

Article

The Child Protection System from the Perspective of Young People: Messages from 3 Studies

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Abstract: This article reports findings and reflections based on the results of three different research projects conducted between 2008 and 2013 and focusing on the perspective of young care leavers in Spain. The overall aim was to examine these young people's perceptions and evaluations of how they were treated while in the public care system, mainly residential care. Reviewing these qualitative studies, the most common and relevant issues highlighted by young people were related to the following themes: (a) entering care; (b) stability and emotional bonds in care; (c) education; (d) friends; (e) labelling, stigmatization, rights and opportunities; (f) autonomy and responsibility *versus* overprotection; (g) contact with parents, siblings and extended family; (h) maltreatment in care; and (i) leaving care. One of the main elements used in their assessments was comparison (i) between their previous situation within their birth family and the quality of care experienced in the residential home; and (ii) between what these young people commonly refer to as “normal children” and children in care. Recommendations deriving from their advice and opinions are also debated.

Keywords: care leavers; young people's perspective; child protection system; qualitative research

1. Introduction

“In order to improve, services need consumer feedback, and there are ethical, practical, therapeutic and legal reasons for consulting children and young people as the primary users of foster care” ([1], p. 16).

Since the introduction of a democratic constitution and its recognition of social rights in 1980, Spain has developed a welfare state for the universal provision of education, health care and pensions [2]. Initially classified under the category of conservative-corporative regimes [3], this Mediterranean welfare state has incorporated aspects of different regimes in varying combinations; for example, it has a universal system of health and education but offers weaker provisions for vulnerable and excluded groups [4,5]. Similarly to other countries, in Spain social actors like non-governmental organisations (NGOs) are gradually replacing the state institutions traditionally responsible for protecting individual rights and needs [6,7].

The tradition in Mediterranean states is for the family to play an important role in caring for dependent members such as children. However, families receive little support from the state, and there is low social expenditure on children and families, leaving Spain some distance from countries like Norway, with its strong expansion of the public childcare system. According to this author ([6], p. 19), in Spain it is the family which is the *de facto* “key welfare provider”, with an important share of both material and non-material intra-familial transfers. This strong focus on the importance of the family within the Mediterranean culture does not translate into more provision for families and children in the form of state support. The expenditure on family and children in Spain is one of the lowest in the EU-27 [8].

The Spanish welfare model does not include any benefits or financial support for further education or attaining independence for young people from the general population reaching adult age, with the exception of study grants, which are scarce. In 2013 in Spain [9], only 22.1% of young people under 30 were living outside their family home, this figure being 25.4% for Catalonia.

Regarding the child protection system, residential care bears a considerable weight and there are great difficulties in placing a child in a non-kinship foster family compared with other Western countries. The figures for Spain are around 45% for residential settings, 45% kinship care and 10% non-kinship foster families [10].

This article focuses on Catalonia, where there is a policy regarding care leavers since 1994, making it almost unique among the Spanish autonomous regions (from 1980 onwards, as a result of the decentralization process, Spain was divided administratively into 17 autonomous regions, each with its own government, parliament and a range of administrative powers, including social services). In May 2010, the Parliament of Catalonia approved the Childhood and Adolescence Rights and Opportunities Act (14/2010). This new Act represented an important step forward for care leavers. Article 146 concerns transition to adulthood, with a set of measures that includes supported housing, financial support, legal guidance and employment for 16 year-olds leaving the care system and who accept support on a voluntary basis [10].

The Care Leavers Department (ASJTET) has entered agreements with several NGOs as providers. Referrals to this service are usually from the child protection team, residential homes or local social services, which compile a written proposal and plan for action and review. This plan must be agreed

with the young person and ASJTET, who implement it jointly. The professionals responsible for working directly with the young person are usually social educators. In many cases, professionals who help with labour market integration are also involved, and depending on the request, sometimes also psychologists and social workers. In many situations, a lawyer is also present due to the legal guidance that may be required. For those living in accommodation supported by the Department, the social educator becomes an important person in their life and one of their key means of support, also emotional, in the process of becoming independent.

