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# CHILDREN'S PERCEPTIONS ABOUT CONTACT AND SUBJECTIVE WELL-BEING IN RESIDENTIAL AND FOSTER CARE PERCEPCIONES DE LOS NIÑOS SOBRE CONTACTO Y BIENESTAR SUBJETIVO EN CUIDADO RESIDENCIAL Y EN ACOGIDA FAMILIAR PERCEPCIONES DE LOS NIÑOS SOBRE CONTACTO Y BIENESTAR SUBJETIVO EN CUIDADO RESIDENCIAL Y EN ACOGIDA FAMILIAR

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#### **KEY WORDS:**

contact; foster care; residential care; subjective well-being; visits ABSTRACT: Contact between children in foster and residential care and their birth families have an impact on children's development and on placement stability. Contact is also important for their social relationships and sense of belonging and well-being. The aim of this study was, from children's point of view, to describe, analyse and compare contact in residential care and foster care in terms of its frequency, visit location, feelings during and after the visits, visit difficulties, happiness with their placement, their self-confidence, future perception about their lives, and perception of their subjective well-being. We used a sample of 145 children in residential care and all the children in foster care (39), aged between 11 and 15, from the same four Portuguese districts. Results indicated that children in residential care had more contact and visits with their parents than children in foster care, being phone calls the most used way to contact the children. The majority of the children presented joy or satisfaction during parents' visits and more diffuse feelings after the visit. Also, most of children would like to have more visits and just a minority present some difficulties in their fulfilment. Nevertheless, children in foster care had more self-confidence, optimism in relation to their future, happiness in relation to their placement and higher subjective well-being than children in residential care. In summary, it seemed that the type of placement for children at risk is more important to their future than the existence of contact with their parents.

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#### PALABRAS CLAVE:

contacto; acogida familiar; acogida residencial; bienestar subjetivo; visitas RESUMEN: El contacto entre los niños en acogida familiar y residencial y sus familias biológicas tiene un impacto en el desarrollo de los niños y en la estabilidad de la colocación. El contacto también es importante para sus relaciones sociales y su sentido de pertenencia y bienestar. El objetivo de este estudio fue, desde el punto de vista de los niños, describir, analizar y comparar el contacto en el cuidado residencial y en la acogida familiar en términos de su frecuencia, ubicación de la visita, sentimientos durante y después de las visitas, dificultades de la visita, felicidad con su colocación, su autoconfianza, percepción futura sobre sus vidas y percepción de su bienestar subjetivo. Utilizamos una muestra de 145 niños en cuidado residencial y todos los niños en acogida familiar (39), de edades comprendidas entre 11 y 15 años, de los mismos cuatro distritos portugueses. Los resultados indicaron que los niños en cuidado residencial tuvieron más contacto y visitas con sus padres que los niños en acogida familiar, siendo las llamadas telefónicas la forma más utilizada para contactar a los niños. La mayoría de los niños presentaron alegría o satisfacción durante las visitas de los padres y sentimientos más difusos después de la visita. Además, a la mayoría de los niños les gustaría tener más visitas y solo una minoría presenta algunas dificultades para su cumplimiento. Sin embargo, los niños en acogida familiar tenían más confianza en sí mismos, optimismo en relación con su futuro, felicidad en relación con su colocación y un mayor bienestar subjetivo que los niños en cuidado residencial. En resumen, parecía que el tipo de colocación para niños en riesgo es más importante para su futuro que la existencia de contacto con sus padres.

