



# Why Place Matters in Residential Care: the Mediating Role of Place Attachment in the Relation Between Adolescents' Rights and Psychological Well-Being

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## Abstract

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

**Keywords** Youths' rights · Psychological well-being · Place attachment · Residential care · Mediating models

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## 1 Introduction

Young people in residential care is a particular vulnerable group considering their previous risk factors and current mental health needs (Erol et al. 2010). The literature has been more focused on psychopathology than on well-being (Magalhães and Calheiros 2017), however, it is critical to identify protective factors of individual well-being (Antonovsky 1996). Considering the relevance of the individual relationship with a place to their well-being (Dallago et al. 2010) and the need to explore children's perspectives on their rights (Kutsar et al. 2019) this cross-sectional study aims to explore: a) the relationship between the rights' perceptions and psychological well-being of adolescents in residential care and b) the mediator role of place attachment (one-dimensional and multidimensional) in that relationship.

### 1.1 Young People's Rights and Well-Being

The Convention on the Rights of the Child (CRC) (United Nations, 1989) highlights the children's ability to participate and to be active on issues related to them, pointing out that decision making on policies for children and young people across states and entities should be done based on their best interest. The CRC covers all main aspects of a child's life and is an important tool to develop worthwhile research and applied actions to promote child well-being (Doek 2014). Greater scientific emphasis on children's perspectives on their rights is evident in the last 5 years (Kutsar et al. 2019; Magalhães et al. 2016; Ruck, Peterson-Badali, & Helwig, 2014). However, fewer efforts exist on how these perceptions about rights' fulfillment may explain well-being outcomes (Casas et al. 2018). The study of well-being outcomes addresses the apparent gap in the long-term tradition of research purely centered on psychopathology (Seligman and Csikszentmihalyi 2000), as well as the need to consider young people as meaningful sources of information (Andresen et al. 2019). Actually, investing research efforts into well-being outcomes is needed since it positively affects many other individual (e.g., motivational behaviors, physical health) and social outcomes (e.g., socioeconomic growth) (Howell et al. 2016). According to the salutogenic model (Antonovsky 1996) it is important to identify the factors that actively enhance individual health, more than merely identify risk factors for disease. This model made a transition from a pathogenic perspective of health (focused merely on disease origins), to a continuous approach that also includes a salutogenic perspective of health (focused on health origins and health promotion) (Mittelmark and Bull 2013). Research from a positive and salutogenic perspective of health has been suggesting that, not only individual resources and capacities may explain positive outcomes, but also that the well-being is affected by social structures (e.g., developmental contexts like family or broader social structures; Joseph and Sagy 2017). Specifically, in the childhood and adolescence, the respect and fulfillment of rights could be viewed as an important factor, anchored on the current social structure, that might explain young people's well-being. Recent cross-cultural evidence about the relationship between children's rights and well-being advises that it is the young people's perception about adults' respect of their rights that predicts higher levels of subjective well-being (more than merely knowing that they have rights) (Casas et al. 2018). Also, positive relationships were found between feeling protected, being cared for, having opportunities of participation

and not being discriminated and children's well-being (Kutsar et al. 2019). As such, more than being focused on children's knowledge about their rights, it is important to invest scientific efforts on how they perceive that these rights are respected and safeguarded, given that little is known about how children's rights are realized by young people in their routines and daily experiences (Kutsar et al. 2019). Specifically, for young people in residential care, the fulfillment of their rights is especially complex considering their specific social and psychological vulnerability (Magalhães et al. 2016; Magalhães et al. 2018). Not only do these young people show more complex risk factors and difficulties (e.g., special education needs), compared to foster children (Llosada-Gistau et al. 2017c), but also their psychological functioning seems to be poorest. Worse subjective well-being is reported by young people in residential care, compared with children in other out-of-home placements (Llosada-Gistau et al. 2017a; Llosada-Gistau et al. 2017c). Also, young people in residential care report lower levels of subjective and psychological well-being compared with their peers in the family (Crous 2017; Dinisman et al. 2012; Llosada-Gistau et al. 2015).

