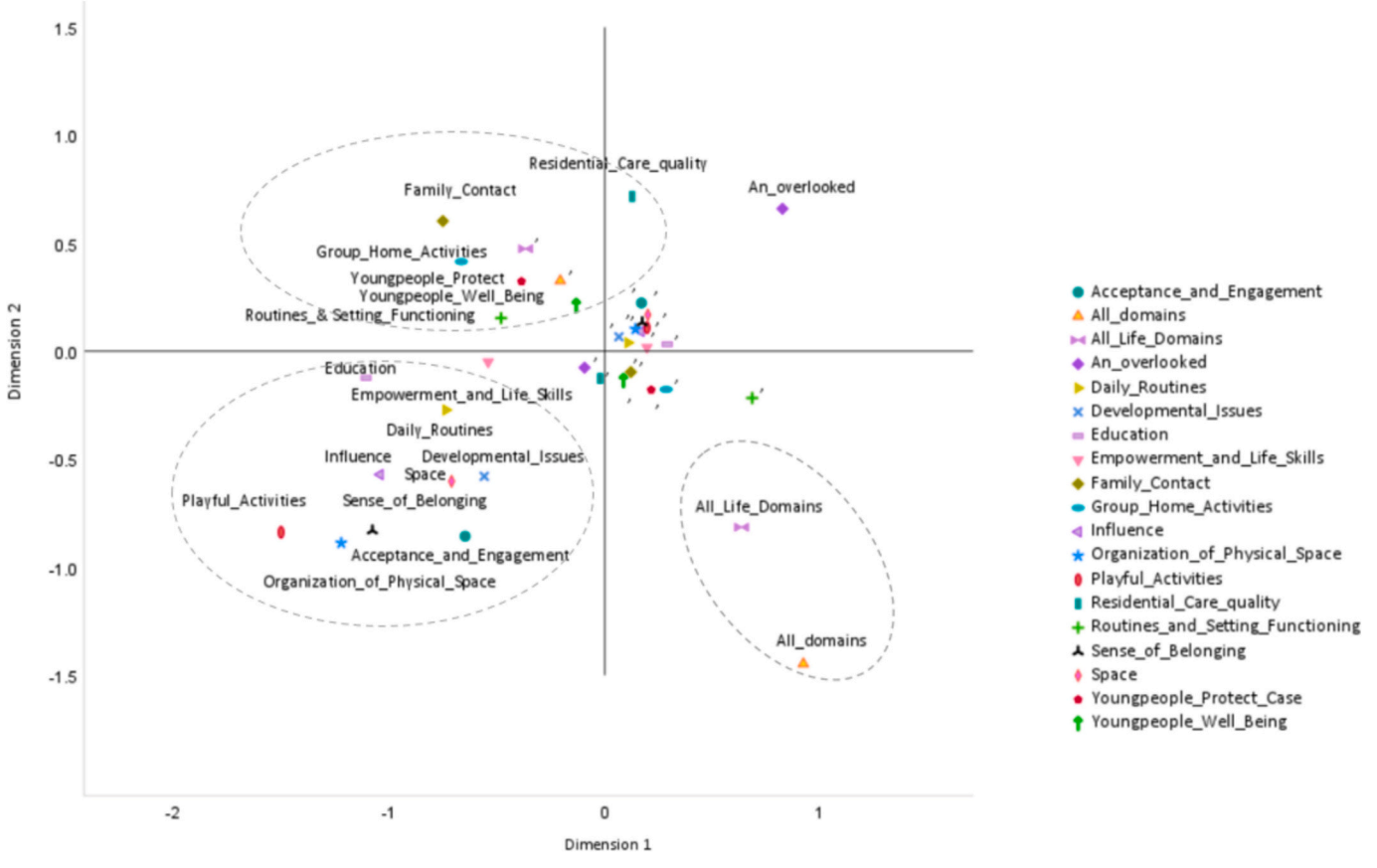

Fig. 1. Topological configuration of participation profiles.

