

The perspective of young people in residential care
regarding their autonomization process

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Abstract

Although Portugal presents a high percentage of young people in residential care, research on the subject is scarce, and rarely takes into account the narratives of the young people themselves. The present study was conducted with the aim of understanding how young people in residential care face the process of autonomization. The participants were 11 young people, between 15 and 17 years of age, who were living in a Residential Care Center in the northern region of the country. A document analysis grid was used to analyze the processes of young people, at an initial stage. Then, a semi-structured interview was conducted, in order to understand the point of view of young people about the context in which they are inserted, their view on the residential care process and their perceptions about leaving the institution. The results suggest that residential care is experienced in an overall negative way by the young people interviewed, since they perceive it as a break of emotional bonds. Despite all the difficulties that emerge during the institutionalization period, they report some positive changes, namely in terms of decreasing disruptive behaviors and substance use. The results also seem to indicate that these young people do not have the necessary skills to face the process of autonomization.

Keywords: young people; residential care; autonomization process.

The perspective of young people in residential care regarding their autonomization process

In Portugal, the Law for the Protection of At-Risk Children and Youth aims to promote the rights and protection of at-risk children and youth, guaranteeing their well-being and full development (Law N°. 147/99, of September 1st). In 2017, according to the Annual Report on the Characterization of the Institutionalization of Children and Youth (CASA Report) (Social Security Institute, 2018), 3918 at-risk children and youth were identified, namely due to experiencing: neglect (2627), psychological abuse (400), physical abuse (175), sexual abuse (40) and others (676).

Although residential care is applied in “extreme situations”, according to the Annual Report on the Assessment of CPCJ Activity of the year 2018 - May 2019, this is the second most applied measure of promotion and protection (9.4%), after the measure of support alongside parents, which accounted for 79.2% of cases (CNPDPJC, 2019). Therefore, according to the CASA Report (SSI, 2018), in 2017, there were 7553 institutionalized children and youth in Portugal, and 2857 children and youth whose institutionalization ended that same year.

Institutionalization is experienced by youth in a negative way, representing, in most cases, a difficult and not always accepted adaptation. In order to cope with the lack of conditions and parental neglect, the objective should be to work on these issues with the family, with a vision towards the reintegration of the child or young person in the family. However, this reintegration does not always happen, and the intervention should focus on the autonomization process, conducted in the institutional context. For this work to be performed, it is necessary to develop autonomous life programs, as well as social and personal skills in young people, so that the transition phase is done successfully (Barth,

Greeson, Zlotnik, & Chintapalli, 2009).

Characterization of the phenomenon of at-risk children and youth and institutionalization

The phenomenon of “at-risk children and youth” has been analyzed by numerous researchers from various areas, thus being a very broad and heterogeneous concept.

Since these children and youth usually come from dysfunctional households, a wide variety of reasons can be at the origin of various risk situations (e.g., economic deprivation, unemployment, alcoholism, drug addiction, lack of parental skills, poor housing conditions, among others) (Santos, 2009).

These problems lead to the development of controversial behavior patterns such as: difficulty to resist frustration, difficulties in interpersonal relationships, emergence of depressive feelings, high levels of anxiety and aggression, learning difficulties and school failure, mood swings, emotional instability and low self-esteem (Carneiro, 2005).

Law 147/99, of September 1st, was created with the aim of safeguarding the rights of children whose parents, or those responsible for their behavior, compromise their health, development and education, or are unable to protect them from the dangers posed by third parties, by the children themselves or by young people. The Protection of At-Risk Children and Youth Act introduced changes to the existing residential system, having already undergone four changes, namely by law n°. 31/2003, of August 22nd, by law n°. 142/2015 of September 8th, by law n°. 23/2017, of May 23rd and by law n°. 26/2018 of July 5th.

According to the Law for the Protection of At-Risk Children and Youth (article 3, paragraph 2), the child or young person is considered to be in a situation of danger when the parents, the legal guardian or individual who has custody of the child endanger their

safety, health, education or development, in at least one of the following situations:

- a) is abandoned or fends for him/herself;
- b) suffers physical or psychological abuse or is the victim of sexual abuse;
- c) does not receive the care or affection appropriate to his/her age and personal situation;
- d) is in the care of third parties, for a period of time in which the establishment of strong bonds with these third parties was observed, and, at the same time, the parents did not exercise their parental functions;
- e) is forced to do activities or work that is excessive or inappropriate for their age, dignity and personal situation or that is harmful to their education or development;
- f) is subject, directly or indirectly, to behaviors that severely affect their safety or emotional balance;
- g) assumes behaviors or indulges in activities or consumption that seriously affect their health, safety, education or development, without the parents, legal guardian or person with custody adequately opposing them in order to leave this situation;
- h) has foreign nationality and is institutionalized in a public, cooperative, social or private institution, with a cooperation agreement with the State, and without authorization to reside on national territory.

In Portugal, the special authority for the protection of children and youth – Social Security Institute, brings together the principles and norms listed in the various diplomas ratified by the Portuguese State, namely: the Convention on the Rights of the Child, the Portuguese Civil Code, the Constitution of the Republic, and the Law for the Protection of At-Risk Children and Youth (Lourenço, 2014).

The promotion and protection of children and youth is primarily the responsibility

of public or private entities with competence in matters of childhood and youth, followed by the Children and Youth Protection Commissions (CPCJ) and, ultimately, the Courts, as expressed in the terms of Law 147/99 (article 6), complying with the subsidiarity principle (article 4, point k).

According to Law 147/99, CPCJ are official non-judicial institutions with functional autonomy that aim to promote the rights of children and youth and to prevent, or put an end to, situations that may affect their safety, health, education or full development (article 12, paragraph 1).