Looking at how rights' fulfillment in residential care may be related to young people's well-being is needed, given that we know that deprived and socially excluded children are at risk of lower psychological well-being (Crous 2017). Previous evidence suggests that adolescents in residential care perceive that if their education, privacy or non-discrimination rights are not fulfilled, their mental health outcomes are negatively affected (Magalhães et al. 2018). Also, when professionals working with them and their families adopt practices that do not respect themselves and their families' needs, these adolescents recognized that it may negatively impact on their psychological functioning, namely, reporting higher internalizing and externalizing problems (Magalhães et al. 2018; Magalhães et al. 2016). Finally, participation is outlined as a noteworthy right to be respected and promoted in care, particularly regarding the decisions affecting young people's lives, as well as the importance of ensuring that they have access to diverse normative social resources (e.g., leisure activities, going out with friends). Not only are these participation opportunities associated with higher levels of well-being (Llosada-Gistau et al. 2017c), but also with lower psychological difficulties, for instance, in terms of self-esteem and sociability (Magalhães et al. 2016). This evidence is consistent with the literature anchored on the salutogenesis framework, which suggests that cooperative and supportive relationships in significant contexts of development (e.g., family, school, community) positively impact youth's sense of coherence, which in turn seems to explain more effective coping strategies with stressful events during the adolescence (Braun-Lewensohn et al. 2017).

## 1.2 Why Place Matters in the Relationship Between Young People Rights and Well-Being?

Place attachment involves a symbolic, emotional and functional connection established with a place (Raymond et al. 2010), which is conceptually different from other similar constructs like sense of community coherence or sense of community. Both of these latter concepts are focused on the relationship between an individual and the community or group. In this manuscript, the place attachment is conceptualized as more than the feeling of social connections, including also environmental and symbolic connections with a physical place that are reflected in the personal self. On the other hand, the

sense of community coherence refers to how the comprehensibility (i.e., predictability feelings), manageability (i.e., the community ability to assist their elements) and meaningfulness (i.e., perceived satisfaction with what the community might offer) perceptions emerge within the community (Braun-Lewensohn et al. 2017). The sense of community involves feelings of belonging to the community, together with a sense of integration, emotional connection and a sense of counting/making a difference within the group (McMillan & Chavis. 1986).

Place attachment has been positively associated to the individual well-being (Dallago et al. 2010; Lv and Xie 2017; Scannell and Gifford 2017a), quality of life (Harris et al. 1995), satisfaction with life or positive social relationships (Lewicka 2011c). Specifically, a positive bond with a place may fulfill a set of functions. Not only does the individual feels attached to the place to seek security feelings but also this bond could support the individuals' goals allowing the self-regulation, as a necessary mechanism to achieve objectives in life (Korpela 1989; Scannell and Gifford 2010a; Twigger-Ross and Uzzell 1996). Place attachment may enhance self-regulation processes of managing negative emotions, and promoting restorative experiences and positive outcomes (Korpela et al. 2009; Korpela et al. 2002; Ratcliffe and Korpela 2016). Based on these assumptions that greater attachment is revealed when a place may fulfil a set of developmental and self-regulatory functions (Scannell and Gifford 2010a; Twigger-Ross and Uzzell 1996), we assume that a residential care setting that safeguards young people's rights (e.g., basic provision, participation, privacy) is more conducive to a greater attachment and belongingness feeling to that context. Actually, the quality of residential care settings involves being able to provide opportunities for young people to participate in decision-making processes, respecting also their privacy and identity (Del Valle et al. 2012). All these aspects are central to providing a quality service of care to these vulnerable youth, and promoting a positive impact on their development. Moreover, there is evidence about the positive role of youth's participation and community involvement in terms of their community attachment (Dallago et al. 2014). Studies with adults also suggest that community involvement (e.g., involvement in the decision making), positively predicts community attachment, which in turn significantly predicts higher levels of quality of life (Baker and Palmer 2006).

