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Children's perceptions of their participation rights context when living in residential care and its relationship with their subjective well-being

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ABSTRACT

Background: Participation rights of children in residential care have not been frequently explored despite the positive effects of participation on their subjective well-being (SWB).

Objective: To explore the relationship of six rights-related perceptions with the SWB of children and adolescents in residential care.

Participants and setting: N = 268, 9–19-year-olds living in residential care.

Methods: Five rights-related perceptions were analysed according to scores in two cognitive and two affective SWB scales, through descriptive statistics and multiple regression analysis.

Results: The more children feel adults at home and at school listen to them and take their say into account, the more they feel they are treated fairly by these adults, and the more they perceive adults in general in their country respect children's rights, the higher are their observed SWB scores. The majority rights-related perceptions showed significant effects on positive SWB indicators. However, only they believe that adults in general in their country respect children's rights displayed effects on Negative Affect. Girls' SWB showed lower scores than boys', and girls' rights-related perceptions displayed more effects on their SWB than boys'.

Conclusions: There are important percentages of children in residential care who do not feel they are able to participate in aspects of their own lives that directly affect them and their SWB. Children in residential care display lower scores in all the positive measures, especially girls and exceptionally higher scores in the negative affect than the overall Chilean children's population.

1. Introduction

While children's rights to participation have been increasingly studied in the international arena over the past three decades - including research publications - and are even considered an international challenge for new childhood policies, these rights have not been frequently explored when it comes to children living in residential care under state protection. In 2009 the United Nations Committee on the Rights of the Child (CRC) published General Comment No. 12 on the right of the child to be heard. Point 54 states, "The Committee's experience is that the child's right to be heard is not always taken into account by States parties. The Committee recommends that States parties ensure, through legislation, regulation and policy directives, that the child's views are solicited and considered, including

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decisions regarding placement in foster care or homes, development of care plans and their review, and visits with parents and family,” (United Nations, 2009, p.13).

In most countries, children in the child protection system very often – but not always – have had previous experiences of living in contexts of abuse or neglect (Collin-Vézina et al., 2011; van Vugt et al., 2014). Children in residential care are frequently those in the child protection systems who have not been able to access other forms of alternative care (e.g., day care, kinship care, foster care) due to a variety of reasons, be it their age, personal or family circumstances, a shortage of placement options of other forms of alternative care within the system, the failure of previous alternative care, and so forth. As a consequence of their complicated prior life contexts, very often these children present emotional or behavioural problems and low self-esteem, which usually correlates with low subjective well-being (SWB) (Llosada-Gistau et al., 2017). According to these authors, their study’s findings highlight the need to address the participation of children in care in any decision that affects their lives because of the negative consequences on their SWB caused by poor participation opportunities.

Participating in family and social life is not only a right, but has also been demonstrated to bring personal benefits, particularly greater self-confidence and SWB (Council of Europe, 1998).

In the present study, we analyse some of the perceptions held by children living in residential care that are directly related to their participation rights in the residential home and at school by asking them how they feel listened to and whether or not what they say gets taken into account by the adults who care for them and the teachers at school. We also analyse their perceptions regarding the general respect shown to their rights in the various systemic living contexts; while in residential care, at school, and in the broader societal context of the country they live in, by exploring how well-informed they feel about the reasons they are in residential care, how well-treated they feel by the adults they live with and the teachers, and how they think adults in general in their country respect children’s rights. Finally, we explore the relationship of each of these perceptions with their SWB as well as the gender differences identified in our results.

1.1. Children living in residential care in the Chilean child protection system

The conception of extra-familial care for children has changed profoundly since the mid-twentieth century all over the world and particularly from the perspective of all human and social sciences. Until that time, the majority view (a shared social representation) was based on the paradigm of specialization (Casas, 1994, 1996, 1998). People with social needs should be accommodated in specialized macro-institutions, generally organized in the form of “total institutions” (Goffman, 1961).

Currently, systems of alternative care to residential homes have undergone series of changes, based on new understandings of childhood. Many States parties that have ratified the CRC have progressively increased their sensitivity to children in residential care for protection reasons and concern has grown about respect for children’s rights while living in residential contexts (UNICEF, 2021). However, the most commonly used types of care services, display important differences depending on the country. Some countries show minimal use of residential centres, with a greater presence of foster care and adoption, while in other countries a high percentage of children are in residential centres. The diversity of care modalities, the different registration systems, care objectives, and regulations to access to the care system, have made it difficult to compare care modalities and research results about their positive results have therefore been inconclusive (Ainsworth & Thoburn, 2014).

In some countries, changes in the profiles of children in the residential care system have been pointed out. For example, in several European countries a greater number of males than females and an increase in young unaccompanied immigrants, sexual minorities and older youth have been observed the recent years, and each of these different groups of children, displayed different needs. On the other hand, differences have also been observed between residential systems depending on the training requirements for the staff in charge of residential care. In a study carried out in 16 countries, on different continents, it was observed that in countries with a high qualification requirement for personnel (e.g.: with a model of social education or social pedagogy), such as Spain, France, Italy, Finland, Denmark, Germany and the Netherlands, the rates of use of the residential homes were higher than in countries with fewer requirements for staff training, such as the United States or Australia, for example (Whittaker et al., 2022).

In Chile, after ratifying the CRC in 1990, a series of changes in the legal and administrative procedures were made in order to adapt to the new paradigm of children having inherent rights. Until then, a vision of child protection and assistance attached to charity and material aid prevailed, reflected in a range of public services aimed at the protection of the so-called irregular minors, which included poor children, children suffering various types of violations, adolescents who broke the law, orphans, etc., with little differentiated programmes and small professional teams that were mostly offered through residential centres. Since the 1990s, the way of understanding childhood has gradually changed (politically and socially) and actions on behalf of children have been modified in successive steps at the national level by adopting new strategies.

Changes have been made at the regulatory level through legal and juridical modifications, and at the institutional level with the creation of the Deputy Secretariat for Children and two specialized services to deal with vulnerable children and adolescents in conflict with the law and also the Ombudsman for Children’s Office. Changes have also been made at the programme level, consisting of a set of definitions and actions aimed at the provision of services and benefits for children and adolescents, and at the promotion of an offer of services issued at the local level via the Local Rights Offices, which propose residential care only for particular cases and on a temporary basis. At present, the framework law that underpins this protection system is the Law on the System of Guarantees and Comprehensive Protection of the Rights of Children and Adolescents, approved in January 2022, aimed at making new specialized and differentiated services available (Defensoría de la Niñez, 2019; Ministerio de Desarrollo Social y Familia, 2021).