The measures applicable by CPCJs and the Courts (paragraphs 1 and 2, article 35 of Law 147/99, of September 1st) can be divided into two categories: natural life environment and placement regimen. Regarding measures taken in the natural life environment, these can be: a) support alongside parents; b) support alongside another family member; c) trust assigned to the appropriate person and d) support for life autonomy. As for the measures applied in the placement regimen, these are divided into family care and residential care.

Residential care aims to provide conditions that guarantee adequate satisfaction of the physical, psychological, emotional and social needs of children and youth, as well as the effective exercise of their rights, favoring their integration in a safe social and family context that promotes their education, well-being and full development (paragraph 2, article 49 of Law 147/99, of September 1st).

Although residential care is applied in “borderline situations”, according to the Annual Report on the Assessment of CPCJ Activity for the year 2018 – May 2019, this is the second most applied promotion and protection measure (9.4%), although the measure of support alongside parents accounts for 79.2% of the cases, it is the first placement measure, being favored over family placement (0.3%) (CNPDPJC, 2019).

Thus, according to the CASA Report (SSI, 2018), in 2017, 7553 children and youth were in residential care in Portugal, 3984 of whom were male and 3569 female, and that measure ceased, that same year, for 2857 children and youth. In the age groups of 6-9 years and 15-17 years, there is a greater number of male children and youth, whereas in the age group of 18-20 years there are more girls. The main characteristics of these children and youth are: behavior problems (28%); illness or disability (26%) and substance use (8%).

According to the same report (CASA, 2018), behavior problems have been increasing. In a total of 2109 young people with this problem, the age group of 15-17 years is where the highest percentage of young people (57%) is found, followed by the age group of 12-14 years, in which 22% of young people manifest disruptive behavior. It should be noted that most young people have mild behavior problems (73%), corresponding to an attitude of challenge and opposition towards adults or peers. Regarding their life project, “autonomization” life projects continue to predominate in 38% of cases and “reintegration into the nuclear family” in 36% of cases. Finally, between 2008 and 2017, there was a 25% decrease in the number of children and youth. Only the year 2015 did not contribute to this decrease, as there was a 3% increase in the total flow of children and young people, compared to the year 2014.

According to article 50, of Law 147/99, of September 1st, with amendments to Law nº. 142/2015, of September 8th, and Law nº. 26/2018, of July 5th, residential care takes place in care home and follows social and educational intervention models suitable for the children and youth living there. Thus, care homes can be organized by specialized units, specifically: a) homes for emergency situations; b) homes for specific problems and educational and therapeutic intervention needs, evidenced by the children and young people to be welcomed; and c) autonomization apartments to support and promote youth

autonomy.

According to article 52 of Law 147/99, the host institutions can be public or cooperative, social or private, and are organized in units that favor a family-type affective relationship, a personalized daily life and integration in the community (paragraph 1 of article 53 of Law 147/99). They are organized in teams, articulated with each other, namely: a technical team with training in the areas of psychology and social work, whose function is to conduct the diagnosis of the situation of the child or young person and the definition and execution of their project of promotion and protection; and an educational team with the function of providing socio-educational support for the children and young people (paragraphs 1 and 3 of article 54 of Law 147/99).

From the point of view of scientific research, the residential care process is a topic that seems to have been neglected in Portugal, especially with regard to the affective and emotional domain of children and young people. Despite the lack of conditions or parental neglect, situation of institutionalization represents, in most cases, a difficult transition that is not always accepted by young people. As dysfunctional as the family is, arriving at the institution is experienced as a loss or rejection by the family, since it translates, into the inner world of young people, the absence of a sense of belonging (Mota & Matos, 2008).

Transitions into residential care

When children and young people arrive at an institution, they take with them a life path often marked by suffering, by unsatisfactory affective relationships and by successive losses, which place them in an unprotected and vulnerable situation. Thus, whenever there is a need to welcome a child or young person, it is essential that the institution respond to their needs, providing them with protection, trust, safety and stability (Gomes, 2010).

However, institutions have not always been guided by offering structural relational

alternatives, nor by preparing the future social and labor integration of these young people (Quintãns, 2009). According to a qualitative study by Quintãns (2009), the process of leaving the institution constituted, similar to the arrival process, a moment experienced in a negative way, with feelings of revolt by the sudden decision, disregard and even feelings of ambivalence, namely, relief and yearning for freedom and, simultaneously, anguish due to leaving the people they met in the institution.

Following this same line, a study by Silva, Oliveira and Marques (2019), focused on the perceptions of young people about their career paths and experience of the autonomization process. Through this study, it was possible to conclude that the feelings experienced by young people, both when entering and during their experience in residential care, were one of the most reported categories, expressing feelings of fear, protection, sadness, loneliness, injustice, support, imprisonment, among others.

In addition, young people also report feelings of longing for their peers and caregivers at the institution, reflecting the strong connection with the institution and the perceived lack of autonomy skills. At the same time, the young people's thoughts regarding leaving the institution showed a strong desire to leave to return to their family (Silva et al., 2019).

These feelings result from the need of young people to be with family and friends, the fear of staying in the institution for a long time, of not liking people or not being accepted by the other young people, as well as the desire to have more autonomy and more freedom (Carvalho & Manita, 2010).

The study by Santos (2010) concluded that entering the institution and the first moments of residential care were marked by great difficulties, essentially due to the abrupt separation from their families of origin. With this study, it was also possible to conclude

that most young people believe they have changed a lot with the transition to the institution and that this change was positive. These changes are related to the process of personal growth, as well as personal and social development of these individuals.