participation is more than just "having a say," as it should also involve the opportunity to actively participate in decision-making (i.e., formal decisions made about them, plans) and to have an active involvement, a voice, and genuine influence over major life decisions (McPherson et al., 2021). These participation opportunities provide a greater sense of control in the process, which is particularly important for their well-being in the residential care context, where decisions are typically out of control (McCarthy, 2016). Furthermore, residential care services must be able to provide a structured and secure environment in which young people might be able to participate, more than providing specific moments of episodic or situational participation (Gharabaghi, 2023). Quality residential care requires ensuring that skilled professionals provide a therapeutic setting, which, in turn, allows young people to develop positively (Farmer et al., 2017). As such, the structures and activities developed in residential care settings should foster young people's safety and well-being, which is greatly fostered if young people (as recipients of the intervention) can actively participate in decisions about the activities to be carried out. Full participation in residential care, fostered by skilled staff, provides a greater sense of security (Moore et al., 2018), as well as self-efficacy beliefs, self-esteem, confidence, and empowerment (UNICEF, 2018).

Whether most of our participants were in the *Participation in the Case Plan* profile, since this is the most central dimension for professionals working in the residential care system, there is also a group of professionals whose perceptions of participation seem to go beyond the child protection case and include aspects related to young people's agency and empowerment. The least prevalent profile in this study was the *Full Participation* profile, involving conceptions centered on the impact of participation on young people's empowerment and life skills, acceptance and engagement with the residential care intervention, and a greater sense of belonging. Specifically, professionals perceived participation as an issue of influence and empowering young people in residential care. Young people who feel respected and listened to, and whose voice has a role (influence) in decision-making processes in residential care, tend to feel empowered because they can understand the outcomes of those processes (Purtell et al., 2023). Moreover, feeling respected and empowered fosters a greater sense of belonging, which has been reported to be particularly important to the positive identity of young people in residential care (Magalhães & Calheiros, 2015a; Magalhães & Calheiros, 2015b), together with a sense of belonging and bonding in this context (i.e., people in care and the environment) (Magalhães & Calheiros, 2015c; Magalhães & Calheiros, 2020). Also, participation in residential care could be viewed as a precursor of further participation, citizenship actions, and involvement of young people in other social institutions that might affect them. It is particularly important as young people's ideas about rights and democracy seem to be shaped by the social contexts in which they grow up (Helwig et al., 2014), and for that reason, residential care settings should be able to ensure the needed conditions for young people's full participation. Lundy (2007) highlighted that ensuring participation involves granting space, voice, audience, and influence, which means that the first three elements (space, voice, and audience) are needed to ensure that children's perspectives are taken seriously (influence). Moreover, when children's perspectives are not entirely taken, young people should receive appropriate feedback (Lundy, 2007). Providing feedback to youth, as well as supporting and raising their perspectives, may be associated with better outcomes.

Additionally, the *Full Participation* profile entails believing that having a secure and inclusive environment is crucial for facilitating young people's participation in residential care, in line with the theoretical assumption that 'Voice' is not enough (Lundy, 2007). The four elements of the participation model (space, voice, audience, and influence) are interrelated, and an overlap between space and voice has been reported given that children's voices might be fostered within an inclusive and safe space (Lundy, 2007). For space for participation to be properly guaranteed, it is important to ensure physical and human resources in residential care, including skilled professionals, as well as organizational support for the effective participation of young people (Magalhães et al., 2023). By contrast, youth developmental issues, such as their younger age, were seen as obstacles to effective care participation within this profile. Developmental issues have been reported also in the literature as undermining full participation in care (Brummelaar et al., 2018; Križ & Skivenes, 2017). This finding suggests the need to consider children's participation through a developmental lens, where children's development issues are not perceived as a barrier but rather are considered when selecting strategies in care to give children a voice, space, and audience. Professional practices that are sensitive to children's developmental needs and consider the child's comprehension of a given situation are more important than selecting participation opportunities based on the child's age per se (Križ & Skivenes, 2017). Finally, the *Blurred Participation* profile includes non-specific conceptions about participation in residential care, given that young people should participate in all issues. This profile includes professionals who stated that young people in care should participate in all matters relating to their lives and group homes; however, it is not clear how these professionals put these views of participation in care into practice as any specific vision about how participation might work was provided.