The past decade witnessed a significant decrease in the number of children living in residential care, dropping from 15,497 in 2010 to 10,982 in 2020. This comes to 245 per 100,000 children living apart from their families. In 2010, 12,350 children and adolescents

lived in residential care and 3147 in foster families. This proportion is reversed when comparing data from 2020, with 4481 children and adolescents in residential care and 6501 in foster families (UNICEF, 2023).

1.2. Children's SWB

SWB is considered as the subjective component of quality of life and refers to people's self-evaluations and feelings about their own lives. Its measurement should include positive aspects – not merely the absence of negative ones – and evaluations of life overall, usually referred to as life satisfaction (Diener, 2012). Nowadays, the most accepted theoretical background is the tripartite theory that says SWB has three components; life satisfaction (the cognitive dimension), positive affect and negative affect (Arthaud-Day et al., 2005; Busseri, 2018; Metler & Busseri, 2017). Departing from the social indicators movement, SWB began to be seen as a very useful indicator of the quality of life in a given country, which included the perceptions, evaluations and aspirations of its citizens as relevant information for political decision-making (Campbell et al., 1976; Veenhoven, 2002).

An increasing interest around children's SWB has been observed in the scientific literature over the last two decades, with notable delays compared to the attention given to the SWB of adult populations. With this in mind, specific psychometric instruments have been designed, and the attitude of researchers has also changed in accordance with some of the rights recognized in the UN Convention on the Rights of the Child. Children are now acknowledged as social agents with their own points of view and are accepted as experts and key informants regarding their own lives (Ben-Arieh et al., 2001; Casas, 2010). Consequently, children's perspectives are increasingly considered in knowledge generation and for decision-making around public policies (Casas, 2018).

Assuming these epistemological premises, special attention has been given to individual, family, school and community variables to identify determinants of children's SWB (Lee & Yoo, 2015; Newland et al., 2019; Rees et al., 2020). However, a great deal has also been learned about the influence of other variables on children's SWB in the last decade, such as relationships with friends, leisure time, time use, bullying, and so on. Its promotion has been associated with the prevention of socioemotional and mental-health problems, while low levels of SWB have been associated with risky behaviours, socioemotional stress, lower academic achievement and more (Roth et al., 2017).

Using different indicators of children's perceptions of their rights, several authors have explored the relationship between these perceptions and children's SWB in the overall children's population using representative samples. For example, Casas et al. (2018) showed that the perception of adults in the own country respecting children's rights has a positive influence on children's SWB in 18 countries and that these effects were more important than the knowledge of children's rights or the knowledge of the Children's Rights Convention. Also Casas et al. (2022) used nine rights-related indicators and showed that perceptions related to children's rights and to the opportunities to participate in decisions affecting them in three different contexts (home, school and area where the child lives) significantly contributed to their SWB in three countries. However, more research on this topic using samples focused on children in residential care is missing.

1.3. The voice and participation of children in residential care

Although decades ago, Article 12 of the United Nations Convention on the Rights of the Child specified that children have the right to have their say in matters that affect their lives, this has been one of the most difficult to implement. In a broad sense, the right to be heard, specified in this article, is understood as the right to participation and is used to describe ongoing processes of information exchange and dialogue between children and adults, based on mutual respect, in which children's views are taken into account and affect the outcome of those processes (United Nations, 2009).

Research on children has shown that while there is generally a favourable disposition to the principle that children have the right to participate, in practice, there are tensions in attitudes, approaches or systems that restrict its application in the provision of participative services by protective services. Attitudes towards children have been described, considering them vulnerable, as lacking capacity, which hinders their real possibilities of participation, in addition to great variability in understandings what is meant by participation among service providers (Harkin et al., 2020). Children's participation, even when proclaimed as a basic right, does not seem to be practiced sufficiently, authentically and meaningfully, particularly in child protection services, such as residential centres (Van Bijleveld et al., 2020). Research in different countries suggests that many children in residential care feel excluded from the decisions made about their lives, with a large gap persisting between official documents and the reality that many children experience (Bessell, 2015; Merkel-Holguin et al., 2020).

Different components of participation have been studied, three of which are essential for children to be able to exercise: (a) having sufficient and appropriate information to participate; (b) have the opportunity to freely express their point of view and (c) opinions affect decision-making. Thus, a growing body of research is contributing to understanding and addressing the challenge of exercising the right to participation of children, including those living in alternative care systems. Although new approaches and understandings around childhood and adolescence consider children as key actors in the construction of their own lives, research results show that active and meaningful participation, which contemplates the different components of children's participation, remains scarce (García-Quiroga & Agoglia, 2020). This raises a concern, especially considering that the evidence indicates that children's participation in different areas of their lives is significantly linked to their subjective well-being (Kosher & Ben-Arieh, 2017).

1.4. Children living in residential care, their right to be heard and their SWB

Most available research on the SWB of children in residential care has been done in industrialized countries, and knowledge about

their SWB in other countries and cultures is still very limited. Children living in care are part of a population that is less studied and marginalized, from the point of view of their participation in decision-making on aspects that affect their lives (García-Quiroga & Agoglia, 2020). Most publications available report much lower SWB scores for children living in residential care than for children in other forms of care, and also for the overall children's population of any country (Carvalho et al., 2021; Delgado et al., 2019; Llosada-Gistau et al., 2015; Ortúzar et al., 2019; Schütz et al., 2015).

On the other hand, most studies of the SWB of children in residential care have only used instruments to measure the cognitive component of this construct. Ortúzar et al. (2019) showed that the affective component displayed much lower scores than expected among Peruvian children in residential care and pointed out the need to collect more data and pay it greater attention.

In Chile, we have found only one study showing the results of the SWB of children in residential care, with a sample size of $N = 106$ (Ortúzar, 2020). The scores were even lower than those obtained in a similar Spanish population using the same instruments (Llosada-Gistau et al., 2017). We have not been able to find any published research about children in care, including information on the right to be heard in Chile.

1.5. The current study

The present study aims to help fill the gaps in our knowledge around different perceptions of children in residential care in Chile in relation to their right to be heard and participate in relevant decisions affecting their lives. Three concrete research goals were defined:

- a) to explore how children in residential care in Chile feel listened to, and how their perspectives are taken into account by the adults who care for them as well as teachers at school.
- b) to analyse the perceptions of these children related to the general respect shown to their rights in the different systemic living contexts: how well informed they feel about the reasons for being in residential care, how well treated they feel by adults they live with and by their teachers, and how they think adults in general in their country respect children's rights.
- c) to explore the relationship of each of these perceptions with their SWB, and whether there are any gender differences at play.