According to Gomes (2010), the moment of institutionalization is particularly difficult for children and young people, since it constitutes a moment of rupture with their family context and with the people of their community, leading them to often experience feelings of revolt. Most of the time, they do not understand the reasons for their withdrawal, since they have always lived in that context, which is their frame of reference, and they end up blaming the institution's own staff for the entire situation that are experiencing.

When a child is taken in, the initial objective should be to work with the family towards the reintegration of the child or young person. As such, it is essential that the teams in the institutions work with children, young people and their families to help them achieve the changes necessary for family reintegration to take place as planned. The goal is to ensure that children and young people, as well as their families, can be properly supported in the different areas, so that they can develop the skills necessary for their transition to autonomy and, thereby, become participatory citizens in their own life project (Gomes, 2010).

However, whenever family reintegration, integration into the biological family or adoption is not possible, the intervention focuses on the autonomization work, developed in the institutional context, with various actions and strategies being implemented in order to overcome the negative impact of institutionalization on the child or young person. This work leads to the development of skills training that allows children and young people to make empowering acquisitions that lead to full autonomy (Gomes, 2010).

Thus, the development of life autonomization programs and the development of

social and personal skills in young people becomes essential, so that the transition phase is carried out successfully (Barth el al., 2009).

Therefore, there are two specific responses that allow the preparation of young people for the autonomy process: support for life autonomy and autonomization apartments.

The process of autonomization

According to Decree-Law N°. 12/2008, of January 17th, support for life autonomy aims to provide young people with autonomy in school, professional and social settings, strengthening the relationships between peers. The specific objectives of this measure are: to provide young people with conditions that allow them to acquire the necessary skills and sense of responsibility, through an education and training project, taking into account their personality and life context; and to create conditions for young people to access the essential resources for their autonomy (professional and personal training and insertion in active life) (article 30).

The autonomy apartments are inserted in the community for young people between the age of 15 and 21 years, in transition into adulthood, and who demonstrate specific personal skills, through the promotion of services that articulate and enhance existing resources in the community. These apartments encourage the development of social values and encourage young people to be responsible for their actions and for themselves, allowing for the gradual development of personal and social skills necessary for independent living.

The insertion of young people in these apartments aims to: accompany the young person in the process of transition into adult life and their integration into society; provide young people with the acquisition and development of personal, social, academic and

professional skills; provide support regarding entry into the labor market; and empower young people to make decisions autonomously (SCML, 2018).

A recent international study by Thompson, Wojciak and Cooley (2018) aimed to evaluate, together with young people, what skills and resources are necessary to have an independent life. They resorted to two subgroups: one with young people who had been in residential care and who were living independently; and another with young people who were living in institutions. It was possible to conclude that most of the young people reveal several difficulties in looking for a job, report they had no type of help in the management of their savings during the residential period, with many of these young people never having learned how to save money, and revealed a lack of follow-up on aspects such as meal planning, personal hygiene, nutritional needs, among others. Finally, in relation to the results obtained by young people in residential care, most revealed having few autonomy skills (Thompson, Wojciak, & Cooley, 2018).

Carneiro (2005) states that, overall, when young people leave the host institutions, they do not have the necessary skills to fit into society. This absence of social and autonomy skills is negatively reflected on a personal, professional and family level.

The study by Goodkind, Schelbe and Shook (2011) aimed to analyze the reasons for young people to leave the host institutions at 18 years of age. The authors concluded that the main reasons for young people to leave institutions were related to two major categories: misinformation and misunderstandings; and desire for autonomy and independence. Regarding the first category, some of the young people did not know that they could remain in the institutions after the age of 18; other young people, despite knowing the conditions to remain in the institution, and their attempts to do so, were forced to leave the institution. Regarding the second category, young people, on the one hand,

show a great desire to control their own lives, which is common in practically all people of this age and, on the other hand, they express a great desire to be free of the institution's restrictions, particularly from the rules and the functioning itself. This study also aimed to analyze the successes and difficulties experienced by young people who left the institutions. It was possible to conclude that one of the great difficulties pertained to the absence of social and emotional support, since most of these young people return to their family after leaving the institution without knowing how to manage family relationships (Goodkind, Schelbe, & Shook, 2011). As such, the absence of family and social support during the transition proves to be a great difficulty for institutionalized young people.

Liabo, McKenna, Ingold and Roberts (2016) focused on understanding how the experience of institutionalization is felt by young people. In this study, conducted in the United Kingdom, 11 young people, aged between 16 and 17 years, were interviewed. It was possible to conclude that the young people were excited to leave the institution and take care of their own lives, with this transition being associated with the feeling of freedom and the desire to have a home, a car and a job. On the other hand, young people who were closer to the transition, and even those who were already out of institutional care, revealed a more negative side of the transition, associated with feelings such as social isolation and insecurity, and missing the environment of the institution.

From the studies conducted in the field of residential care, it becomes apparent that the practice of promoting and developing skills for the autonomization process of young people in residential care is still insufficient in these institutions, which is why there is a need to potentiate the autonomization of these young people, with the goal of successfully integrating them into adult life. Thus, after the literature review emerged some research questions that the present study intends to answer: How do young people see their

autonomization process? How is the transition prepared, from their point of view? What knowledge and skills will be needed for a life outside the institution?

As such, the main objective of this study is to understand how young people in a residential situation face their transition into autonomy. Through the analysis of the young people's discourses, we will try to explore: how they perceive their experience in residential care; how they see their autonomy; how the institution and the family contribute to the preparation of the autonomization process; how they perceive and anticipate the transition and departure from the institution; and what are the young people's expectations for the future.