## PALAVRAS-CHAVE:

contacto; acolhimento familiar; acolhimento residencial; bem-estar subjetivo; visitas RESUMO: O contacto entre crianças em acolhimento familiar e residencial e as suas famílias de nascimento tem um impacto no desenvolvimento das crianças e na estabilidade da sua colocação. O contacto também é importante para as suas relações sociais e sentido de pertença e bem-estar. O objetivo deste estudo foi, do ponto de vista das crianças, descrever, analisar e comparar o contacto no acolhimento familiar e no acolhimento residencial em termos de frequência, localização da visita, sentimentos durante e após as visitas, dificuldades na visita, felicidade com sua colocação, a sua autoconfiança, a perceção futura sobre as suas vidas e a perceção do seu bem-estar subjetivo. Utilizamos uma amostra de 145 crianças em cuidados residenciais e todas as criancas em acolhimento familiar (39), com idades entre os 11 e os 15 anos, dos mesmos quatro distritos portugueses. Os resultados indicaram que as criancas em cuidados residenciais tiveram mais contacto e visitas com os pais do que criancas em acolhimento familiar, sendo as chamadas telefónicas a forma mais utilizada de contacto com as crianças. A maioria das crianças apresentou alegria ou satisfação durante as visitas dos pais e sentimentos mais difusos após a visita. Além disso, a maioria das crianças gostaria de ter mais visitas e apenas uma minoria apresenta algumas dificuldades com a sua realização. No entanto, as crianças em acolhimento familiar tinham mais autoconfiança, otimismo em relação ao seu futuro, felicidade em relação à sua colocação e maior bem-estar subjetivo do que as crianças em cuidados residenciais. Em resumo, parecia que o tipo de colocação para as crianças em risco seria mais importante para o seu futuro do que a existência de contacto com os pais.

# 1. Introduction

Subjective well-being is the set of individuals' perceptions of how they think, feel and evaluate their reality (Bradshaw, 2015; Casas, 2011; Cummins, Eckersley, Pallant, Van Vugt, & Misajon, 2003). This concept encompasses several dimensions of people's life, such as the contexts and circumstances in which they are integrated, namely the emotional capital that results from their experiences, the security, stability or affection that they experience, or the impact that their absence produces (Schütz, Sarriera, Bedin, & Montserrat, 2015).

Regarding children and young people, well-being is associated with happiness and the life's quality they recognize and associate with (Casas, 2015). Although subjective well-being depends on personal characteristics, such as age and maturity, it is significantly influenced by each one's life context (Ben-Arieh, 2006), namely the family, the school and the community (Lima & Morais, 2018;

Montserrat & Casas, 2018; Steinmayr, Heyder, Naumburg, Michels, & Wirthwein, 2018), the activities they carry out and the social and support networks they establish with their peers (Ben-Arieh, 2006; González et al., 2015).

The existence of social interactions supported by a social support network functions as a protective factor and reinforces the ability of children to face adverse situations or exclusion, which becomes especially significant for children who have been removed from their families and are in out-of-home care (Delgado, Carvalho, & Correia, 2019).

Within the scope of out-of-home care system, Portugal has shown a tendency to favour residential placement and to reduce the percentage of children who are in foster care. According to the legal framework (Law for the Protection of Children and Youth in Danger, No. 142/2015, of September 1st), Foster Care consists in attributing the child's or youngster's trust to a person or a family,

qualified for the purpose, providing their integration into the family environment, and providing appropriate care to their needs and well-being and the necessary education for their integral development. On the other hand, Residential Care is the placement of a child or young person in a home that has facilities, equipment and permanent human resources, duly dimensioned and qualified, that guarantee the appropriate care.

In the last ten years, from 2008 to 2018, and despite a reduction of almost 30 % in the total number of children in out-of-home care, from 9,956 to 7,032, institutionalization increased in relative terms, since it grew from 91 % to 97 %, when compared to foster care, which decreased from 9 % to 2.8 %. The latest available data reveal that, of the 7,032 children in out-of-home care, only 200 were in foster families. In addition, it should be noted that only 15 of the 851 children under the age of 6 were placed in foster care, representing only 1.7% of this age group (Instituto da Segurança Social, 2019). This percentage does not include children placed with other family members or kinship care, since placement in the extended family has not been considered in Portugal as a type of foster care since 2008 (Instituto da Segurança Social, 2019).

Regarding children who live in out-of-home care, several studies demonstrated the existence of differences in the level of subjective well-being, being lower in those who are in residential care compared to those who are in foster care, in a set of domains of their life, such as education, health, social relationships, and leisure time (Delgado, Carvalho & Correia, 2019; Llosada-Gistau, Casas, & Montserrat, 2017; Ortúzar, Miranda, Oriol, & Montserrat, 2019). Moreover, life satisfaction of youngsters who abandoned residential care is very low because they present insufficient qualifications, employability and incomes (Martín, González, Chirino, & Castro, 2020). On the other hand, the average scores in subjective well-being of children in foster care are close to those obtained in the same indexes with children who were not removed from their biological family (Llosada-Gistau, Casas, & Montserrat, 2017; 2019).