2. Positive Parenting: Does It Happen in the Child Protection System?

In 2006, the Council of Europe published the Recommendation (2006) on policy to support positive parenting and encouraged states to recognize the importance of parental responsibilities and the need to provide parents with sufficient support in bringing up their children. Member states were recommended to take all appropriate legislative, administrative and financial measures to promote this. For this purpose, the Council of Europe defined “Parents” as the persons with parental authority or responsibility; “Parenting” as all the roles falling to parents in order to care for and bring up children, centred on parent-children interaction and entailing rights and duties for the child’s development and self-fulfilment; and “Positive parenting”: as the parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child ([11], p. 2).

According to this concept of positive parenting, parents should provide children with warmth and support by spending quality time with them; trying to understand their life experience and behaviour; explaining the rules they are expected to follow; praising good behaviour; and avoiding harsh punishment. This also means embedding children’s rights within policymaking, such as creating possibilities for children to make their opinions heard and participate in political decision-making on matters concerning them. In Spain, as in other countries, following the campaign launched by the Council of Europe, the Ministry of Health and Social Policy has been publishing documents and guidelines to foster local authorities implementing positive parenting programmes [12].

However, the term is mainly used with regard to parents and how to enhance their role. The question I wish to address here is whether the state is providing positive parenting for children in the care system. Some authors [13] asked whether the corporate state can in fact parent. The interesting aspect of the English term “corporate parenting” is the inclusion and extension of this concept within the role of the state. According to these authors, several factors are required to make the state a better parent. One of these is that the legal and administrative framework has to be appropriate and adapted to children’s needs, improving collaboration and coordination among services to provide optimal outcomes for children. Another requirement is to ensure that the care offered by the state is of a high quality: the selection of placements, carers and types of interventions should ensure the child’s wellbeing. Another requirement regards support for care leavers, particularly when they are adolescents, and the need for a wide range of post-care services.

3. Research where Children Give Their Opinion

What do young people say about the treatment they received while in the protection system? Was it positive parenting? According to the authors [14], the key to protecting and promoting children's well-being is the ability to understand their situation from their point of view. Professionals must be trained and endowed with the skills that parents usually work with to ensure that they know how to talk to children, while taking into account any disabilities and cultural differences that may exist. A first aspect they should take into account is not pathologizing children's situations of living in adverse family contexts. Another author [15] also show that children do not like psychologists concerning themselves with aspects of their health or development while not focusing on being able to help them solve the problem they have at home. Children can present a wide range of physical symptoms and emotional changes. Very often they are treated on the basis of this without addressing the underlying issue, and this does not lead to very good results. We should therefore be striving to avoid their pathologization and work more towards recognizing their resilience, as many of them improve when they are removed from the situation of violence.

Some authors [16] show that children do not always want to talk about what is happening to them with a professional or with their foster carers as they are afraid that their family will find out, or of the negative consequences it might have for their parents or other family members. However, often they also fear not being believed because they have lost trust with others, or even if they do believe them, they will not be able to help. They also fear being labelled, rejected and treated differently, at school for example. They tend to use informal support and talk to extended family, friends and pets. This fact is often overlooked and underestimated by professionals. It is very rare that they actually seek the help of professionals: they find many differences in the language they use, and professionals can fail them, or not listen to them or understand them. According to children, there are key problems in their relationships with professionals, who either do not believe them, do not speak to them directly or do not act to give them help when they ask for it. One of the main pleas made by these children is for things to be explained to them, verbally or in writing, in a language appropriate to their age, as well as providing them with security and above all confidentiality. They highly value their experience being respected, acknowledged and valued.

Previous research [15] stated that children who have experienced domestic violence when protected begin to realize what they have lost, but without underestimating the value of feeling secure. They start to think about their home, belongings, toys and collections, their friends, their school, their pets, their extended family, and see that all of these multiple losses were not caused by them. The situation is very different for those who have been able to maintain some parts of their life. Indeed, children's behavior and feelings once they are protected varies widely, from those who are happy and calm, to those who are sad, enraged, violent or fearful. Children want to feel safe and have someone to talk to: professionals can play an important role in both of these areas.