On the other hand, thinking about the positive role of place attachment on individual well-being, recent evidence suggests that people recognize as benefits from place attachment the enhancement of memories, feelings of belonging, relaxation, positive emotions, activity support, comfort and security, personal growth and freedom (Scannell and Gifford 2017b). People who feel attached to a meaningful place tend to report a greater sense of continuity and connection with past experiences in the place, as well as a feeling of belonging. Comfort, security and positive emotions (like happiness) are also recognized as frequent benefits from being attached to a place, together with perceptions of self-enhancement, improved self-esteem and personal growth (Scannell and Gifford 2017c).

The role of place attachment on children and youth psychological functioning may be grounded on theoretical assumptions from the traditional attachment theory (Morgan 2010). A regular pattern of positive experiences, exploring a place, becomes internalized (internal working model), which will guide future behaviors on that place and generate expectations about how the place may fulfill their own needs (Morgan 2010). As such, the child could develop a strong emotional relationship with the place if that

place provides support and is compatible with their needs (Chatterjee 2005) as well as when positive social interactions and life events in that place occur (Jack 2010). “Direct and repeated experiences of places in childhood, together with the social meaning attached to them by children and others (e.g. parents, teachers and peers), tend to have the biggest influence on the subsequent development of place attachments.” (Jack 2010, p. 758). Particularly, considering the young people in residential care, and bearing in mind their specific needs and risks (Calheiros and Patrício 2014; Llosada-Gistau et al. 2017c), this relationship with the residential facility may play a crucial role on their well-being. These young people have an experience of loss of their own home and possibly a set of moves in the child protection system, and for that reason their ties to this new place may be even more important. This attachment may be enhanced through opportunities of making meaning to past and present experiences, enabling the young people to anticipate also their future (Jack 2010). Actually, this place attachment may fulfill the psychological need of belonging (Baumeister and Leary 1995; Scannell and Gifford 2017c), with significant implications for young people’s well-being (Jack 2010). Previous research shows that higher levels of place attachment in residential care are associated with greater life satisfaction and satisfaction with care facilities. Specifically, greater correlations were found on the association between place identity and satisfaction with life, compared with associations of caregivers bonding and subjective well-being (Magalhães and Calheiros 2015). This evidence may suggest that identity developmental processes (including place-derived identity) are especially important for youth (Scannell et al. 2016), contributing positively to the adolescents’ subjective well-being. Evidence exists proposing that a place is one of most important aspects of individual identity, as equal as gender or occupation (Jack 2015).

### 1.3 Research Problems and Objectives

The literature about young people’s well-being has been largely focused on adolescents in normative contexts of development (Casas et al. 2018; Scannell et al. 2016), but less evidence exists with young people in care (Dinisman et al. 2012; Llosada-Gistau et al. 2015; Llosada-Gistau et al. 2017c). The literature with young people in residential care tends to be focused on psychopathology (Attar-Schwartz 2009; Erol et al. 2010) and even when well-being is explored, most of these studies are focused on subjective well-being (Llosada-Gistau et al. 2015; Llosada-Gistau et al. 2017a) with few exceptions looking at psychological well-being (Crous 2017). Despite the widely recognized contribution of the hedonic research (subjective well-being) to the literature, a complete understanding about optimal psychological functioning and self-actualization is merely provided by an eudaimonic perspective (Delle Fave, Massimini & Bassi, 2011; Ryff and Keyes 1995). The multidimensional concept of psychological well-being is grounded on a set of theoretical models and includes dimensions such as autonomy, personal growth, self-acceptance, life purpose, environmental mastery and positive relations with others, which are viewed as indicators of positive human development and flourishing (Ryan & Deci, 2001; Ryff and Singer 1996). Considering that the adolescence is a period of significant cognitive and emotional changes, this could be a critical developmental stage to explore how youth positively develops, namely their well-being outcomes, more than merely focusing on their maladaptive trajectories (Braun-Lewensohn et al. 2017).