Lausten and Fredriksen (2016) had also concluded that foster care is able to promote children's wellbeing more effectively than residential care, since children fostered in families report more often that they feel loved by the caregivers, feel high social support and, to a large extent, feel more secure with their caregivers than children in residential care.

In Portugal, it was possible to conclude that children living in foster care have closer relationships with their caregivers, who offer them more opportunities for participation and individualized care (Delgado, Carvalho, Montserrat, & Llosada-Gistau, 2020). This proximity assures a greater stability for placements and, for this reason, a large part of the children continues to live with the carers after turning eighteen years old (Delgado, Carvalho, & Pinto, 2014). Stability guarantees the opportunity for the child to develop a sense of belonging, security and confidence regarding the future (Fernandez, 2009; Llosada-Gistau, Casas, & Montserrat, 2019). Residential and foster care influence children's subjective well-being being, their relationship with family and peers, and satisfaction with their quality of life (Bradshaw, 2015; Farineau, Wojciak, & McWey, 2011; Lima & Morais, 2018; Rees, Pople, & Goswami, 2011). In this context, the existence of regular contact with parents, and/or other relevant members of the biological family, is a major factor of the well-being

Contact between children in foster and residential care and their birth families have an impact on child's development and on placement stability. Contact is also important for their sense of belonging and wellbeing. Although it is a right that belongs both to the child and the parents, its exercise can be limited or even prohibited, based upon the child's best interests and safety (Fawley-King, Trask, Zhang, & Aarons, 2017; McWey, Acock, & Porter, 2010; Sen & Broadhurst, 2011).

The existence of contact and its frequency, especially when dealing with visits that presuppose face-to-face contact, is dependent on a court of law decision. This institutional assessment about contact feasibility, maintenance or suspension, must be based on the effective monitoring of placement evolution, namely the way contact interferes with the child's stability, the affective and bonding relationships that the placement should produce, or the stress that it can generate for the carers (Coakley, 2013; Delgado, Bernedo, Carvalho, Salas, & García-Martín, 2019; Morrison, Mishna, Cook, & Aitken, 2011; Sen & McCormack, 2011). The positive or negative effects of contact may depend on the author of the visit and be limited to one of the parents or a specific family member. These effects must be known and supervised by the social work team, due to the meaning they contain regarding the contact itself and its impact on the reunification process (Biehal, 2006; Coakley, 2013; Déprez & Wendland, 2015; Salas, Fuentes, Bernedo, & García-Martín, 2016; Sinclair, 2005; Triseliotis, 2010).

The place where the visits take place might also have an impact on the child, the biological family or the foster family. The best place for visits can be the foster family home or the biological family

home, or a place specially prepared for meetings, on the premises of the residential care unit or social work team (Höjer, 2009). Everything depends on each case and on a numerous set of variables, such as the age of the child when placement started, the relationship between families, the type of abuse that motivated the child's removal, the path of all these actors in the protection system, etc. (Fuentes, Bernedo, Salas, & García-Martín, 2018; López & Del Valle, 2016). Recently, García-Martín, Fuentes, Bernedo, and Salas (2019) concluded that social workers should aim to involve birth families offering adequate preparation prior to visits and to improve the facilities in which visits are held, in order to provide a space that enables everyday family relationships to take place.

The professionals that evaluate the contact must keep in mind the children's point of view and not be limited to collect the perceptions and opinions of the adults involved. It is essential that the feelings during and after the visits, and the visit difficulties, are first-hand reported by the children. Fossum, Vis, and Holtan (2018) concluded that is essential to take the children's reactions and wishes into account, when evaluating the visit and the frequency of future visits. The same applies to parents with children in foster care, who are a group of clients whose voices are seldom heard. It is important to know their experiences and how they perceive their relations with social workers and foster carers (Höjer, 2011; Wilson, Heana, Abebe, & Heaslipa, 2020). Nesmith, Patton, Christophersen, and Smartfoster (2017) concluded that foster carers and parents revealed more positive relations when the former recognized parents' fears and shared power over parenting decisions