Method

Participants

The participants of the present study were 11 young people who were institutionalized in a Temporary Residential Center, in the northern part of the country. All are male, between 15 and 17 years of age ($M=16.4$, $SD=0.75$) and of Portuguese nationality. The length of stay within the host institution was, on average, 20 months, ranging from 1 month to 60 months. The young people had between 0 and 4 siblings ($M=2$; $SD=1.1$). For each participant, their process at the institution was also analyzed.

The sampling was convenient, due to the easy access to the institution, and also intentional, as it consists of young people in a residential situation. The inclusion criteria were nearing the age of leaving the institution, over 14 years old, so as to be able to elaborate on their experience during the interview, and because they are in the preparation phase for the autonomization process after a period of residential care.

Instruments

A document analysis grid on the processes of young people in the residential institution was used, consisting of seven categories to be analyzed: a) reasons for residential care; b) length of stay in the institution; c) life project; d) family characterization; e) academic/professional situation; f) health status; and, finally, g) institutional intervention.

A semi-structured interview was also used, with open-ended questions, divided into three major themes. The first theme was related to the context in which the young person is inserted (e.g., “How was your life before residential care?”; “And how was your relationship with your family?”). The second set of questions was related to the institutionalization process, focusing on the experiences of young people during their institutionalization (e.g., “How was it for you to come to the institution?”; “Describe your day here at the institution from the time you wake up, until the time you go to bed.”). The third part of the interview was developed to understand how young people perceive leaving the institution (e.g., “Have you thought about how it will to leave the institution?”; “How do you think your life will be after you leave?”).

Procedure

With regard to data collection procedures, the participants were accessed through contact with a residential institution in the north of the country, in order to present the study. The study was authorized by the board of the institution, which has the legal power to consent to the participation of young people in the study, with the confidentiality and anonymity of the participants being safeguarded.

After being given access to participants, they were approached individually in order

to explain the objectives and purpose of the study, highlighting the fact that the information was intended strictly for research purposes, maintaining anonymity and data confidentiality. Informed consent was obtained from young people who agreed to participate in the investigation.

The data collection process started with the analysis of the processes of each young person in the institution, using the document analysis grid, thus a deductive coding was performed. For each category, relevant information was collected, which was later refined by the inclusion of subcategories. For each category, we identified the number of participants to which it belongs.

Subsequently, the interviews were conducted by the first author, individually, in an office provided by the institution. The duration of the interviews ranged between 30 and 40 minutes. The interviews were recorded and then transcribed in full.

The transcripts were fully coded using thematic analysis (Braun & Clarke, 2006), by the first author. The coding was often audited by the second and third authors. The coding process was initially deductive, using a predefined analysis grid, which was subsequently improved throughout the analysis, with the inclusion of new categories (inductive analysis). The data were organized in a coding grid.

To guarantee the validity and credibility of the results, different strategies were adopted, including auditing, constant comparisons throughout the coding process, and a dense description of the meanings found, identified in the results by the presentation and detailed illustration of each category with excerpts from the participants.

Participants did not provide feedback on the results because they were not returned to them.

Results

The themes collected from the document analysis were: a) reasons for the institutionalization; b) length of stay in the institution; c) life project; d) Family characterization which has as subtopics: household, parental skills and problems within the family; e) academic/professional situation; f) health status, with the subtopics: diagnosis and follow-up; and g) Institutional intervention. The themes and subthemes are found in table 1.

Table 1

Results of the document analysis of processes

Themes	Subthemes	Number of Participants
Reasons for residential care	-Parental neglect;	8
	-Absenteeism/school abandonment;	5
	-Disruptive behavior in school;	2
	-Parental alcohol abuse;	
	-Marital violence;	2
	-Conflictual relationship with the mother;	2
	-Psychoactive substance use;	1
	-Risk behavior;	2
	-Oppositional and inappropriate behavior	1
		2
Life project	- Integration into natural life setting;	8
	- Residential care up to full age ;	1
	-Integration into autonomous residency;	1
	- “Greater monitoring” measures.	1
Family characterization: Household	- Father;	4
	- Both parents;	3
	- Mother;	2
	- Sister;	1
	- Maternal grandmother;	1
Problems within the family	- Conjugal violence;	6
	-Parental alcoholism;	3
	- Parental absence;	7
	-Easy access to illegal substances;	1
	- Parental death;	2
	-Parental separation;	8
	- Family conflict;	2
	- Bad relationship with parents.	7
Parental skills		
	- Inadequate parental skills	8
Academic/professional situation	- Regular schooling;	6
	- Professional courses.	5
Health status – Substance use:	- Illegal substance use;	4
	- Alcohol use;	2
	- No substance use;	5
Diagnosis: Behavioral disorders	- Behavior disorder;	2
	- Oppositional defiant disorder;	1
	- Conduct disorder;	1
	- Attention deficit hyperactivity disorder;	5
Cognitive disorders	- Mild intellectual disability;	
	- Moderate intellectual disability;	1
	- Intellectual development disorder;	1
	- Cognitive deficit;	1
Medical conditions		1

	- Hydrocephalus;	
	- Chromosomal disorder.	1
Monitoring:		1
	- Pedopsychiatry;	
	- Integrated response center;	8
		5
Institutional intervention	- Psychosocial support	11

The first theme analyzed from the processes was the **reason for institutionalization**, with the most prevalent being parental neglect, occurring in 8 young people. In addition to this reason, young people are also in residential care due to absenteeism/school dropout (n=5), disruptive behavior in the school environment (n=2), parental alcohol abuse (n=2), marital violence (n=2), conflictual relationship with the mother (n=1), psychoactive substance use (n=2), adoption of risk behaviors (n=1) and inappropriate and oppositional behavior (n=2).