Also, the relationship between rights perceptions in residential care and psychological functioning has been tested merely from a traditional perspective of mental health (i.e., psychopathology) (Magalhães et al. 2016). Results suggest that youth's perceptions about their rights in the welfare system (e.g., participation opportunities) predict lower levels of externalizing and internalizing problems (Magalhães et al. 2016). Nevertheless, further evidence is needed adopting a conceptual framework focused on well-being outcomes (Howell et al. 2016). As such, this study explores young people's mental health from a conceptualization focused on their psychological well-being, going beyond the focus on psychopathology.

Furthermore, the literature on place attachment in residential care is scarce (Magalhães and Calheiros 2015), and, to our best knowledge, the mediating role of place attachment remains unexplored. However, considering previous evidence suggesting that community involvement/participation may be related to higher community attachment, and that greater attachment predicts greater quality of life (Baker and Palmer 2006), we propose a mediating model of place attachment in the relationship between young people's rights fulfillment and psychological well-being. Indeed, when individuals perceive that the place guarantees them basic conditions, like feelings of security and, consequently, greater place bonding, this may be associated with higher levels of well-being or quality of life (Ruiz et al. 2013).

Theoretically and empirically, one-dimensional (Lewicka 2010) and multidimensional models have been proposed across decades to conceptualize the place attachment, focusing on personal, social or environmental aspects of attachment (Kyle et al. 2005; Raymond et al. 2010). However, the literature has focused mainly on place identity (the cognitive component of place attachment) and place dependence (the perceived function of a place) (Jorgensen & Stedman, 2001; Kyle et al. 2005; Williams & Vaske, 2003), and less efforts have been made in terms of social (the feelings of belonging to the group of people who are an important part of the place) and environmental dimensions of place attachment (the connection with the physical environment) (Magalhães and Calheiros 2015; Raymond et al. 2010). Evidence with young people in residential care suggests that place attachment can be explored either from one-dimensional and multidimensional measurement models, although a multidimensional approach seems to fit better (Magalhães and Calheiros 2015). A multidimensional approach allows us to obtain evidence focused on these widely studied dimensions (place identity and place dependence), but also to understand the community, social and environmental aspects of attachment. Considering these challenges on conceptualization and measurement of place attachment, additional evidence is needed to provide new insights about similar and/or distinctive effects of one-dimensional and multidimensional models of place attachment, in terms of individual psychological well-being.

In order to address these gaps in the literature, this cross-sectional study aims to explore the mediator role of place attachment (one-dimensional and multidimensional) in the relationship between the rights' perceptions and psychological well-being of adolescents in residential care. Also, we aim to provide evidence about different mechanisms emerging in multidimensional and one-dimensional models of the relationship between rights perceptions and psychological well-being. Based on previous literature and conceptual assumptions (Casas et al. 2018; Jack 2010; Lewicka 2011c; Morgan 2010), it is likely that relations between rights' perceptions and well-being, through the mediating role of place attachment, are positive and significant.

Specifically, a) higher levels of rights perceptions (especially participation rights) were expected to positively predict the whole dimension of place attachment; b) higher levels of rights perceptions were expected to positively predict the subscale of place identity of place attachment; c) the place attachment was expected to predict higher levels of psychological well-being (especially, personal growth) (Scannell and Gifford 2017c; Llosada-Gistau et al. 2017c; Magalhães and Calheiros 2015).

## 2 Method

### 2.1 Participants

A sample of 365 Portuguese adolescents in residential care, aged from 11 to 18 years old ( $M = 14.71$ ,  $SD = 1.81$ ), mostly male (53%), participated in this study. Most of these adolescents are in residential care for the first time (59.7%), 30.7% has one previous placement in care, 7.9% two placements, and 1.1% three previous placements. The mean of placement' length in the current facility is 39 months (approximately 3 years), ranging from less than 1 month to 17 years. They are in residential care for protection reasons, and not with correctional or therapeutic aims. As such, a set of risk factors were identified in their biological families, which may be justifies their placement in care, namely, neglectful practices (69%), exposure to inadequate parental behaviors or intimate partner violence (50%), alcohol abuse (38%) and psychological maltreatment (21%). These residential facilities ( $N = 56$ ) are mostly mixed (hosting both girls and boys; 37%), but also gendered-specific (only for girls, 29.6% and only for boys 32%). The number of children and youth attended in those facilities ranged from 10 to 45.