In this context of analysis of the importance of contact between children in residential and foster care and their parents or other family members, we decided to study children's perceptions about the frequency, visit location, feelings during and after the visits, visit difficulties, happiness with their placement, their self-confidence, their future lives, and their subjective well-being. Thus, these objectives were transformed into 12 research questions as follows: (1) In what type of placement children have more contact with their parents?; (2) In what type of placement children have more parents' visits?; (3) What are the places where visits occur?; (4) What is the frequency of contact between children in care and their parents?; (5) What are children's feelings during parents' visits?; (6) What are children's feelings after parents' visits?; (7) What children propose in relation to the evolution of contacts and visits?; (8) What difficulties with parents' visits are identified by children?; (9) How happy are children with their placement?; (10) How satisfied are children with their self-confidence?; (11) How optimistic are children about their future?; and (12) How much children feel well-being in their lives?

### 2. Methods

This type of study, which seeks to obtain quantitative data on children's perceptions, is very common in the literature (Ben-Arieh , 2008; Casas, 2011; Children's Worlds, 2016), looking at the type of variables studied, namely the use of variable measurement scales and the use of Likert-type response scales.

# 2.1. Samples

The sample of children in residential care included 145 respondents with an age between 11 and 15 years old (M = 13.51; SD = 1.26), being 41.4 % male and 58.6 % female. This sample was obtained by randomly choosing residential homes in the four Portuguese districts that have a relevant number of children in foster care (Vila Real, Viana do Castelo, Braga e Porto).

The sample of children in foster care included all the children (44) hosted in the same four districts. Five of these children with great disabilities were unable to answer to the questionnaire. Thus, it remained 39 children in the same range of age (M = 13.33; SD = 1.42), being 53.8 % male and 46.2 % female.

The samples of children in care are representative because they included 24 % of children in residential care and all the children in foster care, and they were chosen in the four districts with more concentration of the two types of care.

#### 2.2. Questionnaire

It was carried out a cross-sectional study in Portugal in 2018 through a questionnaire that had a focus in contact between children in care and their birth families, as well as in the assessment of their subjective well-being.

#### 2.3. Variables

In table 1, we present the variables and their measurement.

The Student Life Satisfaction Scale (SLSS) was developed by Huebner (1991) and evaluates children's overall satisfaction. We used a short adapted 5-item version of this scale as other authors had done (e.g., Dinisman, Montserrat, & Casas, 2012; Rees et al., 2012).

	Table 1. Variables					
Variables	Answer type	Items				
Age	11 to 15					
Sex	Feminine or Masculine					
Contact	Yes or No					
Frequency of contact: a) with father; b) with mother.	1 - Every week 2 - Every month 3 - Occasionally 4 - Rarely 5 - Never	(1) We talk by phone (2) We use social networks (Facebook, etc.) (3) We use e-mail (4) We use SMS (5) We meet with technical supervision (6) We meet freely (7) We go out together (8) We spend time together on holidays				
Visit location (father and/or mother)	Foster family home Birth family home Another place Foster and birth family homes Foster family home and another place Birth family home and another place Foster and birth family homes and another place I don't have visits from my parents					
Feeling during the visits Feeling after the visits	Indifference or disinterest Sadness or anguish Revolt or fear Joy or satisfaction					
As far as contacts with your parents are concerned, what would you propose?	Father Mother Father and mother None	(1) Just talk on the phone (2) Make more visits or tours (3) Make less visits or tours (4) Do not carry out visits or tours (5) Spending more vacation periods (6) Spending less vacation periods (7) Not having vacation periods (8) Do not keep any type of relationship (9) Do the same as hitherto				
Visit difficulties	Yes or No	(1) There are difficulties in carrying out visits (2) The expenses to do the visits (3) The distance between the foster family and parents' home (4) The foster family does not like the visits to happen (5) Your parents do not appear or do not meet the schedule (6) You do not want the visits to take place (7) The place (8) Your parents' health problems (9) Other				
Happiness with home	1 - Totally unhappy 2 - Very unhappy 3 - Neither too little nor very happy 4 - Quite happy 5 - Very happy	Are you happy to live in the host house?				
Self-confidence	0 - Not at all satisfied 10 - Totally satisfied	How satisfied are you with your self-confidence?				