One aspect that stands out in interviews with children is receiving informal help, which is very important to them but unfortunately not valued by professionals. For example, the role of siblings, together with whom they can build helping relationships and coping strategies. If this is maintained and fostered, it is a source of emotional support which does not require substitution. Also the role of friends, who tend to be the people they would rather trust, do not label them and can be someone they

can confide in. And finally the role of the extended family, if professionals were aware of the importance of these bonds, they would take them into account in their interventions. Professionals should understand the role of friends, siblings, extended family and community better in the lives of children in order to improve their interventions.

A study on family foster care [17] lists the following key issues from the point of view of children: they like to be heard, both by professionals and by carers; they like to be informed, to choose their foster family, make a prior visit to the foster home; have good relations with carers, be with more children in the same household, have regular interviews with the same social worker, have a say in the contact they have with their family, and stay in the same school. The issue of visits is open to debate, as in many cases children are forced to make visits they do not want to make and are only calm when they know that this will not happen, or contrarily, they would like more contact and cannot have it [15]. Previous research [1] highlight that children, even when they are in foster care, share the same basic needs as other children, in the sense that they want the following: to have a normal family life, a sense of progress and success, respect for their individuality and culture, basic information about their rights, a good education, to be able to express an opinion on their carers, and finally to be able to choose the frequency and type of contact they have with their biological family.

The other issue they highlight is that children do not like there to be uncertainty about their future [18]. They like to be consulted regarding possible decisions in the reviewing of their case and are unhappy when they feel they are not heard. They show concern at having a change of carer without being previously consulted and criticize professionals harshly for not being honest with them about the reasons for the change. To this, [19] add the negative perception that children have when they have a change of carer, as it affects their whole personal and family life, school (it often also involves a change of school), there can be a change of doctor, and they lose many of their possessions, all leading to a loss of identity.

Some authors [20] show that the experience of long-term, stable foster care may be very positive and can provide children with emotional security and a sense of permanence. Previous research [21,22] highlight the key factor of stability and underline the importance of children having stable living conditions either in their own family, through adoption or in permanent foster care, avoiding changes within the protection system to ensure high quality care, and assessing the results of this.

The issue of when and how they return to their birth family is also controversial, this having a negative impact on children when it fails and they have to re-enter the system or stay at home in difficult conditions. According to this author [23] this happens because there is often a restricted view of the pathways children in care have: either to return home or be adopted, when these options do not generally meet the needs and wishes of many children.

Reviewing evidence on the effectiveness of child welfare intervention, these authors [24] showed that some evidence is available regarding the views of children as users of services, and that these are particularly relevant in areas relating to out-of-home care, providing understanding of both processes and outcomes; however, according to these authors, few of these studies also incorporated more objective measures. In the same publication, some authors stressed the value of contributions deriving from the views of children and young people living *in situations* of vulnerability.

4. Method

In our research team we conducted three studies in Catalonia between 2008 and 2013 which included the views of young care leavers regarding their passage through the protection system and the treatment they received. These studies were based on the following theoretical frameworks: (i) the perspective of quality-of-life research, where the views of all stakeholders are deemed important, including those of young people; (ii) the perspective of children's rights, in terms of their voice being heard on issues that affect their life; and (iii) eco-systemic theories that avoid linear causalities and share a multifactorial approach to the phenomenon.

Although these three studies were from three different research projects, as discussed below, the results give cause for us to draw up recommendations for improving the protection system in terms of childhood policies, professional practice and research. Thus, the aims of this article are to examine the treatment received by children in care based on the perceptions and opinions of young care leavers and to ascertain what suggestions they have for improvement.

The three studies had different goals but all shared a part where young people were asked to reflect on their passage through the protection system and give some advice in this respect. These studies had been reviewed focusing on the qualitative part of interviews and focus groups conducted with young people, and particularly on their assessment of the time they spent in residential homes, this being the common denominator that united them. The overall characteristics of each study are presented in Table 1.

Table 1. Characteristics of the three studies analysed.