2. Method

2.1. Sample

The initial sample was composed of 281 children, with a very small percentage (3.73 %: $N = 10$) reporting themselves as non-binary when answering the gender question. A total of 13 children did not answer most of the items on the questionnaire and were thus excluded from our analysis. The non-binary students' answers were statistical outliers, particularly on all SWB indicators (with significantly lower scores than the mean). They were not included in gender comparisons because their sub-sample size is too small to meaningfully compare with the boys and girls. Our final sample for boys and girls comparison includes 258 children and adolescents between 9 and 18 years of age (53.87 % girls) (Table 1). While most of them were born in Chile (94.78 %), a minority were born in other countries. This sample includes children living in residential care in 13 of the 16 regions of Chile in accredited residential homes in accordance with the legal regulations in force in Chile.

2.2. Ethics statement

The research was carried out in accordance with the ethical research protocols that guide scientific research in Chile (CONICYT/FONDECYT, 2008). Active consent was obtained from the adults with custody of the children and formal institutional consent from each director at the residential centre. Children were asked for their informed assent through a document that made explicit that participating in the study was voluntary, that anonymity and confidentiality in the analysis of the data would be preserved, and that the information would be used exclusively for research purposes. Children were free to not answer any of the questions raised and were

Table 1
Sample: age by gender.

Age	Girls	Boys	Non-binary	Total
9	3	0	0	3
10	15	7	1	23
11	10	13	0	23
12	12	18	0	30
13	23	12	3	38
14	12	18	1	31
15	18	14	1	33
16	20	13	2	35
17	21	16	2	39
18	5	7	0	12
19	0	1	0	1
Total	139	119	10	268

informed that they could stop responding whenever they wished.

2.3. Measures

Four psychometric scales have been used in the present study as indicators of SWB – two measuring the cognitive component and two more for the affective component. Additionally, six items exploring rights-related perceptions of children were included in the questionnaire. A pilot administration was carried out on a group of 10 children residing in residential centres. Once the questionnaires were answered, an individual conversation was held with each child to collect their impressions of the questionnaire, the understanding of the items and formal characteristics, in order to make the final adjustments prior to the general administration of the sample.

2.3.1. The Children's Worlds Subjective Well-Being Scale (CW-SWBS)

The CW-SWBS is a multi-item cognitive SWB psychometric scale developed through a process of consultation with researchers and children globally (Rees et al., 2020). It was initially derived from the Students' Life Satisfaction Scale (SLSS; Huebner, 1991), which was validated across different contexts. However, an in-depth cross-cultural psychometric analysis conducted by Casas (2017) found that the latent construct did not fit appropriately to the data for some of the items in several countries and required revision. Based on these findings, the scale was then subjected to a large-scale qualitative review that included substantial consultations with children from different cultures, particularly from non-Indo-European speaking languages. The outcome of this process was an instrument consisting of six items; three taken from the original scale and three new items generated by children who participated in the qualitative research. The scale response options are on a 0–10 end-labelled agreement scale with verbal anchors of “not at all agree” (0) to “completely agree” (10). The 5-item version (CW-SWBS5) has shown excellent fit structure and the best cross-cultural comparability among all the scales used in the Children's Worlds project (Casas & González-Carrasco, 2021).

2.3.2. Positive and Negative Affect Scale (CW-PNAS broadened version)

Positive affect (PA) and negative affect (NA) are critical affective components of the SWB hierarchical structure (Bradburn, 1969). The Children's Worlds third wave questionnaire included six items drawn from Russell's core affect scale, which was based on the core affect theory of Barret and Russell (1998). In this study, the list of items was broadened in keeping with the core affect theory. The scale specifies a concrete time-period of two weeks wherein participants are requested to endorse the extent to which they experienced six positive (two activated: full of energy and enthusiastic; two neutral: happy and cheerful; and two deactivated: calm and fortunate) and six negative (two activated: stressed and restless; two neutral: sad and worried; and two deactivated: tired and bored) affective states. The response options are scored on a 0–10-point scale.

2.3.3. Overall Life Satisfaction (OLS) single-item scale

The Overall Life Satisfaction (OLS) is a single-item cognitive SWB scale, which assesses satisfaction with life as a whole according to the original proposal by Campbell et al. (1976). It is an 11-point scale, with responses ranked from 0 to 10, and worded as *How satisfied are you with your overall life?*

2.3.4. The children's perceptions around their rights to participation

Six items asking about perceptions on some rights-related situations have been used as separate indicators of children's perceptions of their participation rights context: how they feel listened to and whether what they say is taken into account by the adults who care for them and their teachers at school, how well-informed they feel about the reasons for being in residential care, whether they feel their caregivers and teachers treat them fairly, and how they believe adults in general in their country respect children's rights. Each of the questions used a 1 to 5 Likert unipolar agreement scale. They will be analysed individually.

2.4. Data analysis

Descriptive statistics were used to analyse children's answers to all the variables included in the questionnaire. Gender differences were explored. Finally, variables related to being heard by adults and all the other rights-related variables were regressed on each of the four SWB indicators employed in order to analyse the contribution of each of them to the SWB of children in residential care in Chile. Each regression model was then repeated for both genders separately. All calculations were done using the SPSS 27 software.

3. Results

3.1. Descriptive statistics

In this section, descriptive results of the two items more directly related to perceptions of being heard by adults are presented first. Next, results of the other rights-related perception items are described. Finally, results of the SWB indicators are presented.

About half of the children in this sample (50.60 %) reported to *totally agree* that their educators (caregivers) in residential care listen to them and take what they say into account, while 20.3 % *did not agree* or *little agree* with this statement (Table 2). Mean scores on the 5-point scale were 2.86, higher for the boys than the girls, but the difference was not statistically significant (Table 3).

A little more than one third of the children in this sample (36.80 %) reported they *totally agree* that their teachers at school listen to

them and take what they say into account, while 26 % *did not agree* or *little agree* with this statement (Table 2). Mean scores on the 5-point scale were 2.52, higher for the boys than the girls, with the difference being statistically significant at $p < .05$ (Table 3).