Variables	Answer type	ltems
Future perception	0 - Totally disagree 10 - Totally agree	I feel optimistic about my future.
SLSS	0 - Totally disagree 10 - Totally agree	(1) My life is going well (2) My life is exactly as it should be (3) I have a good life (4) I have what I want in life (5) My life is better than other boys or girls

# 2.4. Data analysis

Data analysis was performed using the IBM-SPSS.23 software, calculating descriptive statistics (absolute and relative values, means, standard deviations) and carrying on statistical tests (Student's t-test and Mann-Whitney U).

### 2.5. Ethical issues

Throughout the data collection process, the researchers provided an explanation of the study, ensuring the confidentiality and anonymity of the responses, as well as the non-obligation to respond to the survey or, responding, the possibility of not responding to any question when they felt unprepared or uncomfortable. The researchers obtained the consent of all institutions

(Portuguese Social Security, residential homes, schools and foster families) and all the children to respond to the survey.

## 3. Results

In residential care, there were 89.7 % of the children who had contact with their birth families (130 cases), and in foster care they were 74.4 % (29 cases), being this percentual difference statistically significant (t = 2.033; p < .05; 1<sup>st</sup> research question). However, the number of children with visits was a bit less: 118 (81.4 %) in residential care, and 27 (69.2 %) in foster care, being the difference not statistically significant ( $2^{nd}$  question). The pattern of the visit local was similar in both host care systems (Table 2; 3<sup>rd</sup> question).

Table 2. Visits' local				
Visits' local of father and/or mother	Residential care	Foster care		
visits local of father and/or mother	N	(%)		
Foster Carers' home	37 (25.5)	8 (20.5)		
Parents' home	41 (28.3)	11 (28.2)		
Foster Carers' and parents' homes	12 (8.3)	1 (2.6)		
Another place	23 (15.9)	5 (12.8)		
Foster Carers' home and another place	3 (2.1)	1 (2.6)		
Parents' home and another place	1 (0.7)	1 (2.6)		
Foster Carers', parents' home and another place	1 (0.7)	0 (0.0)		
Without visits	26 (17.9)	9 (23.1)		
Both parents are died, not known or disappeared	1 (0.7)	3 (7.7)		

In residential care, other places where occurred the visits were coffee shop (2 cases), grand-parents' home (5), sister's home (2), godmother's home (1), mother's home (2), uncles' home (4), father's home (1), church (1), restaurant (1), street

(7), and shopping (2). In foster care, the visits also occurred at grandparents' home (2), "Mundos de Vida" (1), tennis court (1), street (2), and "Social Security" (1).

By far, children had contact with their parents every week using phone calls (residential care: 33.3% of children with their father, and 41.4% with their mother; foster care: 17.2% with their father, and 25.7% with their mother). Only a minority of

children in both systems (20.5 of children in residential care, and 30.3% of children in foster care) went out with their parents every week (Tables 3 and 4;  $4^{th}$  question).

Table 3. Frequency of contact in residential care							
	Phone	Social network	E-mail	SMS	Supervised visits	Non- supervised visits	Go out together
Father				N(%)			
Every week	43 (33.3)	10 (7.6)	5 (3.8)	14 (10.7)	11 (8.5)	20 (15.3)	27 (20.5)
Every month	4 (3.1)	3 (2.3)	1 (0.8)	6 (4.6)	3 (2.3)	2 (1.5)	7 (5.3)
Occasionally	26 (20.2)	10 (7.6)	1 (0.8)	10 (7.6)	14 (10.8)	17 (13.0)	22 (16.7)
Rarely	5 (3.9)	5 (3.8)	4 (3.1)	6 (4.6)	11 (8.5)	7 (5.3)	5 (3.8)
Never	51 (39.5)	104 (78.8)	120 (91.6)	95 (72.5)	91 (70.0)	85 (64.9)	71 (53.8)
Mother		N(%)					
Every week	55 (41.4)	13 (9.8)	5 (3.8)	22 (16.7)	24 (18.2)	32 (24.2)	40 (30.3)
Every month	3 (2.3)	4 (3.0)	0 (0.0)	5 (3.8)	5 (3.8)	4 (3.0)	11 (8.3)
Occasionally	38 (28.6)	20 (15.0)	3 (2.3)	20 (15.2)	16 (12.1)	18 (13.6)	29 (22.0)
Rarely	9 (6.8)	14 (10.5)	10 (7.6)	12 (9.1)	9 (6.8)	11 (8.3)	9 (6.8)
Never	28 (21.1)	82 (61.7)	114 (86.4)	73 (55.3)	78 (59.1)	67 (50.8)	43 (32.6)