Acronym & Title	YIPPEE-YP Leaving Care: Pathways to Education in Europe	PE- Success Factors for Children in Residential Care	FEPA-Care Leavers: Evolution and Future Challenges
Year	2008–2010	2009	2012–2013
Funded by	7FP-EU	Private Foundation (Plataforma Educativa)	Private foundation (FEPA) and Catalan Government
Aims	To investigate the educational pathways of young men and women from a public care background in five EU countries	To identify the success factors of children and adolescents cared for in residential homes	To analyse the experiences while YP were in care, their education, family and social support received, health, housing and leisure time. To identify facilitators and obstacles to transition to adulthood.
Method *	Qualitative method	Qualitative method	Qualitative method
Sample * (In Catalonia)	In-depth interviews (YP) $N = 35$	Semi-structured interview with young people (aged 21–31) $N = 15$	4 focus groups with care leavers $N = 49$ In-depth interviews with care leavers $N = 15$
Reference	[25,10]	[26]	[27]

* For the purpose of the article only qualitative samples of young people were listed.

The young people included in the three studies were aged between 18 and 22 in the Yippee and FEPA studies, and up to 31 in the PE study. They had all been in residential homes (the Spanish

YIPPEE participants as well), although some of them had also been in foster families. They were all in a residential home while they were adolescents and a large number of them had used the care leavers support services. The YIPPEE sample ($N = 35$, mean age = 19.5) were selected on the basis of their academic ability, a criterion which did not exist in the other two studies. In addition, requirements for being part of the YIPPEE project were that they had been in care a minimum of one year and in the protection system at the age of 16. Regarding gender 68.6% of the sample were girls and 34.3% were born abroad.

In the PE study, the requirements for being interviewed were: that they had spent at least a year of their life in residential care; that at the time of the interview at least 5 years had already passed since they had left the residential home; and that they were adults at the time of the interview. Of the sample ($N = 15$, mean age = 27.1), 26.6% were girls and 6.6% were born abroad.

In the FEPA study, the requirement for young people to participate in the study was that they had left the system at 18. Of this sample ($N = 49$ participants for the focus groups and $N = 15$ for the interviews, mean age = 20.5), 48.8% were girls and 67.2% were born abroad.

Regarding the qualitative analysis, in each of the three studies authorisations were obtained from the Catalan government, including an agreement to respect confidentiality. Focus groups and interviews were conducted with the free and informed consent of participants and were recorded. All the material was transcribed and a content analysis was conducted following the steps [28]: (1) pre-analysis; (2) exploration of the material; and (3) processing, inference and interpretation of results. A first reading of the material was done in order to familiarize with the content and establish operational criteria for the analysis (segmenting the text into comparable units and choosing a means of encoding for recording information). In a second phase, the categorical content analysis led us to use textual data to fragment text and group it into categories. To ensure the reliability of the categories—interjudge reliability—the process of categorizing the data was performed independently by two of the team’s researchers [29]. We used the qualitative data analysis programme NVivo.

5. Results

In the analysis of the three studies, one common aspect that stands out is the way young people evaluate their experience in the protection system - they tend to establish two bases for comparison:

- The situation which they call “normal” children *versus* children in care
- The situation they were in when living with their birth family *versus* the situation when in care

Their evaluation therefore depends on the experience they have had with children from the general population, the severity of the situation experienced in their birth family and the quality of care in their placements. The comparative element is essential.

This means that we find two premises in the studies mentioned above:

- They value having been protected by the system and think that if they had stayed with their parents it would have been much worse (see quote), while also acknowledging that living in the system has its drawbacks and limitations, which children from the general population do not usually have.

“I’d rather be in a home than with my family” (FEPA, girl)

- They feel different in some aspects when compared with the general population but also similar because they are immersed in the same youth cultures, while some of them feel different from other children in care, seeing them as having more problems and conflicts than them.

Following on from this, below is a list of key themes drawn from the three studies:

- Entering the protection system
- Stability and emotional bonds in the protection system
- Their education
- The importance of having friends
- Labelling, stigmatization, rights and opportunities
- Autonomy and responsibility *versus* overprotection
- Contact with parents, siblings and extended family
- Maltreatment in care
- Leaving the system

At the end of this section, I include some of the advice that young people give which match those given by children in residential homes and professionals who work there. In Table 2 we can observe the frequency and percentages for each theme among the three studies analyzed mainly from the individual interviews with young people with a care background, and also from focus groups. Despite some differences across studies, the most themes highlighted were related to pursuit of stability and emotional bonds, the importance of their education, the importance to be heard in the issue of contact with their family, and the support they need when leaving care. The other issues that stand out are the way they enter care, the importance of having friends, avoiding stigmatization and respecting their rights, and the importance of achieving autonomy and responsibility. Finally some of them mentioned the issue of maltreatment in care.