We asked children about the following rights-related perceptions around getting sufficient information from the adults taking care of them. When we asked their degree of agreement with whether or not they received enough information on why they were in residential care, 50.60 % of children reported to *totally agree* they had enough information, while 23 % *did not agree* or *little agree* with this statement (Table 2). Mean scores on a 5-point scale were 2.74, which were higher for boys than girls, but the difference was not statistically significant (Table 3).

We also asked children two questions about whether adults treat them fairly. The first was about educators (caregivers) in residential care. In this sample, 48.4 % of children reported to *totally agree* that their caregivers treat them fairly, while 18 % *did not agree* or *little agree* with this statement (Table 2). The mean score on the 5-point scale was 2.91, higher for boys than girls, but the difference was not statistically significant (Table 3). The second item was about teachers at school, with 51.2 % of children reporting they *totally agree* that their teachers at school treat them fairly, while 19.4 % *did not agree* or *little agree* with this statement (Table 2). Mean scores on the 5-point scale were 2.81, higher for boys than girls, but the difference was not statistically significant (Table 3).

The last rights-related perception we asked children was about their level of agreement around whether or not adults in Chile generally respect children's rights. In this sample, 26.5 % of children reported to *totally agree* with the statement, while 43.1 % *did not agree* or *little agree* (Table 2). The mean score on the 5-point scale was 2.04, higher for boys than girls, with the difference being statistically significant at $p < .01$ (Table 3).

Mean scores for each of the five SWB indicators used here are presented in Table 3 on a 0–100 scale, where results between boys and girls are compared. The mean scores for non-binary were 41,0 for the OLS, 38,4 for the CW-SWBS5, 45,63 for the PA and 50,24 for the NA. The percentage of missing answers for the OLS and the CW-SWBS5 items was between 1 and 2 %, and they were substituted by means of multiple imputation using regression as implemented in the SPSS27 software. Missing values for the six rights-related items were between 1.9 % (for *I believe in my country adults in general respect children's rights*) and 5.8 % (for *I have enough information about why I am in residential care*). The results are presented without including these missing cases. Missing values for the PA items were between 1.7 % (happy) and 6.6 % (calm and cheerful) and for the NA items between 4.7 % (sad) and 5.8 % (bored and worried). However, we identified 12 children who answered the negative items in the wrong direction, probably due to the fact the items on affect were placed in the final section of the questionnaire, and most likely the children were tired at that point and did not read the

Table 2

Children's perceptions of six rights-related situations while in residential care, by gender.

		Girl	Boy	Total
Educators in my residential home listen to me and take what I say into account.	Not agree	6.5 %	8.8 %	7.6 %
	Little agree	15.2 %	9.7 %	12.7 %
	Agree	17.4 %	15.0 %	16.3 %
	Much agree	14.5 %	10.6 %	12.7 %
	Totally agree	46.4 %	55.8 %	50.6 %
Total items		100 %	100.0 %	100.0 %
My teachers listen to me and take what I say into account.	Not agree	14.1 %	10.4 %	12.4 %
	Little agree	16.3 %	10.4 %	13.6 %
	Agree	23.0 %	17.4 %	20.4 %
	Much agree	15.6 %	18.3 %	16.8 %
	Totally agree	31.1 %	43.5 %	36.8 %
Total items		100 %	100.0 %	100.0 %
I have enough information about why I am in residential care.	Not agree	17.2 %	11.9 %	14.8 %
	Little agree	10.4 %	7.3 %	9.1 %
	Agree	16.4 %	11.9 %	14.4 %
	Much agree	6.7 %	16.5 %	11.1 %
	Totally agree	49.3 %	52.3 %	50.6 %
Total items		100.0 %	100.0 %	100.0 %
Educators in my residential home treat me fairly.	Not agree	6.6 %	8.8 %	7.6 %
	Little agree	12.5 %	7.9 %	10.4 %
	Agree	18.4 %	14.9 %	16.8 %
	Much agree	16.9 %	10.5 %	14.0 %
	Totally agree	45.6 %	57.9 %	51.2 %
Total items		100 %	100.0 %	100.0 %
My teachers treat me fairly.	Not agree	10.5 %	8.7 %	9.7 %
	Little agree	10.5 %	8.7 %	9.7 %
	Agree	21.1 %	17.4 %	19.3 %
	Much agree	11.3 %	14.8 %	12.9 %
	Totally agree	46.6 %	50.4 %	48.4 %
Total items		100 %	100.0 %	100.0 %
I believe in my country adults in general respect children's rights.	Not agree	19.1 %	10.3 %	15.0 %
	Little agree	32.4 %	23.1 %	28.1 %
	Agree	21.3 %	21.4 %	21.3 %
	Much agree	7.4 %	11.1 %	9.1 %
	Totally agree	19.9 %	34.2 %	26.5 %
Total items		100 %	100.0 %	100.0 %

Table 3

Descriptive statistics for variables used, by gender (rights related items on a 5-point scale; SWB indicators on a 0–100 scale).

	Total	Girls	Boys	t	p	Cohen's d
	M (SD)	M (SD)	M (SD)			
Educators in my residential home listen to me and take what I say into account.	2.86 (1.36)	2.79 (1.34)	2.95 (1.38)	−0.910	0.364	0.117
My teachers listen to me and take what I say into account.	2.52 (1.42)	2.33 (1.43)*	2.74 (1.38)	−2.275	0.024	0.291
I have enough information about why I am in residential care.	2.74 (1.51)	2.60 (1.58)	2.90 (1.42)	−1.531	0.127	0.199
Educators in my residential home treat me fairly.	2.91 (1.33)	2.82 (1.31)	3.01 (1.36)	−1.094	0.275	0.142
My teachers treat me fairly.	2.81 (1.30)	2.73 (1.41)	2.90 (1.35)	−0.946	0.345	0.123
I believe in my country adults in general respect children's rights.	2.04 (1.43)	1.76 (1.38)**	2.36 (1.42)	−3.368	0.001	0.428
OLS	70.21 (32.97)	64.20 (32.78)***	79.68 (30.27)	−3.916	0.000	0.490
CW-SWBSS	68.58 (31.70)	62.53 (31.54)**	75.63 (30.52)	−3.376	0.001	0.422
Positive Affect (PA)	67.44 (26.25)	62.29 (24.97)*	73.32 (26.57)	−3.098	0.002	0.427
Negative Affect (NA)	59.02 (24.57)	60.72 (22.46)	56.87 (26.96)	1.129	0.260	0.155

* p < .05.

** p < .01.

*** p < .001.

wording properly. Results are presented without including either these cases or the missing ones. A critical reflection about this unexpected situation will be presented as a limitation of this study.