Table 4. Frequency of contact in foster care							
	Phone	Social network	E-mail	SMS	Supervised visits	Non- supervised visits	Go out together
Father				N(%)		,	
Every week	5 (17.2)	3 (8.1)	1 (2.7)	2 (5.4)	0 (0.0)	4 (10.8)	3 (8.1)
Every month	0 (0.0)	0 (0.0)	0 (0.0)	1 (2.7)	2 (5.4)	4 (10.8)	2 (5.4)
Occasionally	5 (17.2)	1 (2.7)	0 (0.0)	0 (0.0)	4 (10.8)	4 (10.8)	2 (5.4)
Rarely	5 (17.2)	1 (2.7)	0 (0.0)	1 (2.7)	4 (10.8)	4 (10.8)	3 (8.1)
Never	14 (48.3)	32 (86.5)	36 (97.3)	33 (89.2)	27 (73.0)	21 (56.8)	27 (73.0)
Mother				N(%)			
Every week	9 (25.7)	3 (8.6)	0 (0.0)	3 (8.6)	2 (5.7)	5 (14.3)	4 (11.4)
Every month	1 (2.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	5 (14.3)	3 (8.6)
Occasionally	9 (25.7)	4 11.4)	0 (0.0)	5 (14.3)	5 (14.3)	6 (17.1)	8 (22.9)
Rarely	4 (11.4)	3 (8.6)	0 (0.0)	2 (5.7)	3 (8.6)	4 (11.4)	4 (11.4)
Never	12 (34.3)	25 (71.4)	35 (100)	25 (71.4)	25 (71.4)	15 (42.9)	16 (45.7)

There were different children's feelings after the parents' visits when children enjoyed them. Namely, in residential care, from the 94 children who were satisfied during the visit, 37.2 % of children remained satisfied after the visits, and the others became indifferent or disinterested (7.4 %), sad or anguished (50 %), or revolted or frightened

(5.3%). In foster care, the majority (55%) of children remained satisfied after the visit, but 10% became indifferent or disinterested, 25% sad or anguished, and 10% revolted or frightened (Table 5; 5<sup>th</sup> and 6<sup>th</sup> questions). There is no statistical significance difference between the distribution of feelings, comparing the two care systems.

	Table 5. Ch	ildren's feeling d	luring and afte	r the visits			
		Feeling after the visits					
	Residential care	Indifference or disinterest	Sadness or anguish	Revolt or fear	Joy or satisfaction	Total	
	Indifference or disinterest	10 (100 %)	0	0	0	10	
Feeling	Sadness or anguish	0	1 (50 %)	1 (50 %)	0	2	
during the visits	Revolt or fear	0	3 (33.3 %)	3 (33.3 %)	3 (33.3 %)	9	
	Joy or satisfaction	7 (7.4 %)	47 (50 %)	5 (5.3 %)	35 (37.2 %)	94	
	Total	17 (14.8 %)	51 (44.3 %)	9 (7.8 %)	38 (33 %)	115	
		Feeling after the visits					
	Foster care	Indifference or disinterest	Sadness or anguish	Revolt or fear	Joy or satisfaction	Total	
	Indifference or disinterest	2 (100 %)	0	0	0	2	
Feeling	Sadness or anguish	0	0	2 (100 %)	0	2	
during the visits	Revolt or fear	0	0	1 (100 %)	0	1	
	Joy or satisfaction	2 (10 %)	5 (25 %)	2 (10 %)	11 (55 %)	20	
	Total	4 (16 %)	5 (20 %)	5 (20 %)	11 (44 %)	25	

The majority of children would like to maintain or have more visits from their parents (72.9 % in residential care, and 56.3 % in foster care). In the other cases, there were some problems with visits of one of the parents, and only 9.8 % of children in residential care and 21.9 % in foster care didn't want to have visits from their parents (Table 6; 7<sup>th</sup> question).