In the theme of **life project**, 8 young people had, as their life project, the integration into the natural life environment, 2 young people will be monitored until becoming of age and being integrated into an autonomous residence and, finally, a young person the measure “greater monitoring” was applied.

Within the theme **Family characterization**, three sub-themes were found: a) household; b) problems within the family; and c) parental skills.

In relation to the household, it was mainly constituted by the parent (n=4) or by both parents (n=3). In addition, it also included the parent (n=2); older sister (n=1); and maternal grandmother (n = 1).

Many young people had life histories marked by relationships with marital violence (n=6), alcoholism on the part of the parents (n=3), absence of one of the parents (n=7), easy access to illegal substances (n=1), death of a parent (n=2), separation of the parents (n=8),

conflicts between families (n=2) or a poor relationship between the parents (n=7).

Regarding **parenting skills**, the parents did not have adequate parenting skills at the time of incarceration.

In the **academic/professional situation** theme, most young people were attending regular education (n=6), and the rest were integrated in professional courses (n=5).

Within the theme of **health status**, the following sub-themes emerged: a) substance use; b) diagnosis; and c) monitoring. Regarding substance use, 4 young people frequently used illegal substances, 2 also had alcohol consumption, and 5 young people did not use any substances.

The diagnoses described in the processes can be grouped into three major categories. Within behavioral disorders, the most prevalent group is Attention Deficit Hyperactivity Disorder (n=5). Then, Behavior Disorder (n=2); Oppositional Defiant Disorder (n=1) and Conduct Disorder (n=1). Regarding Cognitive Disorders, young people exhibit Mild Intellectual Disability (n=1), Moderate Intellectual Disability (n=1), Intellectual Development Disorder (n=1) and Cognitive Deficit (n=1). Finally, with regard to Medical Conditions, emerge Chromosomal Disorder and Hydrocephalus, which are diagnosed in the same young person. This same young person also has Intellectual Development Disorder and Attention Deficit Hyperactivity Disorder.

Regarding **monitoring**, most young people are being monitored in Pedopsychiatry (n=8) and in the Integrated Response Center (n=5).

Finally, in terms of **institutional intervention**, all young people are monitored on a psychosocial level.

From the thematic analysis of the interviews emerged 16 themes and respective sub-themes (see Table 2). Illustrative examples of the sub-themes mentioned by four or more

participants will be presented.

Table 2

Results of the analysis of interviews

Themes	Subthemes	Number of participants
Life before residential care	Disruptive behavior	6
	School absenteeism	5
	Drug use	4
	Normal life	2
Relationship with family	Unstable	9
	Positive	8
	Conflictual	3
Family reaction to institutionalization	As an opportunity	7
	Inadequate for development	4
	Contradictory	3
Where and with whom they would like to be	Significant others	9
	Outside the institution	8
	Inside the institution	1
Youth perception regarding entering the institution	Emotional maladjustment	7
	Initially negative	5
	Initially positive	3
Reasons for institutionalization	Bad behavior	6
	Successively missing school	5
	Family problems	4
	Substance use	3
	Criminal behavior	2
Relationship with housemates	Generally positive	10
	Conflict situations	3
Relationship with staff	Positive	8
	Negative	2
	Unstable	1
Changes after institutionalization	Improved behavior	9
	School improvement	4
	Reduced substance use	2
	Psychological maladjustment	1
Tasks performed in the institution:		
Level of satisfaction	Satisfactory activities	8
	No satisfactory activity	5
Level of importance	Valorization of tasks	9
	Devalorization of tasks	4
Institutional support:		
	School support	
	Study room	5
	Sporadic support	3
Professional support	Attend a training course	8
	Support from institutional staff	8
Emotional support		5
Refusal of support		4
Preparing young people for autonomous life	Learning process	7
	Denial of the need for help	5

Perception of young people regarding leaving the institution	Ambivalence regarding leaving	10
	Feeling of happiness	4
	Positive view of leaving	3
	Positive perception of the institution	1
Support after leaving	Unknown	2
	Refusal	2
Perception of young people about life after leaving the institution	Positive	9
	Family reunification	1
Realizing goals	Finding a job	8
	Take a professional course	5
	Get driver's license	2

In the theme **life prior to incarceration**, the participants described what they considered to be the most relevant in their lives before the incarceration measure, namely: disruptive behaviors; school absenteeism; drug use; and normal life. The most reported sub-theme was disruptive behavior (n=6): *“I ran away from home, I talked back to my parents.”* (P7); followed by school absenteeism (n=5): *“I skipped classes... sometimes I wouldn't even go to school”* (P10). The third most reported sub-theme was drug use (n=4): *“I would become irritated and smoke weed to relieve stress, and that was my routine”* (P6).

In the theme **relationship with family**, the participants characterized the relationship they maintained with the different members of the family as unstable, positive and negative. The most reported sub-theme was the unstable relationship (n=9) (*“It was bad with my mother, now it's good, more or less, but before I couldn't even have a conversation with her, because she took too much medication”*) (P6), related to the fact that most young people reported a good relationship with only one of the parents. The second most mentioned sub-theme was a positive relationship (n=8): *“With my mother, my sister and with my stepfather it's good”* (P5).