Table 2. Frequency and percentage for each theme within the 3 studies.

	YIPPEE		PE		FEPA		3 Focus Groups
	N = 35		Interviews N = 15		N = 15		
	(f)	%	(f)	%	(f)	%	
Entering the protection system	26	74.3	11	73.3	10	66.7	1
Stability and emotional bonds in the protection system	35	100	13	86.7	13	86.7	3
Their education	35	100	12	80.0	13	86.7	3
The importance of having friends	33	94.3	10	66.7	8	53.3	1
Labelling, stigmatization, rights and opportunities	26	74.3	8	53.3	7	46.6	2
Autonomy and responsibility <i>versus</i> overprotection	27	77.1	14	93.3	10	66.7	3
Contact with parents, siblings and extended family	33	94.3	14	93.3	15	100	3
Maltreatment in care	7	20.0	2	13.3	1	6.7	1
Leaving the system	34	97.1	13	86.7	15	100	2

5.1. Entering the System

Many of them (between 66.7% and 73.4%, depending on the study) agree that entering the system was traumatic: happening suddenly, without being consulted and with very little information on where they were going, why and what would happen.

On the other hand, in all three studies there are those that complain about the delay and slowness of the services in intervening in their case and protecting them; they say they were suffering situations at home that could have been avoided.

The other issue is the negative experience of those who had to pass through emergency centres, which are enclosed, have very rigid, restrictive rules and are full of problematic children.

“I went to an emergency centre and was told it would not be for long, and not to worry, okay? ‘You will be here only a very short time, don’t worry’ ... because it was horrifying! It was a jungle! Horrible! It was a jungle! There were really bad fights...! and I said: ‘My God, where have I ended up?’ For me it was a total shock” (YIPPEE, boy)

But despite all the criticism regarding how they entered the system, they do value having been in it and are grateful towards the educators and carers they had and who gave them an opportunity in life; some of them - particularly young girls - think about returning this service by volunteering or studying a subject related to care (social education, nursing, teaching, *etc.*).

5.2. Stability and Emotional Bonds in the Protection System

Most (between 86.7% and 100%) agree in stressing the importance of having a stable reference adult (a mentor, for example) involved in their upbringing; many of those who have lived in residential homes specifically complain about the lack of more stable reference adults and say it is difficult to establish a trusting relationship when they are in residential homes with numerous places, different educators and changes of shift. They also complain about changing residential home or foster family, and when their carers are not very involved in their work, have low or negative expectations of children in care and poor parenting skills.

What do they ask of their carers and the professionals who work with them? In the three focus groups they talked about patience, empathy, personalized care and flexibility, a strong commitment, trust, acceptance, support, that they love them and treat them as “if they were their own children”, high expectations and demands.

“That they understand them, that they know that the kids need them. That they have a little empathy; that children need the mother or father figure they did not have. Educators need to be trained to be this figure” (FEPA, boy)

They also acknowledge the other adults (teachers, parents of friends, godparents, *etc.*) who during their childhood became key people on their life journey. Another aspect to highlight is that they do not complain about the number of years they were in care if they were stable; in fact they consider it fortunate.

“I got up, had breakfast, went to school, came back and, studied. I studied and had extracurricular activities, dancing and swimming, and that was all and it was fine, and I was very happy” (YIPPEE, girl)

5.3. *Their Education*

Between 80% and 100% of young people agree that they do not like changes of school, which makes them lose the pace of learning and their friends. They also mention the insufficient support they receive to continue studying, like when they need extra classes, a quiet place suitable for study, their carers having continued contact with the school, and confidence and expectations in their academic achievements; in some cases this is what made them reject the academic pathway. These young people agree that children living with their parents tend to have a lot more pressure to study and that this is a priority for parents, who want their children to go far in education. From what they say during the three focus groups, care placements clearly differ enormously in terms of compensating for their situation and the support given by tutors, as well as the type of school, where they are often stigmatized but also had some good experiences and results. They generally agree that school is not prioritized as much in care homes as it is by families, although more so than when they were living with their parents.