Table 6. Children's wish in relation to contact and visits					
Wish	Residential care	Foster care			
***************************************	N	(%)			
More visits	75 (56.4)	14 (43.8)			
Maintain visits	22 (16.5)	4 (12.5)			
Less visits	0 (0.0)	1 (3.1)			
End with visits	4 (3.0)	0 (0.0)			
More visits from mother and less from father	5 (3.8)	0 (0.0)			
More visits from mother and end with father's visits	6 (4.5)	3 (9.4)			
More visits from father and less from mother	1 (0.8)	0 (0.0)			
More visits from father and end with mother's visits	1 (0.8)	1 (3.1)			
Maintain contact without visits	7 (5.3)	4 (12.5)			
Not have any contact	6 (4.5)	3 (9.4)			
I would like to have visits	6 (4.5)	2 (6.3)			
Total	133 (100)	32 (100)			

In relation to children who had visits from their parents (118 in residential care and 27 in foster care), there were 63.6 % that wished more visits in residential care, and 51.9 % in foster care. This difference had not been statistically significant.

Only a minority of children perceived the existence of difficulties in parents' visits (38.9 % in residential care, and 25.8 % in foster care). This

percentual difference was not statistically significant. Distance and expenses were the most common reasons among children in residential care, and expenses and parents' absence in foster care. Other difficulties mentioned by children were personal problems, mother being in jail, and mother blaming the daughter for the need of the placement (Table 7; 8<sup>th</sup> question).

Table 7. Difficulties to do visits					
	Residen	Residential care		r care	
Difficulties	Yes	No	Yes	No	
		N	(%)		
There are difficulties in carrying out visits	51 (38.9)	80 (61.1)	8 (25.8)	23 (74.2)	
The expenses to do the visits	23 (45.1)	28 (54.9)	3 (37.5)	5 (62.5)	
The distance between the foster family and parents' home	29 (56.9)	22 (43.1)	1 (12.5)	7 (87.5)	
The foster family does not like the visits to happen.	1 (2.0)	50 (98.0)	0 (0.0)	8 (100)	
Your parents do not appear or do not meet the schedule	13 (25.5)	38 (74.5)	3 (37.5)	5 (62.5)	
You do not want the visits to take place	10 (19.6)	41 (80.4)	2 (25.0)	6 (75.0)	
The place	5 (9.8)	46 (90.2)	0 (0.0)	8 (100)	
Your parents' health problems	7 (13.7)	44 (86.3)	0 (0.0)	8 (100)	
Other	3 (5.9)	48 (94.1)	0 (0.0)	8 (100)	

There was a statistical significance between the medians of the level of children's happiness with their placement (Mann-Whitney U = 864.5; p < .001), being the children in foster care who presented the higher levels (Table 8). More, we found the same pattern doing the test only with children with contact (Mann-Whitney U = 558.5; p < .001), and only with children without contact (Mann-Whitney U = 37; p < .05), being foster care children who presented higher levels of happiness with their placement (9<sup>th</sup> question).

Table 8. Happiness with the placement					
Level of happiness	Residential care	Foster care			
Level of Happiness	N (%	.)			
Totally unhappy	24 (16.7)	1 (2.6)			
Very unhappy	12 (8.3)	0 (0.0)			
Neither too little nor very happy	63 (43.8)	2 (5.3)			
Quite happy	16 (11.1)	4 (10.5)			
Very happy	29 (20.1)	31 (81.6)			
Total	144 (100)	38 (100)			

Although the level of self-confidence was higher in children in foster care (M = 7.82; SD = 2.82) in relation to children in residential care (M = 7.48; SD = 3.12), this difference was not statistically significant among all children, as well as among children with contact or without contact (10th question). In relation to children's opinion about their future (11th question), that level was also higher in foster care (M = 7.82; SD = 2.28) in relation to residential care (M = 7.13; SD = 3.04), but without statistical significance, even taking into account the existence or not of contact. However, it was quite clear that children in foster care presented a significant (t = 7.517; p < .001) higher level of subjective well-being (M = 8.22; SD = 1.62) than children in residential care (M = 5.59; SD = 2.81; 12<sup>th</sup> question). The same was confirmed performing the same test in the groups of children with or without contact. These results highlight the fact that all these variables are independent of the existence of contact