Furthermore, a set of associations was tested between the three profiles (via clusters) and the sociodemographic variables. Only the type of residential care setting differentiates the profiles, suggesting that the *Full Participation* profile includes a greater proportion of males-only settings, the *Participation in the Case Plan* profile shows a greater proportion of females-only settings, and the *Blurred Participation* profile shows a greater proportion of mixed settings. These results might be anchored in the theoretical assumptions of gender socialization theories, which suggest that gender-based expectations may be derived from repeated practices and social norms that differentiate people based on their gender (Leaper & Friedman, 2007). Gender norms define which behaviors are appropriate for girls and boys in each context and given that they are rooted in formal and informal contexts, they might shape individuals' attitudes in those contexts (Cislaghi & Heise, 2020). Specifically, social relationships reinforce social norms that strengthen self-assertion (e.g., independence and competition) for boys and affiliation and collaboration (e.g., interpersonal sensitivity or responsiveness) for girls (Leaper & Friedman, 2007). These social norms and gender-based expectations may explain why professionals working in boys-only residential care homes perceive participation as a strait for young people's empowerment more than professionals working in girls-only care homes do.

4.1. Limitations, implications for research and practice

The current findings should be discussed within the context of certain limitations. Given that the sample is mostly female, it would be important to replicate the study with samples that are more heterogeneous in terms of gender. Second, young people were not included in this study as participants; therefore, it would be important in the future to cross-check the perspectives of young people with those of professionals to obtain a more complete view of participation in residential care. Finally, we did not evaluate the staff's participation in residential care and its relationship with the quality of care and well-being of young people, which should be further explored in future research. As such, subsequent research should examine the persistence of the profiles identified in this manuscript through a follow-up study that may provide a better understanding of the meaning of these profiles and their impact on the perceived well-being of young people in residential care.

Despite these limitations, the results of this study allow us to identify some important implications for professional practice. The relevance of participation in young people's empowerment and well-being suggests that residential care contexts should be organized in a flexible but structured manner to foster young people's participation. Our findings suggest that encouraging participation in child protection processes might be positively associated not only with children's well-being but also with the quality of residential care services. Therefore, it is critical to fully involve children and their families in alternative care interventions, from a collaborative perspective that is associated with more effective social services (Albuquerque et al., 2020). Furthermore, organizational assets should be mobilized to provide an inclusive and secure space for young people to express their views on residential care (providing them with different channels or mechanisms to participate), as the first step to having a voice. However, having a voice and space is not enough, and young people in residential care should have an audience responsible for making decisions that include the youth's perspectives. As such, skilled professionals are needed to promote participation in residential care, namely being empathic, responsive, and supportive, which is necessary to provide an effective audience. Skilled professionals are critical to fostering young people's well-being, adjustment, and recovery in residential care (Ballentine et al., 2023; Magalhães et al., 2023; Magalhães et al., 2024). Staff supervision can provide an opportunity to integrate this knowledge into professional practices (Vaskinn et al., 2021), surpassing dilemmas and difficulties in implementing participatory practices. Furthermore, the current findings suggest the need to encourage participatory practices for all young people as a chief mechanism for empowering this group of children who have experienced highly vulnerable circumstances (e.g., maltreatment, multiple placements in the out-of-home care system, mental health difficulties). This is consistent with the intersectionality theory, which suggests that there are intersecting axes of inequality that might have social and political implications (Al-Faham et al., 2019). The current findings provide thoughtful insights into the intersecting axes of gender and belonging to group homes, which should be carefully considered in child protection policies. Inclusive and egalitarian professional practices might prevent sustained cycles of vulnerability based on gender inequalities in a group of children and young people who are already at a greater risk of social exclusion.

CRediT authorship contribution statement

Eunice Magalhães: Writing – review & editing, Writing – original draft, Validation, Project administration, Investigation, Conceptualization. **Maria Manuela Calheiros:** Writing – review & editing, Conceptualization. **Helena Carvalho:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis. **Micaela Pinheiro:** Writing – review & editing, Writing – original draft, Data curation.

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Declaration of competing interest

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Data availability

The data that has been used is confidential.

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