In the theme **reaction of the family to the situation of institutionalization**, the participants reported the opinions of the different members of the family, according to

family experiences and what they have perceived in the interactions with them. The reported reactions were to seeing institutionalization as an opportunity; institutionalization as inappropriate for development; and contradictory family reactions. Institutionalization as an opportunity (n=7) was the most reported sub-theme (*“My mother copes well, but she doesn’t want me to leave here”.... “She says I can have my future here”* (P1), followed by institutionalization as an inappropriate measure for development (n=4) (*“My mother handles it badly”*. *“Because no mother likes to see her child in an institution”* (P5).

The **perception of young people regarding where they would like to be and with whom**, at the time of the interview, was intended to give young people a voice about their own wishes. The sub-themes that emerged were: being with significant people; being out of the institution; and being in the institution. The most reported sub-themes were: being with significant people (n=9) (*“With my parents and my sister”*) (P10); and being out of the institution (n=8) (*“At home, of course”*) (P8).

Regarding the **perception of young people in relation to their entry into the institution**, most characterize their entry into the institution as entailing negative feelings, with sadness and revolt being the most reported. The themes mentioned were: emotional maladjustment; initially negative reaction; and initially positive reaction. The most reported sub-theme was emotional maladjustment (n=7): *“It was sad. I moved away from my family, mainly from my parents and my sister and my nephews and my brother”* (P10). The second most described sub-theme was an initially negative reaction (n=5), as shown in the following example: *“In the first three months it was a bit complicated, really complicated.”* (P6).

In the theme **reasons for institutionalization**, the young people mentioned the reasons they considered to be the source of their institutionalization, overall related to their

own behavior: bad behavior; successive absences from school; family problems; substance use; and criminal behavior. The most reported sub-theme was bad behavior (n=6): *"It was bad behavior at school and at home, also because I was already being followed by my process manager, since I was 9 years old"* (P6). The second most reported reason was the successive absences from school (n=5): *"I missed classes, there was no way I would go to school, I missed the entire 3rd term"* (P11). The third most described sub-theme was family problems (n=4), as shown in the following example: *"I came here because of my mother. Because there were many stresses at home and the environment was not good"* (P4).

On the topic of **relationship with housemates**, young people describe the relationship they have with their peers in the institution as generally positive, but also marked by conflictual situations. The most reported sub-theme was generally positive (n=10) as shown in the following example: *"Good, excellent!"* (P4).

Regarding the **relationship with the staff of the institution** (technical team and educational team), young people characterize it as: positive; negative; and unstable. The most described sub-theme was positive (n=8) as shown in the following example: *"I get along well with everyone, but of course I get along better with some people than with others"* (P1).

In the theme of **changes experienced by young people after institutionalization**, young people reported the changes they felt throughout the institutionalization process, focusing on: improvements in behavior; improvements in relation to the school; decreased substance use; and psychological maladjustment. The most reported sub-theme was improvements in behavior (n=9) (*"I grew up. I changed my behavior, I feel that I am more mature"*) (P3) and the second most described sub-theme was improvements in relation to school (n=4) (*"I am more committed to the school"*) (P9).

The **tasks performed by young people in the institution** are defined by the institution's staff. With regard to satisfaction with the tasks, participants revealed they are satisfactory (n=3) (*"I like to clear the table"*) (P4); but also not satisfactory (n=5), as shown in the following example: *"None... because they don't pay me to do them"* (P1). The **perception of young people in relation to the importance of performing tasks** in the institution oscillates between their valorization and their devaluation. The valorization of tasks (n=9) was mentioned by most young people: *"For us to help our parents. They also help if I ever get married or something, or if I have a house of my own, I already know more"* (P10). An example of the devaluation of tasks (n=4) is: *"I already know how to do it, I don't need to do it for others... I have always known how to do it, it wasn't here that I learned"* (P3).

In the theme of **institutional support**, young people described the types of support they receive from the institution, at the following levels: school (study room and occasional support), professional and emotional support. However, some young people refuse support, saying they do not need help from anyone. The most described sub-theme was the study room (n=5), within the school support (*"I have the study room and the teachers who come here"*) (P1). At the professional level, most young people are attending professional training or attending a professional course (n=8), (*"I am in a mechatronics course, the institution helped me enroll"*) (P3). Regarding the emotional level, most young people recognize the support given by the institution's psychologists, resorting to them in periods of greater instability (n=5) as shown in the following example: *"I have this help, although I sometimes do not take advantage of it. Like, it's not that I don't want it, because I do want this help, but sometimes I don't show that I want it, but they help each other in here and sometimes, as I said, I vent to some people in here, so..."* (P11). Lastly, as for the theme

refusal of support (n = 4), young people adopt a somewhat unrealistic discourse, stating that they do not need the help of anyone, as shown in the following example: “*No, they don’t have to help because I don’t want it*”, “*Yes, I don’t want anyone to help me*” (P4).

In the theme of **preparing young people for autonomous life**, the objective was to understand whether young people felt that the institutionalization period helped them, in some way, in the process of preparing for their autonomy. Within this theme, the following sub-themes emerged: the learning process and the denial of the need for support. The most described sub-theme was the learning process (n=7): “*Ok.... I’ve learned a lot... I do the tasks*” (P7). Most young people are fully aware that, during the time they were at the institution, they learned some things, changed others and feel they were helped in terms of their autonomy. The second most reported sub-theme was the denial of the need for support (n=5): “*No... Because I already knew how to live alone... No, but I already know how to do the things that people do by themselves when they leave home. Pay the rent, pay the electricity bill, water, gas.*” (P5);

Regarding the **perception of young people in relation to leaving the institution**, most young people reported that they will not miss the institution, since they consider that they are constantly being watched and controlled, which leads them to feel a lack of privacy. Within this theme, the following sub-themes were mentioned: ambivalence in relation to leaving; feelings of happiness; positive view of leaving; and positive perception of the institution. The most described theme was ambivalence in relation to leaving (n=10) (“*It will be good, I will have many memories and longings*”) (P2). On the one hand, young people consider that leaving the institution will be good, but, on the other hand, they feel they will miss the time they were institutionalized. They also mentioned feelings of happiness (n=4), (“*I will feel happy, I am with my family, I will celebrate with my parents*”)

(P10).