### 2.2 Measures

#### 2.2.1 Rights Perceptions Scale

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

### 2.2.2 Place Attachment Scale

This scale allows the assessment of place attachment to residential care facilities (Magalhães and Calheiros 2015) through 19 items answered in a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). This scale aims to assess five dimensions. Place identity involves how the symbolic attachment with the residential setting contributes to self-definition ( $\alpha = 0.93$ ; “I strongly identify with this institution”). Place dependence refers to how the perceived bonding with the residential setting is based on the conditions provided to the youth’s life ( $\alpha = 0.83$ ; “I would not replace this institution for any other place to do the activities I do here”). Institutional bonding implies the connection with the larger context of the residential setting, including the neighbourhood and the surrounding environment ( $\alpha = 0.69$ ; “I feel very attached to the neighbourhood and physical space where this institution is”). Caregivers bonding refers to the perceived attachment based on the feeling of belonging and bonding specifically with the staff ( $\alpha = 0.75$ ; “My relationships with the social workers of this institution are very special to me”). Friends bonding refers to the perceived belonging to the group of peers in care, which contribute to their attachment to the setting ( $\alpha = 0.74$ ; “The friendships I have made through activities in the institution strongly connect me with this institution”). The process of translation and adaptation of this scale provided psychometric evidence on two types of models (multidimensional and one-dimensional). The multidimensional model revealed better fit statistics (GFI = .90; CFI = .95; AIC = 496.183; ECVI = 1.213); nevertheless, the results also suggest the possibility of analysing a global scale of place attachment (GFI = .89; CFI = .94; AIC = 544.260; ECVI = 1.331). A *Cronbach’s Alpha* of .95 was found considering the global dimension of place attachment (Magalhães and Calheiros 2015).

### 2.2.3 Scales of Psychological Well-Being

The Scales of Psychological Well-Being for adolescents, short-version (30 items), were used to assess psychological well-being (Fernandes et al. 2010), using a likert 5-point scale (from 1 - strongly disagree to 5 - strongly agree) and evaluating six dimensions. Autonomy involves self-determination, independence and self-regulated behaviour (e.g., “I have confidence in my opinions, even if they are different from other people.”). Environmental mastery refers to the individual capacity to manage the environment (e.g., “In general, I feel I am in charge of the situation in which I live”). Personal growth includes individual enhancement and the development of personal potential (e.g., “I think it is important to have new experiences that challenge how you think about yourself and the world”). Positive relations with others refers to perceptions about having trust, affective and secure relationships (e.g., “People would describe me as a giving person, willing to share my time with others”). Purpose in life refers to young people’s objectives and directions in life that provide them individual meaning to past and present experiences (e.g., “Some people wander aimlessly through life, but I am not one of them”). Self-acceptance involves positive attitudes about individual self (e.g., “When I look at the story of my life, I am pleased with how things have turned out”) (Ryff 1989; Ryff and Singer 1996). Based on previous evidence of validity and reliability in the Portuguese context with young people in residential care merely four dimensions of psychological well-being were used in this study (19 items): Personal growth (5 items;  $\alpha = 0.78$ ), Positive relations with others (5 items;  $\alpha = 0.65$ ), Self-acceptance (5 items;  $\alpha = 0.70$ )

and Purpose in life (4 items;  $\alpha = 0.61$ ) (Magalhães 2015). An internal consistency of  $\alpha = 0.87$  for the general dimension of psychological well-being was found in this study.

## 2.3 Procedures

As part of a larger research project, this study involved a set of formal procedures previous the data collection. A convenience sampling approach was used to recruit adolescents aged from 11 to 18 years old, excluded those one who had previously participated in other studies from the broader project or who had significant cognitive impairment that could inhibit them filling out a self-reported measure. Data was collected by the first author, through a group collection in the residential setting, aiming to provide support if adolescents need. Ethical approval was obtained from the Scientific Commission of our research centre and from the University Ethical Committee. Consent was obtained from adults who are responsible for young people in care and from the adolescents. After the informed consent procedure, the participants stated that they understood all information and that they agreed to participate.