“They don’t expect kids like us to have an academic career either, very few make it” (FEPA, boy)

“I think if I had been forced a little more in secondary education, now I would be very grateful.” (FEPA, girl)

There was a clear difference between the young people in the first study in 2008 and those in the last in 2013, in that the former were working part or full-time and those from the 2013 study were mostly studying and almost none had work, either because they were continuing their studies or because they had no job and spent their time doing some form of training, in some cases non-formal. In the latter case, they currently considered this non-formal education to be a waste of time in that it did not respond to the labour market, as shown in the following example.

“They’re short courses that are no use afterwards (the non-formal education track). Most of the kids from the residential homes are doing these courses and at 18 have problems finding work” (FEPA, boy)

Examples like going to visit their parents or psychologist during school hours are constant complaints by the young people, indicating that school is not prioritized in practice, and it was highlighted particularly for those much younger.

5.4. *The Importance of Having Friends*

Friends, when they can have them, represent a basic and major source of emotional and practical support. As many of them say (about 53.3% to 94.3%), at times they replace their family, which is why changes in school and care placement cause so much harm.

“Friends take the place of siblings, it’s the only family I have. They take the place of a family member.” (FEPA, boy)

They also help them to continue with their studies because they often constitute the group with which they do school work and study for exams. Also, having friends allows them to meet their families, who are sometimes a direct source of support and learning. Finally, it is also with friends that they share free-time activities, including organized ones.

Another point highlighted is the dilemma of whether to make friends within the residential home or not. Some are clear that they should not, as it stigmatizes them and brings problems. Others, however, consider them fellow travellers, like siblings.

“At the home they always tell you, meet other people who are not from here..., but you get to spend so many hours with the girls that... well, for me, my best friend, is from the home, she’s like a sister. But, of course, I also meet up with other friends” (YIPPEE, girl)

5.5. Labelling, Stigmatization, Rights and Opportunities

Between 46.6% and 74.3% of young people interviewed recognize that entering the protection system represents either the start of feeling labelled as “conflictive” or as “poor thing” or a continuation or worsening of what they were labelled when they lived with their family. The weight of labelling is especially heavy when they live in a residential home, because although most of them try to hide it at school or at work, it is very difficult to keep it a secret: they have to carry a special permit to go to sleep at a friend’s house, their educators—who are sometimes nuns—accompany them to school (see quote), they seldom invite friends to the home, they have little say in how they use their time and even less opportunity to improvise. They cannot appear in the class photo posted on the school website, and cannot ride a bike or prepare a snack in case they hurt themselves.

“Because you get in the van, and it has the name of the home on it... and your friends ask, “Whose van is that? ... Is it your dad’s?”... They come to pick you up at the door, in front of the school, just when all the kids are coming out, ... no, we have a company” (PE, girl)

Everything that happens to children living in residential homes is an example of things that do not only lead to labelling but represent a significant loss of opportunity and individual freedom. On the other hand, those who experienced a situation of great suffering at home in particular acknowledge that the care system has given them opportunities they did not have and has given them back their rights.

Often they have to fight the label in order to show that although they are children from a home they are not going to be criminals, drug addicts or abusers, which is the message they receive from adults and the media.

They agree on the desire to prove that they will not be like their parents. They believe that when they are 18 they will be able to get rid of the label of “child in care” and be like anyone else. This is why most of them do not talk about this part of their past either where they study or at work.

5.6. *Autonomy and Responsibility versus Overprotection*

The issue of adolescents in care working towards personal and social autonomy stands out—between 66.7 and 93.3% of young people talked about that-, and it makes them very angry when they are not able to be responsible for and participate in their own process. They also agree that there is a large gap between being overprotected up to the age of 18 and then completely unprotected from this age onwards. Within the three focus groups, they all agree that they should start working towards autonomy in early adolescence.