Regarding the topic of **support received after leaving the institution**, they reported ignorance and refusal.

The **perception of young people regarding their life after the institution** is revealed: positive; and with family reunification. From the young people's discourses, it is possible to see that most young people consider their life will be positive (n=9) after leaving the institution: *"It will be good"* (P2).

The **goals** of young people are: to find a job; take a professional course; and get their driving license. The most described sub-theme was finding a job (n=8): *"(...) I will have to work to achieve my goals as I do here" ... Get a part-time for the holidays to earn money up to the age of 18 and then I go work*" (P1); and take a professional course (n=5): *"I intend to take a professional course"* (P10).

Discussion

This study aimed to analyze how young people in residential care perceive their process of autonomization. Overall, it was clear that young people face the entrance into the institution in a negative way, mostly feeling sadness for being away from their family. In addition, young people perceive the institution as a place where they are constantly being controlled, with rules and consequences that they consider to be inappropriate for their age. Despite all the difficulties of adaptation experienced by young people, they also refer to positive aspects of institutionalization, namely the changes they had been experiencing during the time they were institutionalized, changes related to behaviors, substance use and greater dedication to school. In addition to all these changes, young people learned to per-

form certain tasks necessary for their life and for their future, but they also learned values such as respect, equality, group living, among others.

It was also possible to understand that, despite all the instability and all the problems that exist within these families, young people yearn to leave the institution and return to their family and home.

Finally, there was a notable lack of expectations and goals for these young people for the near future, thus revealing the lack of skills necessary for an independent life.

Regarding the reasons that led them to be institutionalized, most young people mainly reported bad behavior and successive absences from school, and these themes were also the most mentioned in relation to the life that young people had before being institutionalized. However, according to the analysis of the cases, it is possible to observe that, for most young people, the institutionalization measure was due to parental neglect. These data are in line with data from the CASA Report (2017), in which neglect accounts for 71% of cases. This aspect shows that, indeed, young people have a perception that the reasons for residential care are related to themselves and not to family problems. This aspect can give rise to feelings of guilt and personal responsibility for family breakdown. According to Gomes (2010), most of the times, young people do not understand the reasons for their withdrawal, as they have always lived in that context, which is their frame of reference, and end up blaming the institution's own staff for the entire situation they are experiencing.

Santos (2009) mentioned there is a wide variety of reasons that are at the origin of risk situations such as: economic deprivation, unemployment, alcoholism, drug addiction, lack of parental skills, poor housing conditions, among others. From the analysis made of the processes, it was possible to conclude that the major problems within the families of these young people are mainly related to: conjugal violence, alcoholism on the part of the

parents, absence of the parents, facilitated access to illegal substances, death of the parents, parental separation, family conflicts, among others.

Regarding the perception of young people concerning their entry into the institution, it is mostly characterized by negative feelings, such as sadness and revolt. These feelings coincide with those in the study by Silva et al. (2019), in which the feelings experienced by young people, both at the entry and during their experience in residential care, were one of the most salient categories, with feelings of fear, protection, sadness, loneliness, injustice, support, imprisonment, among others. Still regarding this theme, it is important to mention that, on the one hand, some young people say that the first moments in the institution were good and, on the other hand, other young people say that the first moments were the most complicated.

In this study, it seems to be evident that not all young people experience institutionalization in the same way, as this is a major change in their lives, since it seems to have led to a break in affective bonds, and to a host of doubts and fears about what their life will be like in the future. These feelings result from the need of young people to be with family and friends, the fear of staying in the institution for a long time, of not liking people or not being accepted by peers, as well as the desire to have more autonomy and more freedom (Carvalho & Manita, 2010).

According to Gomes, the moment of institutionalization is particularly difficult for children and young people, since it constitutes a moment of rupture with their family environment and with the people of their community, leading them to experience feelings of revolt with great frequency (2010). The discourses of young people seem to reveal that, overall, they maintain a negative image of their experience in residential care, considering that they are constantly being monitored and controlled. Also very common in the

discourses of these young people is the idea that when they leave the institution they will be at free, with the people they like.

According to Quintãns (2009), the process of leaving the institution constituted, similar to the arrival process, a moment experienced in a negative way, with feelings of revolt by the sudden decision, disregard and also feelings of ambivalence, namely, relief and yearning for freedom and, simultaneously, anguish for leaving the people they met at the institution.

The results by Goodkind, Schelbe and Shook (2011) also demonstrated that young people have a great desire to control their own lives, which is common in practically all young people of these ages, combined with a great desire to be free from the restrictions of the institution, particularly from the rules and the functioning itself.

Despite this negative image that young people maintain about their experience, most of them reported some changes since they entered the institution up to the moment in question, and these changes were mainly in terms of behavior, both at school and at home. These reports pertaining to the learning that the institution can provide were also reported by Santos (2010), who concluded that most young people perceive they have changed a lot with their stay the institution and that this change was positive. These changes are related to the process of personal growth and to the personal and social development of these individuals.

Taking into account the data resulting from the processes, it is possible to perceive that young people's discourses are often contradictory in relation to the institutionalization situation. In other words, despite all the negative aspects that young people report about institutionalization, they also mention the various changes they have been experiencing over time, and which have been taking place at various levels. This aspect demonstrates

that, despite all the positive things that residential care has brought to these young people, they still do not appreciate the work that is done by the institution's staff, nor do they recognize the institution as an opportunity that arose in their lives.