Exploratory analyses were performed before the mediation models (i.e., descriptive, mean differences and correlation analysis) considering that previous evidence revealed a set of differences on children's rights, well-being and bonding to the place according to gender, age and time in residential care (Dinisman et al. 2012; Llosada-Gistau et al. 2017a; Llosada-Gistau et al. 2017c; Uyan-Semerci, Erdogan, Akkan, Muderrisoglu & Karatay, 2017). Based on our results from these exploratory analyses, these sociodemographic variables were controlled for in the mediation analysis. Considering previous evidence on multidimensionality and one-dimensionality of place attachment (Magalhães et al. 2016), both models were tested. A bootstrap approach was used to test the significance of indirect effects in the mediation model (Shrout and Bolger 2002) with 95% confidence intervals generated with bias corrected bootstrapping (5000 resamples). Standardized coefficients will be presented.

## 3 Results

### 3.1 Descriptive Statistics

The analysis of the ratio *Skewness/Standard Error* revealed a set of dimensions with values that are not within the range -2 and 2 (Table 1). However, it was found that the absolute values of *skewness* were lower than 3 what can be considered as non-problematic in terms of distribution.

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

Also, significant and positive correlations were found between young people's age and six dimensions: two subscales of Rights Perceptions (Autonomy and Contacts with family, Respectful system practices and behaviors), two subscales of Psychological Well-being (Personal Growth and Purpose in life) and the two global scales of Rights Perceptions and

**Table 1** Descriptive analyses of dependent, independent and mediator variables

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

*M* Mean, *SD* Standard deviation, *SE* Standard error

Psychological Well-being. On the placement history, significant and positive correlations were found between young people's placement length and all dimensions, except two dimensions of Psychological Well-being (Self-Acceptance, Purpose in Life) and the Caregivers Bonding dimension of Place Attachment. Regarding the relationship between independent, mediator and dependent variables, we found significant and positive correlations between all variables except on the relationship between the Rights Perceptions of Normalization the Place Attachment dimension of Caregivers Bonding and the following dimensions of Psychological Well-Being: Personal Growth, Positive Relations with others, Purpose in Life, as well as between the Rights Perceptions of Respectful system practices and behaviors and these three dimensions of Psychological Well-Being (Table 3).

### 3.2 Mediation Models

From the correlations and mean differences, we found a set of individual differences on our variables and for that reason the mediation models were performed controlling for age, length of placement and gender. A first model (including all subscales) was tested and results revealed very good fit statistics ( $\chi^2/df = 3.02$ ,  $p < .001$ ; GFI = .97; CFI = .98; RMSEA = .075; CI90% [.057; .092]). Results revealed mediation effects (Fig. 1) on the relationship between Participation and Protection and Positive Relations with others ( $\beta = .103$ ,  $SE = .033$ ,  $p < .001$ ) and Personal Growth ( $\beta = .091$ ,  $SE = .033$ ,  $p < .01$ ). Adolescents revealing higher opportunities of participation in residential care