“For example, autonomy was encouraged at my residential home, some days we cooked ourselves, we did our laundry, so in a home they get you prepared, if you are not prepared to do this kind of things then you might as well go back to your family because in supported housing for over-18s you are not going to survive.” (FEPA, girl)

“In my residential home, for example, they gave us absolutely everything so afterwards when I left I was completely disoriented, the truth is I didn’t know anything at all. They practically did everything for us...” (FEPA, boy)

5.7. *Contact with Parents, Siblings and Extended Family*

Another issue that has also come up in all three studies and about almost 100% of interviews and focus groups is the young people demanding to be heard and have their opinion valued regarding the contact they want to have with different members of their birth family. One of the things they emphasize is that a negative consequence of there being limited time to see family members is that they stop seeing members of their extended family, as the short time they do have is sometimes taken up by only their parents. This also happens to those in non-kinship foster families. The other major complaint is a rupture in the relationship with siblings because the care system does not have a place for all of them together, particularly pointed out by young girls. Their relationship with their parents is also controversial, as they feel it is always the adults who decide.

“Every weekend I went home to my family. And then what did I do? Wasted time. Actually you start a routine, you go there and if you're not alright, you know you're going to have a bad time, you waste time, I don’t know” (YIPPEE, girl)

Once they have left the home they feel they can decide what contact to have with the family: for some of them family relationships then become more fluid and for others they become more distant or interrupted. The dilemma for them is often whether they need to show responsibility towards their family (financial support, especially among immigrants, emotional or practical support) or to end the relationship, generally feeling alone. This leads them to reiterate the feeling that they can only really rely on themselves.

“I rely on myself. I start something and even if I get tired of it and I feel like I can’t go on, I carry on. Sometimes I cry because I want to do many things and I can’t, I don’t have the money, or I need someone to listen to me and who I can trust” (FEPA, girl)

5.8. *Maltreatment in Care*

Although this issue was a minor one in the three studies (between 6.7% and 20% of young people talked about that), it is worth noting that it appeared in all three, and both in residential care and with those who spent time in foster care. The point they agree on is that when a situation of abuse or neglect arises within the protection system, it is very difficult to get help because of the difficulty of getting the information to decision makers and being believed, and they are also slow to act.

“There was a monitor ... who dislocated my shoulder... he threw me on the floor and everything... very roughly, I had to be taken to the doctor’s (...)” (YIPPEE, girl)

5.9. *Leaving Care*

There is much agreement (between 86.7% and 100% of young people interviewed) that leaving the care system provokes strong feelings of fear and insecurity, often worse than those experienced when entering it. They are forced to make decisions that most people of that age do not have to take: what to do about their family, school, work and where to live are all key issues that must be resolved. One of the most repeated phrases is you wait so long for the time to come that you can leave and when it arrives, you don’t want to. It is in this sense that they request not to be left alone and to receive help with housing issues, education, economically and emotionally. The support services for care leavers are rated very positively, although they know they will have to work very hard and only have recourse to them until they are 21.

“I would be really bad if they had not given me the opportunity to have a flat. I hope they never close it down” (FEPA, girl)

“It’s like a bridge, they prepare you. You have two years and you need to make progress and do something. If you are mature enough for this opportunity, you will take advantage of it. Otherwise, you’ll lose everything” (FEPA, boy)

Young people are aware that there is a group that is left outside the aid available to care leavers and demand the range of services be diversified in order to reach more young people leaving the protection system: young care leavers with disabilities, mental illness, behavioural and other problems; and also that there be an increase in the supply of flats for young people aged 16 to 18. The issue of leaving care is especially hard for young people who came to Spain without their families.

5.10. *Advice from Young Care-Leavers*

The advice these young people would give to adolescents who are still in a residential home is to take the opportunity to study, establish a positive relationship with educators, control their behaviour and learn to be responsible for themselves, and to take the opportunity to go to live in protected accommodation (post-care), if offered. The words take advantage of and opportunity stand out.

“That they don’t be silly, don’t run away and lose the opportunity to get a flat. And that they continue to study. There is time for everything, they can hang out with friends, but they must study. At first I didn’t like the home at all, I wanted out, but in the first months

of having a flat, I wanted to go back there... Because you can't take these girls into the future to see. If you could, they would realize" (FEPA, girl)

"That they make the most of their time, do everything they are told to do, take the opportunity to learn. That they make the most of everything to come out well-prepared." (FEPA, boy)

The advice they would give to educators in the residential homes is to have a lot of patience, listen to the adolescents and be empathetic, treating them differently, obliging them to study and not overprotecting them.