The single-item cognitive scale (OLS) displayed a mean of 71.3 with statistically significant gender differences, the boys showing significantly higher scores than the girls (Table 3). The multi-item cognitive psychometric scale (CW-SWBSS) showed a mean of 68.58, with the boys showing significantly higher scores than the girls (Table 3). The Positive Affect psychometric scale (PA) showed a mean of 67.44, with the boys also showing significantly higher scores than the girls (Table 3). The Negative Affect psychometric scale (NA) displayed a mean of 59.02, with the girls displaying higher scores than the boys, but the difference did not reach statistical significance.

Most correlations among the six rights-related items here studied were moderate yet significant, except for the correlation between educators listening and educators treating children fairly, and between teachers listening and teachers treating children fairly, which were very high (Table 4). Correlations between these six items and the three positive SWB indicators are also statistically significant and moderate, except for between Positive Affect and having enough information about why they are in residential care, which is non-significant statistically. All correlations with Negative Affect are non-significant statistically, except for educators in the residential home treating them fairly, which is statistically significant at p > .05 (Table 4).

Correlations among the positive SWB indicators here used are statistically significant and moderate in all cases. However, correlations with Negative Affect are negative as expected, but statistically non-significant in all cases.

3.2. Relationship between SWB indicators and each of the items on rights-related perceptions by gender

Respondents that *totally agree* with the statement *educators in my residential home listen to me and take what I say into account* display the highest SWB scores for the three positive indicators (CW-SWBSS, OLS and PA) for both genders. However, the lowest scores on NA are observed for girls that *do not agree* and for boys that *totally agree* with this statement (Fig. 1; Table 5 in the supplementary materials).

Table 4

Correlation among studied variables.

	1	2	3	4	5	6	7	8	9	10
1. Educators in my residential home listen to me and take what I say into account.	1									
2. My teachers listen to me and take what I say into account.	0.196**	1								
3. I have enough information about why I am in residential care.	0.277**	0.194**	1							
4. Educators in my residential home treat me fairly.	0.734**	0.227**	0.342**	1						
5. My teachers treat me fairly.	0.245**	0.770**	0.207**	0.267**	1					
6. I believe in my country adults in general respect children's rights.	0.295**	0.345**	0.153*	0.291**	0.291**	1				
7. CW-SWBSS	0.290**	0.361**	0.165**	0.361**	0.378**	0.368**	1			
8. OLS (on 100)	0.312**	0.336**	0.133*	0.257**	0.283**	0.381**	0.760**	1		
9. Positive Affect	0.323**	0.406**	0.095	0.303**	0.424**	0.337**	0.759**	0.611**	1	
10. Negative Affect	−0.104	0.030	−0.020	−0.164*	0.089	−0.119	−0.097	−0.095	−0.027	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Respondents that *totally agree* with the statement *My teachers listen to me and take what I say into account* display the highest scores for the three positive indicators (CW-SWBS5, OLS and PA) for both genders. However, the lowest scores on NA are observed for those that *do not agree* with this statement, with the girls' scores appearing to be less linear depending on their answer to this statement (Fig. 2; Table 6 in the supplementary materials).

Respondents that *little agree* with the statement *I have enough information about why I am in residential care* display the lowest scores for the PA (for both boys and girls), while that is also the case for the CW-SWBS5 only among girls and for the OLS only among boys, with girls also displaying the highest scores for NA in this case. The highest scores for NA among boys are observed for those saying they *do not agree*. Both girls and boys that *totally agree* they have enough information about why they are in residential care display higher scores for the three positive indicators than children giving other answers, except for PA in the case of girls responding that they *do not agree* and boys responding they *much agree* with this statement (Fig. 3; Table 7 in the supplementary materials).

Respondents that *totally agree* with the statement *Educators in my residential home treat me fairly* display the highest scores for the three positive indicators (CW-SWBS5, OLS and PA). While the lowest scores on NA are observed for boys that *much agree* or *totally agree* with this statement, with the girls displaying similar NA scores regardless of their answer to this statement (Fig. 4; Table 8 in the supplementary materials).

Respondents that *totally agree* with the statement *My teachers treat me fairly* return the highest scores for the three positive indicators (CW-SWBS5, OLS and PA) for both genders. However, the lowest scores on NA are observed for these girls that *do not agree*, but for boys that *totally agree* with this statement (Fig. 5; Table 9 in the supplementary materials).

Respondents that *totally agree* or *much agree* with the statement *I believe in my country adults in general respect children's rights* have the highest scores for the three positive indicators (CW-SWBS5, OLS and PA) for both genders. While boys that *totally agree* or *much agree* with this statement show the lowest scores for NA, the girls display similar scores independently of their answer to this statement (Fig. 6; Table 10 in the supplementary materials).

3.2.1. Regressions

Table 5 shows the summarized results of each regression model for each of the four SWB indicators addressed here.

3.2.2. Model using CW-SWBS5 as the dependent variable

I believe in my country adults in general respect children's rights, *My teachers treat me fairly*, and *Educators in my residential home treat me fairly* are the three variables displaying a significant contribution to SWB when measured using the CW-SWBS5 multi-item context-free cognitive scale.

3.2.3. Model using the OLS as the dependent variable

I believe in my country adults in general respect children's rights, *My teachers listen to me and take what I say into account*, and *Educators in my residential home listen to me and take what I say into account* are the three variables displaying a significant contribution to SWB when measured using the OLS single-item cognitive scale.

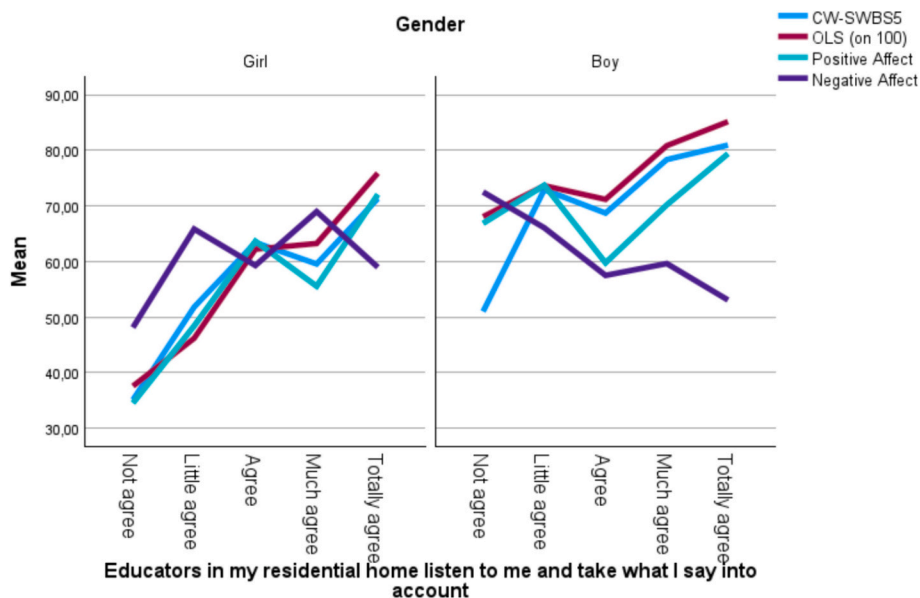


Fig. 1. Scores by gender for four SWB indicators depending on the answer given to the question about educators in residential home listening to the child and taking what he or she says into account.