### 4. Discussion and conclusions

The results of this study raise several significant implications for practice. In Portugal, children in residential care seemed to have more contact with their birth families than children in foster

care, but similar pattern of visits face-to-face. Also, the type of contact is not very different from what happens in other countries (e.g., Sinclair, Gibbs, & Wilson, 2004; Salas et al., 2016; Triseliotis, Borland, & Hill, 2000), but there are differences in relation to the locals chosen for the visits in foster care (e.g., Delgado et al., 2016; Triseliotis, Borland, & Hill, 2000), which leads to the possibility to use of other venues in the future. For instance, the existence of community and educational centres or other spaces specifically designed for family contacts, as happens in Spain or England, may provide a more comfortable location and an easier supervised environment, minimizing possible difficulties in the visit in order to take advantage of the moments of contact to reinforce the emotional and affective bonds between children and parents (García-Martín et αl., 2019).

The majority of the children presented joy or satisfaction during parents' visits and more diffuse feelings after the visit. Also, most of the children in both care systems would like to have more visits and just a minority presented some difficulties in their fulfilment. These results follow the conclusions of other studies (e.g., Carvalho & Delgado, 2014; Chapman, Wall, & Barth, 2004; Delgado et al., 2016; Salas et al., 2016).

The collected data confirmed the importance of contact for the children in care. Therefore, it is essential to work on the relationship between families in order to reduce existing negative representations, to prevent fear or difficulties to get closer, and to prevent progressive distancing and eventual cessation of visits; and, on the other hand, sensitize and make parents responsible for the importance of fulfilling the visiting plan.

Children in foster care presented more happiness with their placement than children in residential care, probably because they have closer and more stable relationships with their caregivers (Delgado, Carvalho, & Pinto, 2014; Delgado et  $\alpha l.$ , 2019). There were not statistically significant differences between the two systems in what concerned the level of children's self-confidence and opinion about their future lives, although the scores were higher among children in foster care.

However, children in foster care presented a significant higher level of subjective well-being than children in residential care, confirming what happened in other studies (e.g., Bradshaw, 2015; Farineau, Wojciak, & McWey, 2011; Lima & Morais, 2018; Llosada-Gistau, Casas, & Montserrat, 2017; Llosada-Gistau, Casas & Montserrat, 2019; Rees, Pople, & Goswami, 2011). This result can be explained by the fact that children in foster care report more often that they feel loved by the

caregivers, feel high social support and more secure with their caregivers than children in residential care (Lausten & Fredriksen, 2016).

It seemed that the type of placement for children at risk is more important to their future than the existence of contact with their parents. However, this doesn't mean that contact is not important. Probably, the variables studied in this research are more important for children in both systems than the link they have with their birth families through direct or indirect contact. Fossum, Vis, and Holtan (2018) observed that visits with birth parents did not significantly influence who was the main attachment figure, as well as the children's psychosocial functioning or competence. Neagu and Sebba (2019) also concluded that children's contact with their birth family did not modify the quality of their relationship with foster carers.

Finally, one virtue of this exploratory study was the use of children's beliefs and feelings, that should be recognized by adults as ways of expressing and interpreting their world and the events that characterize their lives. Thus, this study demonstrates the need and interest to take into account children's opinions and assessments about their placements and the visits they maintain with their families (Wilson et al., 2020). They should be active participants in the process, being involved in decision-making and not being

excluded of the monitoring and evaluation process of their placements made by the system of protection (Atwool, 2013; Merritt, 2008; Nybell, 2013). Consequently, the way children evaluate their placement, self-confidence, future lives, and subjective well-being are parameters to take into account when reviewing contact and defining their life project (Delgado, Pinto, Carvalho, & Gilligan, 2019).

Although the existence of several studies on contact in family and residential, as well as on the subjective well-being of children in out-of-home care, this research was pioneering because it sought to relate the contact that children maintain with their parents and their perception of subjective well-being. This fact does not allow to compare this particular association with the conclusions of other research, which is simultaneously a limitation of this study and a motivation to develop new lines for future research. Other limitations are related to usual issues in this type of exploratory approach, namely the use of questionnaires for children to express their perceptions. A qualitative approach with interviews or focus groups with these children will certainly be lines of future exploration on these themes. It would also be interesting to analyse whether the length of stay in the foster home and in the foster family determines differences in children's subjective well-being.

# **Notes**

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