**Table 2** Gender differences on dependent, independent and mediator variables

	Gender	<i>M</i>	<i>SD</i>	<i>t</i> ( <i>p</i> value)	Cohen's <i>d</i>
Participation and protection	Female	3.61	0.77	-1.92 (n.s.)	
	Male	3.76	0.79		
Autonomy and contacts with family	Female	3.35	0.78	-3.45 (<.01)	.36
	Male	3.64	0.84		
Normalization	Female	2.57	1.01	-.988 (n.s.)	
	Male	2.68	1.02		
Respectful system practices and behaviors	Female	3.28	0.78	1.22 (n.s.)	
	Male	3.17	0.88		
Perceived rights (global)	Female	3.28	0.60	-1.35 (n.s.)	
	Male	3.36	0.59		
Personal growth	Female	4.16	0.57	2.21 (<.05)	.23
	Male	4.01	0.66		
Positive relations with others	Female	3.96	0.56	3.12 (<.01)	.33
	Male	3.76	0.66		
Self-acceptance	Female	3.71	0.69	-.736 (n.s.)	
	Male	3.76	0.66		
Purpose in life	Female	3.91	0.66	.928 (n.s.)	
	Male	3.84	0.65		
Psychological well-being (global)	Female	3.93	0.48	1.69 (n.s.)	
	Male	3.84	0.54		
place attachment (global)	Female	3.11	0.82	-1.87 (n.s.)	
	Male	3.28	0.91		
Friend bonding	Female	3.29	1.01	-1.32 (n.s.)	
	Male	3.43	1.07		
Caregivers bonding	Female	3.36	0.88	-.769 (n.s.)	
	Male	3.43	0.95		
Institutional bonding	Female	3.18	0.83	-1.38 (n.s.)	
	Male	3.30	0.91		
Place identity	Female	3.02	1.06	-2.02 (<.05)	.21
	Male	3.25	1.09		
Place dependence	Female	2.84	0.98	-2.14 (<.05)	.22
	Male	3.07	1.05		

*M* Mean, *SD* Standard deviation

displayed: 1) greater friends bonding which, in turn, predicted more positive psychological well-being outcomes, specifically on positive relations with others; and 2) greater place dependence, which, in turn, predicted lower levels of psychological well-being in terms of personal growth. Also, significant total effects were found on the relationship between Normalization and Positive Relations with Others, with higher levels of normalization predicting lower positive relations<sup>1</sup>.

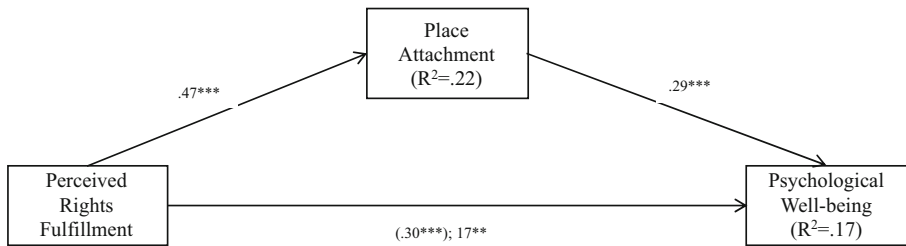
<sup>1</sup> Merely statistically significant paths are presented in both figures

Table 3 Correlations among dependent, independent and mediator variables

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

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





**Fig. 3** The mediating role of place attachment in the relationship between rights perceptions and psychological well-being (one-dimensional variables)

between: a) Participation and Protection and Positive Relations with others ( $\beta = .087$ ,  $SE = .029$ ,  $p < .001$ ), Self-Acceptance ( $\beta = .072$ ,  $SE = .029$ ,  $p < .05$ ), and Personal Growth ( $\beta = .068$ ,  $SE = .030$ ,  $p < .01$ ). Higher scores on Participation and Protection predicted higher levels of place attachment, which in turn predicted psychological well-being, specifically, positive relationships with others, self-acceptance and personal growth. Also, significant total effects were found on the relationship between Normalization and Positive Relations with Others, with higher levels of normalization predicting lower positive relations.

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

## 4 Discussion

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

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

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

Moreover, it is well-recognized the positive role of place attachment on individual well-being (Lewicka 2011c; Ratcliffe and Korpela 2016). However, if the effect of a whole dimension of place attachment was positive regardless the psychological well-being dimension, when we analyze subscales of place attachment some differences emerged. Place dependence seems to negatively predict personal growth of young people in residential care. Given that we are analyzing place dependence during the adolescence and considering that an important developmental task during this phase is related to the autonomy and independence, this result may be theoretically plausible.