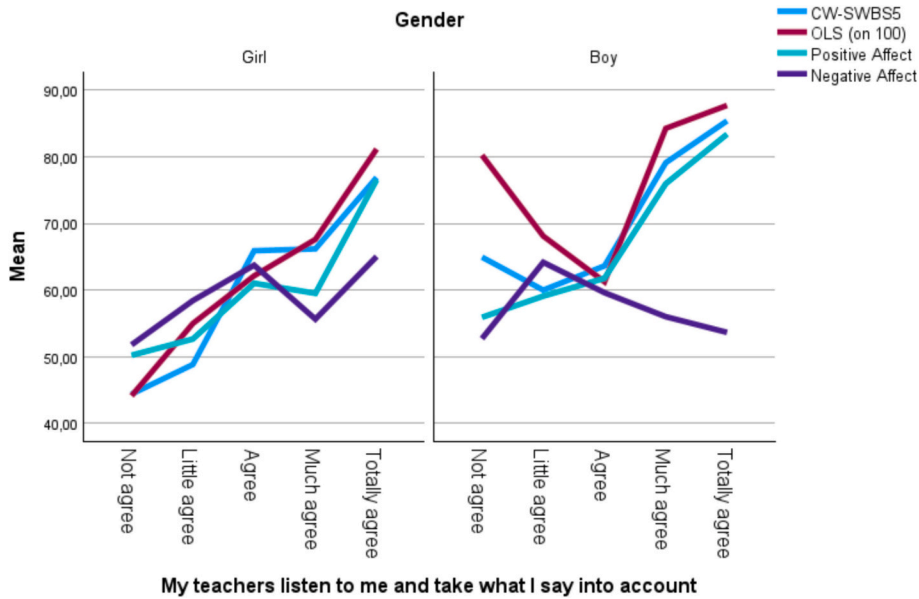


Fig. 2. Scores by gender for four SWB indicators depending on the answer given to the question about teachers listening to the child and taking what he or she says into account.



Fig. 3. Scores by gender on four SWB indicators depending on the answer given to the question on having enough information about why they live in residential care.

3.2.4. Model using Positive Affect as the dependent variable

My teachers listen to me and take what I say into account, Educators in my residential home listen to me and take what I say into account, and I believe in my country adults in general respect children's rights are the three variables displaying a significant contribution to SWB when measured using the Positive Affect scale.

3.2.5. Model using Negative Affect as the dependent variable

I believe in my country adults in general respect children's rights is the only variable displaying a significant contribution to SWB when measured using the Negative Affect scale.

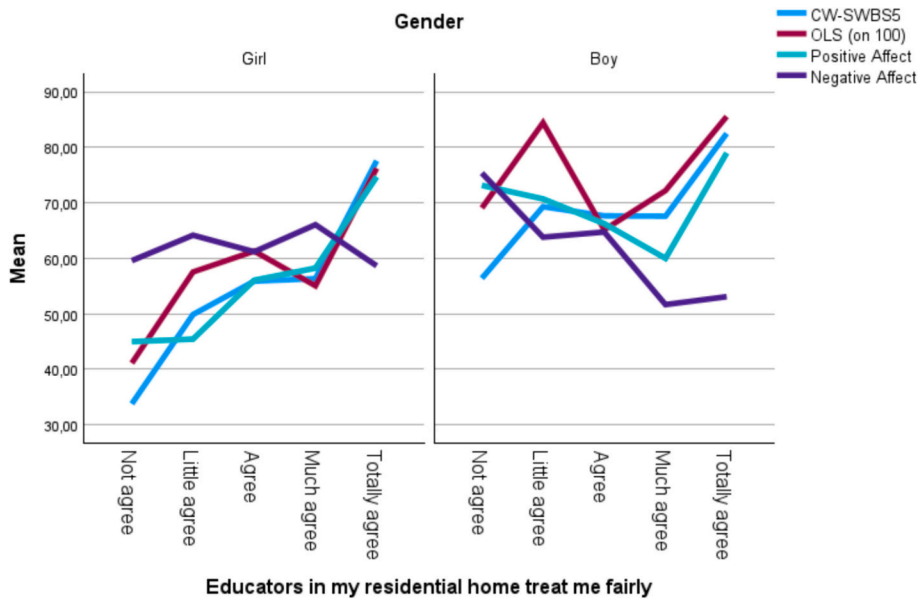


Fig. 4. Scores by gender for four SWB indicators depending on the answer given to the question about Educators treating the child fairly.

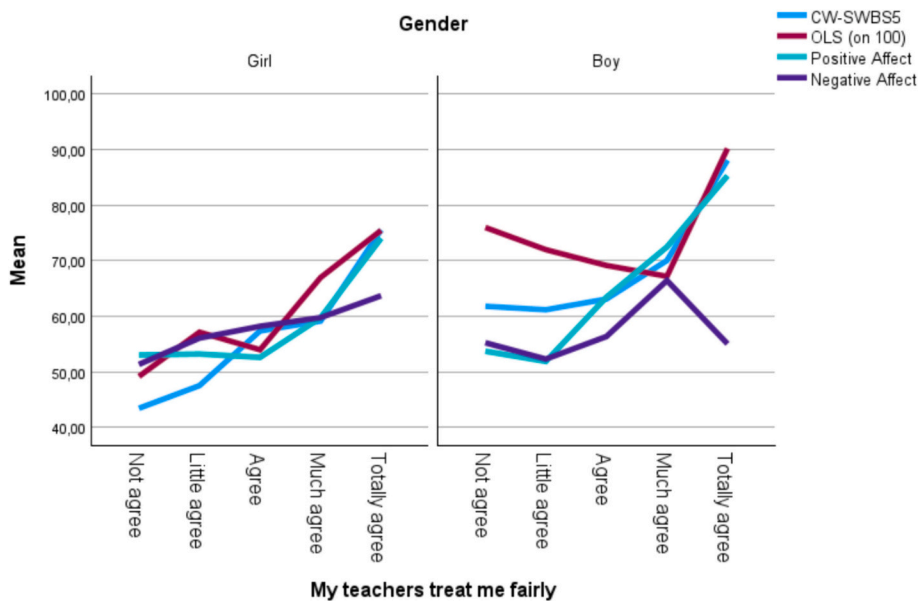


Fig. 5. Scores by gender for four SWB indicators depending on the answer given to the question about teachers treating the child fairly.