Regarding the family's reaction to the institutionalization, there are some inconsistencies in family reactions. Taking into account the discourses of these young people, these contradictions may be related to the fact that the parents consider the institutionalization a good opportunity for the young people or, on the contrary, it is an asset for the parents that the children remain in the institution. However, since the answers are given by the young people and not the parents, it is important to bear in mind that young people may only be conveying what they hear in their family interactions, or reporting what they consider to be the most appropriate answer, with most saying that the responsibility for institutionalization is theirs.

When asked about their relationship with their family, most young people characterize their family relationships as unstable, due to a variety of situations. However, despite this instability, the truth is that young people yearn to return home and to their family, even if it has been broken down. This situation shows that, indeed, young people want to return to their natural way of life, regardless of the difficulties and all the problems that characterize their families. This desire to return to the family is clearly related to affective bonds, but also to the breaking of routines, to rules and the functioning of the institutions themselves. Mota and Matos (2008) refer that, no matter how dysfunctional the family is, the arrival at the institution is experienced as a loss or rejection of the family, since it translates into the young people's inner world a sense of belonging. In addition, although their family life is hardly adequate, the truth is that young people consider the family as a reference, thus wishing to return to their natural way of life (Carvalho &

Manita, 2010). According to the processes, most young people have defined integration in their natural environment as their life project, which is evidenced, by the CASA report, in 36% of cases.

When asked about the importance of performing tasks in the institution, most young people consider that performing tasks is important for the process of transition to autonomy, and many say that when they have a home and a family they will have to do these tasks. However, it is noticeable in the discourse of young people that they perform tasks in the institution because they are part of the routine and, in some cases, it was at the institution that they learned how to perform those tasks. According to the Manual of Good Practices of the Social Security Institute (2005), the participation of young people in performing tasks is very important because, in addition to being a form of learning, it is also a way for young people to prepare for their autonomy. Therefore, it is essential for young people to understand that tasks are necessary, that they are part of a household routine and that they should be responsible for performing them.

Through the young people's discourses, it was possible to observe that the period in which they were institutionalized helped them, in some way, to prepare for autonomy. Regarding this issue, most young people mentioned that their life outside the institution was going to be good, and their main objective was to find a job. The remaining young people have the idea of continuing their studies, however, none of them expect to enroll in Higher Education. These reports demonstrate a lack of interest by these young people in school, opting for jobs that do not require high levels of education. In their discourses, young people mention the family's academic/professional situation, especially that of their father or father figure, showing a willingness to follow the same path.

In the study by Santos (2010), the author concluded there are several constraints that

hinder effective school success of institutionalized children and young people, namely the motivational, psychological, interpersonal, behavioral and cognitive difficulties of these children and young people, where disinterest and school absenteeism predominate.

Although the reports of the young people are positive concerning their autonomy, they do not refer to major life goals or plans for the near future, with leaving the institution being associated with the feeling of freedom and desire to control their lives. The results of the study by Liabo et al. (2016) also demonstrated that young people were excited to leave the institution and take care of their own lives, with this transition being associated with the feeling of freedom and the desire to have a house, a car and a job.

It is important to note that nine young people have a diagnosis, with behavioral disorders being the most prevalent in these cases. In fact, according to the CASA Report, these disorders, in addition to being part of the particular characteristics of these children and young people, have been increasing significantly. These disorders lead to all the behaviors and attitudes expressed by young people, clearly having a negative impact on their daily lives and on their future.

Conclusion

In the present study, taking into account the narratives of the young people, it is possible to conclude that participants do not have great perspectives on life and concrete goals for their future. These young people yearn for the moment of leaving the institution, since they associate their leaving with feelings of freedom and independence. Nonetheless, they wish to return home, as they consider they do not have the necessary skills for an independent life. Thus, it would be very important to work with families first in order to identify the greatest difficulties, thus allowing the development of strategies for their

resolution. These results also inform the need to intentionalize the process of autonomy in structured practices that are appropriated by young people as opportunities for personal growth. In addition to intentionalizing everyday practices (e.g., helping with tasks) within the scope of a process of autonomy, with a view towards promoting practical skills, the transition should be anchored in therapeutic processes aimed at resolving ambivalence, both in terms of institutionalization and autonomy, as well as the promotion of emotional skills, essential to the positive construction of a life project.

Regarding the limitations of the study, the first is related to the fact that participants are only from one institution. In addition, it was not possible to obtain an answer from all young people to all questions, for reasons such as lack of understanding regarding what was being asked, as they may not be able to express themselves as expected, due to the cognitive difficulties that some young people have, or even because they are not comfortable answering.

It is suggested that, in future research, children and young people are interviewed during three different periods: at the time of entering the institution, after some time of being institutionalized, and at the time of leaving the institution, in order to follow the changes that are occurring with these young people. In addition, it would also be important to interview the family of origin of these children and young people, in order to obtain a different perspective on institutionalization, as well as interview the various members who work in an institution, so as to understand what is the work they do, but also how they prepare the young people to leave the institution. The combination of these data will allow for better knowledge about this phenomenon.

The results of this study suggest that the development of skills for the transition to autonomy should be carried out early and individually, when the young person enters the

institution, but also later on, so they can successfully integrate into adult life. This support must be focused on the needs of each young person and must take into account the family and their environment. Residential care can and should be, for these young people, a privileged context of reinforcement and/or development of competences for the realization of autonomous and successful lives.

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