Also, if the residential setting should promote a familiar context to youths' development (Del Valle et al. 2012), too much dependence to the residential setting may undermine their opportunities of personal growth (i.e., their motivation to explore new experiences and to develop themselves and their potential) (Ryff 1989; Ryff and Singer 1996). Nevertheless, generally, our results highlighted the positive role of place attachment to the young people's psychological well-being in residential care, including different aspects of self-actualization and optimal development. This evidence is congruent with previous data with adolescents (Dallago et al. 2014) and adults, which propose a positive contribution of place attachment in terms of individual outcomes, namely, greater individual life satisfaction or higher sense of coherence (Lewicka 2005, 2011a). Also, it is consistent with the theoretical assumptions that suggest that a regular pattern of positive experiences on a place may generate positive expectations about that place (Morgan 2010), which in turn may explain greater well-being outcomes (Chatterjee 2005; Jack 2010; Magalhães and Calheiros 2015). This is an innovative contribution to the research in this field as the majority of studies exploring place attachment was developed with adults, leaving a scarcity of studies including youth samples (Dallago et al. 2009).

Looking at our research hypotheses, and consistently with that, we found that participation is the young people's right that explains more the place attachment scores and it is the only one that positively predicted psychological well-being. Nevertheless, and contrary to what we've hypothesized, the place attachment predicted positive relations with others more than personal growth, and particularly, it is the friends bonding dimension that explain this well-being outcome. Even considering that place-derived identity is particularly significant during the adolescence (Scannell et al. 2016), our results may suggest that peers' relationships in care are particularly significant to the psychological well-being. This friends bonding may fulfill the psychological need of belonging (Baumeister and Leary 1995; Scannell and Gifford 2017c), which may explain greater perceptions of young people's well-being (Jack 2010). Finally, as a broad model, we found that the perceived rights fulfillment explained greater psychological well-being, through the mediating role of place attachment. This evidence could be framed on the salutogenesis theoretical assumptions about the need to explore the predictors of positive health outcomes, instead of being focused merely on risk factors of disease (Mittelmark and Bull 2013). Actually, these findings highlight the role of context and social structure on individual well-being (Joseph et al. 2017), and specifically, the way these factors may be related to more effective coping and adaptive behaviors (Braun-Lewensohn et al. 2017). Generally, our findings suggest that perceived rights may impact psychological well-being through the role of place attachment, but also propose that a multidimensional approach allow us to identify specific chains on these mechanisms (e.g., consistently with the original multidimensional proposal of psychological well-being).

Despite these innovative results, some limitations should be recognized. Considering our cross-sectional design, the mediation results should be carefully discussed. Further studies using longitudinal approaches are needed to support this evidence. Also, using merely self-reported measures and a non-random sampling methodology are two limitations that should be addressed in the future research. Finally, considering that some subscales showed internal consistency values near to .60 or .70, future studies

may include additional scales on well-being. Nevertheless, we also know that small number of items is associated with smaller Cronbach alpha values (Serbetar and Sedlar 2016) and that an alpha of at least .65 is considered acceptable in human sciences (Vaske et al. 2016). Even considering these limitations, these findings strengthened the importance of participation processes in residential care, both to enhance the bonding sense to this place, the role of significant others in care, and to foster young people's psychological well-being. This evidence allows us to identify a set of practical implications.

## 5 Conclusion

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

This evidence pointed out that providing opportunities of participation may improve the psychological well-being of youth in residential care, empowering them and enhancing their self-esteem (Cashmore 2002; Lansdown et al. 2014). Professionals in residential care must be aware about the need to promote young people's opportunities of being heard and included in decision making (Llosada-Gistau et al. 2017c), namely in terms of routines, contacts with relatives, careers and scholar choices or extracurricular activities. This is also an important real lab to train competencies that will be important in their future professional, personal and social integration. Also, considering our results on the positive role of autonomy and contacts with family in terms of place attachment and that excessive dependence of residential setting may prevent greater well-being, professionals in residential care should: a) provide opportunities to acquire skills of being autonomous and independent, during their placement in care, allowing them to be more prepared to the future transition from care; b) guarantee stable and significant relationships, both in care and with family, providing them a sense of continuity, which may enhance their well-being outcomes; c) encourage positive relationships between peers in care, given that peers' memberships are particularly important during the adolescence, in terms of mental health, self-construction and social integration. Assuming that friends bonding in care may foster positive relations of these adolescents in other contexts, this may be fostered as a meaningful strategy of preventing further social exclusion processes and promoting supportive social networks.

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