4. Discussion

Descriptive results in this study show that although many children living in residential care feel adequately heard by adults in their lives (both educators and teachers), there are significant percentages of children who do not, and consequently they feel they are not always able to participate in aspects of their own lives that directly affect them and their SWB. Additionally, substantial percentages also report their right to be properly informed has not been sufficiently taken into account in relation to being in residential care at present, while having enough information is a pre-requisite to participation. Finally, considerable percentages also report they feel they are not treated fairly by the adults providing care for them or by their teachers. The percentage reporting that children’s rights are not respected by adults in general in their country is of particular importance.

In summary regarding the study’s first goal, we highlight that 20.3 % of children in residential care in Chile did not agree or little agreed that their caregivers in the residential home listen to them and take what they say into account, and 26 % did not agree or little

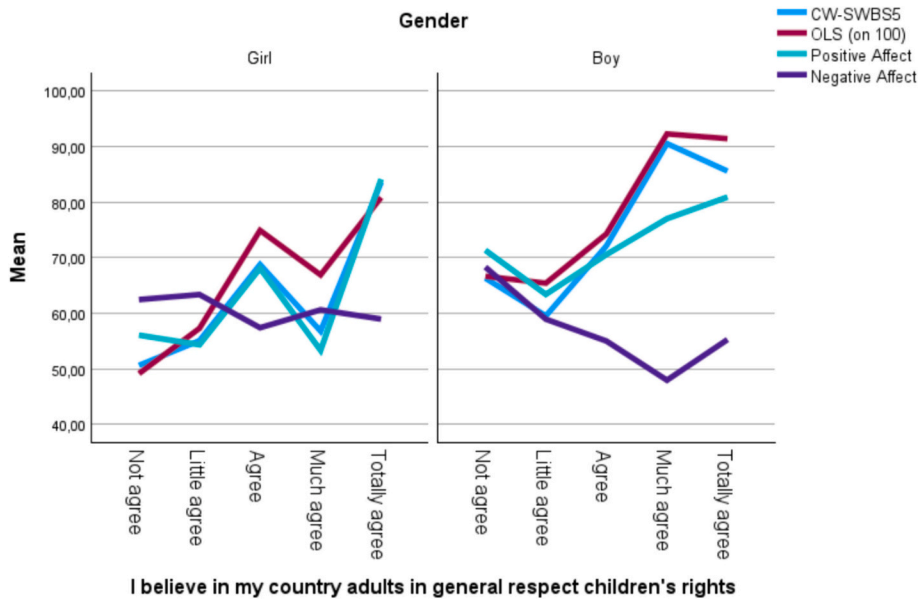


Fig. 6. Scores for four SWB indicators depending on the answer given to the question about adults in his or her country respecting children’s rights.

Table 5

Stepwise regression models. Independent variables with significant contributions to each dependent variable using the overall sample and each gender sample separately.

Independent variables	Dependent variables			
	CW-SWBS5	OLS	Positive Affect	Negative Affect
	Adj R ² = 0.253	Adj R ² = 0.246	Adj R ² = 0.243	Adj R ² = 0.040
	Girls = 0.255	Girls = 0.221	Girls = 0.284	Girls = no
	Boys = 0.196	Boys = 0.158	Boys = 0.182	Boys = 0.090
<i>Educators in my residential home listen to me and take what I say into account.</i>		All β = 0.219	All β = 0.192	
		Girls β = 0.320	Girls β = 0.294	
		Boys = ns	Boys β = ns	
<i>My teachers listen to me and take what I say into account.</i>		All β = 0.235	All β = 0.322	
		Girls β = 0.289	Girls β = 0.188	
		Boys β = ns	Boys β = ns	
<i>Educators in my residential home treat me fairly.</i>		All β = 0.198		
		Girls β = 0.375		
		Boys β = ns		
<i>My teachers treat me fairly.</i>		All β = 0.254	All β = ns	
		Girls β = 0.264	Girls β = ns	
		Boys β = 0.336	Boys β = 0.438	
<i>I believe in my country adults in general respect children’s rights.</i>		All β = 0.259	All β = 0.181	All β = -0.213
		Girls β = ns	Girls β = 0.265	Girls β = ns
		Boys β = 0.276	Boys β = 0.344	Boys β = -0.322

agreed that their teachers listen to them and take what they say into account.

Children and young people who did not feel heard by adults may share demographic characteristics not measured by this study. For example, it may be that young people who are more well-behaved feel more heard and children and young people with trauma-related challenging behaviours do not feel as heard.

Looking at a broader context of respect to children’s rights in terms of the second goal of the present study, we see that 23.9 % of the children in our sample did not agree or little agreed that they have enough information about why they are in residential care; 18 % did not agree or little agreed their caregivers in the residential home treat them fairly; 19.4 % did not agree or little agreed their teachers treat them fairly; and 43.1 % did not agree or little agreed that in Chile adults in general respect children’s rights.

Some young people may be more aware than others of why they are in care depending on what happened before they went into care. For example, if they were physically or sexually abused, they may understand why they are now in care. If they were neglected by their caregivers or living on the streets, they may have less of an understanding of why they live in residential care. This variable may not be entirely related to whether a carer or child protection authority has explained to them why they are in residential care.

Two of the six variables on participation rights-related perceptions display significant gender differences: *I believe in my country*

adults in general respect children's rights and *My teachers listen to me and take what I say into account*. In both cases boys' scores are higher than the girls' (Table 3). These results suggest girls in residential care feel more often than boys do that adults in Chile do not respect children's rights and their teachers do not listen to them.

Our third goal was to explore the relationship of each of these perceptions with their SWB. Results suggest that the more a child perceives his or her residential carers and teachers listen and take what he or she says into account, the higher his or her SWB scores tend to be. In a similar way, and as expected, the more that children perceive their residential carers and teachers treat them fairly, the higher their SWB scores.

In general, our results suggest that both girls and boys in residential care that feel they have enough information about why they stay in residential care display better SWB on any of the indicators used herein.

Finally, the more children in Chile believe that adults in general respect children's rights the greater the likelihood they will have higher scores on the three positive indicators (CW-SWBS5, OLS and PA) for both genders.

However, many of the results show differences depending on the gender, in a broader context where girls show significantly lower SWB scores in all positive SWB indicators and higher (non-significantly) scores for Negative Affect than boys (Table 3). These results reinforce Comment 77 of the United Nations Committee on the Rights of the Child (CRC) on the right of the child to be heard, which states that *The Committee urges States parties to pay special attention to the right of the girl child to be heard, to receive support, if needed, to voice her view and her view be given due weight, as gender stereotypes and patriarchal values undermine and place severe limitations on girls in the enjoyment of the right set forth in article 12* (United Nations, 2009, page 16).

Although all scores are lower than those of the Chilean child population as a whole, gender differences are similar to those seen in the general population (Rees et al., 2020; Reyes Reyes et al., 2019). In the Children's Worlds study of the third wave, results from Chile showed that on SWB cognitive scales, girls reported significantly lower levels than boys. In relation to affect, girls also had lower scores for positive affect, with this difference being significant only in older girls. In the case of negative affect, the results were reversed, i.e. girls displayed higher negative affect scores than the boys, but this difference was only significant for the older girls.

The various stepwise regression models display different results depending on which SWB indicator is used as the dependent variable for the sample. Such differences reinforce the recommendation made by some authors to use more than one psychometric scale when exploring children's SWB in different contexts, because each instrument shows different sensitivity to diverse contexts (Casas et al., 2012). Surprisingly, the only variable showing a contribution to any of the four dependent variables here tested is *I believe in my country adults in general respect children's rights*. This variable has the highest positive contribution the cognitive SWB scales (both the CW-SWBS5 and the OLS) and is the only one having a negative contribution to Negative Affect, while it also has a positive significant contribution to Positive Affect, although in this case it does not make the highest contribution. These results suggest that how children perceive the behaviour of adults in general towards children in the broader societal context they live in is very relevant for the SWB of children in residential care in Chile.

The perception of both *teachers and residential carers treating them fairly* display significant contribution to the CW-SWBS5, while the perception of both *teachers and residential carers listening to them and taking what they say into account* display significant contribution to both the OLS and Positive Affect, with the highest contribution being the perception about teachers. A literature review of children in care by Selwyn and Wood (2015) uncovered the importance of relationships with adults in children's well-being. On the base of their review, they concluded that neglect and early abuse disrupt the normal development of trust, and insecure attachment patterns develop. In addition, they pointed out that residential care services for children are often unstable - children change residential facilities frequently and the care-taking staff turnover is very high, so that trusting relationships with adults are broken and their well-being is put at risk (Selwyn & Wood, 2015). It seems that for this group of children, the relationship they establish with adults inside and outside residential facilities is particularly important for their SWB.

The perception of being *well informed about the reasons for staying in residential care* did not make any significant contribution to any of the four SWB indicators, suggesting that is a less relevant variable for the SWB of children in residential care in Chile. However, this result may reflect a paradox already observed in previous research into other topics; i.e., in countries or contexts where many suffer the same unpleasant circumstances (e.g.; being bullied, Borualogo & Casas, 2022), the effects on SWB are lower than in countries where only a minority experience such circumstances. It might be that perceiving oneself as poorly informed in a context with many other children holding the same perceptions will have fewer effects on SWB than it would do in a context where it is perceived that only few children are not well-informed. However, this hypothesis will need to be more precisely checked in the future.

The regression models offer slightly different results when analysing the boys and girls separately (Table 4). The contribution of both *teachers treating them fairly* when the SWB indicators is the OLS or Positive Affect is only significant for boys, while the contribution of both *teachers and residential carers listening to them and taking what they say into account* is only significant for girls with the same indicators. On the other hand, the contribution of *I believe in my country adults in general respect children's rights* is only significant for boys when the indicators are the CW-SWBS5, the OLS or Negative Affect, while is only significant for girls when the indicator used as the dependent variable is Positive Affect. These results suggest that each of the four SWB indicators used here may have different sensitivity when it comes to boys or girls.

When using the OLS or Positive Affect, boys appear to be more sensitive to teachers treating them fairly, while when using the CW-SWBS5 or the OLS boys appear to be more sensitive to adults in general respecting children's rights than girls. When using Negative Affect, boys appear to be more sensitive than girls to the perception that adults in general do not respect children's rights. When using the OLS or Positive Affect, girls appear to be more sensitive than boys to teachers and carers listening to them and taking what they say into account and to residential carers treating them fairly. Regarding Positive Affect, girls appear to be more sensitive than boys to the perception that adults in general do not respect children's rights.

Our results support previous results suggesting girls in residential care need closer attention because their SWB seems to be at

particular risk in that situation (Llosada-Gistau et al., 2015).

4.1. Limitations and future developments

This study has several limitations. First, all data here presented are cross-sectional, and therefore no causal relationships can be established. Future research in this field in Chile should explore the possibility of collecting longitudinal data. Placement stability may affect how well listened to children and young people feel. However, placement stability may also affect responses in a longitudinal study.

Additionally, we have pointed out that the items for the PA and NA displayed more missing values than desirable, and that it was probably due to the fact that these items were placed at the end of the questionnaire, meaning some children may have been tired when they got to them. Besides giving more visibility to these items by placing them earlier and making the questionnaire shorter, future data collection should pay more attention to clarifying doubts and motivating children – particularly adolescents – before administering the questionnaire in order to encourage more of them to join the group collaborating with university researchers by filling out a questionnaire.

Another limitation is related to the answers given to the gender item. Due to the small sample size of respondents saying they are non-binary, no robust comparative analysis could be done with this subsample of children, despite the evidence their SWB scores are much lower than mean, and therefore they deserve more focused attention in future research on the SWB of the in-care population.

CRedit authorship contribution statement

Ferran Casas: Writing – review & editing, Writing – original draft, Supervision, Methodology, Formal analysis, Conceptualization.
Ana Loreto Ditzel: Writing – review & editing, Project administration, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2024.106933>.

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