"The most useful thing is asking me how I am and helping me think about myself (...) encouraging me a lot and listening to me" (FEPA, boy)

"That at the residential home they try not to give them everything already done, that they have to earn it, because if they don't it's like a bubble, they don't know what's out there. Clothes don't come from heaven and don't wash themselves. That the children begin to value things earlier" (PE, girl)

6. Discussion

Firstly, the most themes highlighted by young people with a care background were related to improvements needed in the pursuit of stability, the importance of their education, the importance to be heard in the issue of contact with their family, and support the leaving care process. Secondly, they also remarked improvements regarding the way they enter care, the importance of having friends, avoiding stigmatization and respecting their rights, and the importance of achieving autonomy and responsibility. Finally some of them mentioned the theme of maltreatment in care.

Listening to young people and learning from their experiences in order to try and improve the services that provide care for them is essential for professional practice and policy design, while also constituting a conceptual and methodological challenge for research. Young people continuously use comparison to evaluate the treatment they receive and to view their glass as half full or half empty. We also find this comparative element in authors who have studied child poverty and suggest that it is one of the factors that influences children when they display feelings of exclusion [30] and low levels of well-being [31], this perception of inequality being based on peer-group comparison.

The issue of stability in care and at school has taken on great significance in recent years in much of the research focusing on protection systems [20,22,23], but resolute policies are required to reverse the statistics. There is clear evidence that a lack of stability affects their school situation and social inclusion, leading to increased loss of control over their own lives. They are not able to plan aspects such as what they will do over the coming months with friends, their leisure activities, their holidays, resulting in a loss of trust in adults. Linked to this is the opportunity to have a key adult carrying out effective parental duties, and we have seen that what they are asking for coincides with that which appears in positive parenting recommendations [11,12]; they say treat us as you would your own children. This requires work in terms of awareness raising, training and commitment, which is not always well paid.

With regard to school, two ideas stand out; they repeat the idea: make and help us study like parents do with their children, don't abandon us as a lost cause. Some authors [25,10] emphasize the desirability of their completing compulsory education and being able to continue into post-compulsory education (not dead ends or pathways outside the education system), since only by ensuring equal educational opportunities will we be working towards their social inclusion.

The issue of contact with parents, siblings and extended family is paid particular attention by these young people, who think they are not consulted, are forced to go on visits they do not want to and are denied some contacts that would be beneficial to them. This is a complex issue, but one which will not be resolved by keeping them marginalized [1,15]. In addition, it is an issue that involves not only the subject of visits but also that of family reunification, which, if done at all, must be done properly [20,22,23]. In Spain, with the exception of one study [32], there are no official data on time spent in the system and percentages regarding where they go after leaving or success rates regarding family reunifications, making the work of professionals extremely difficult with regard to knowing the effects of their intervention.

In addition, leaving the system is a key period and all necessary support must be given to them during the following years, as if not all the prior work that has been done with the young person can be ruined, an issue that has been studied by authors [33]. Young care leavers highly value the support given to them and having a legal framework and public policies aimed at this group is a necessary step.

Numerous studies also argue that entry to the protection system is traumatic and that both the levels of information children receive and their direct participation must be improved in this respect [17,1]. This particularly calls for more training for social workers regarding which strategies to use to reach children, talk with them and have them participate in decision-making.

Reducing actions that lead to a greater number of stigmatization processes is an urgent and much debated task. These young people sense they have fewer rights and opportunities than other children, with overprotection often being the norm, although it is not known whether this is for the children or educators' benefit (if a child gets hurt, the parents can be accused). There is a difficult balance between protection and participation, particularly when it comes to children in care, and it should be debated thoroughly and solutions outlined [34].

In addition, these young people do not tire of saying that relationships with friends are very important to them, and it is clear this should be taken into account if we consider that studies on psychological well-being show the domain of interpersonal relationships to be the one which has the most influence on adolescent well-being [35].

Finally, on the issue of maltreatment in care, it should be noted that there is a complete lack of records and data on this phenomenon in Spain; we only know about it due to severe cases that appear in the press, which hinders both knowledge of the issue and decision-making by professionals.

The findings of the current paper should be interpreted with caution due to its limitations: it is not a systematic review; we used only three studies to describe and discuss the state of the art of the topic of improvements needed in the child protection system. Despite the above, the repetition and consistency of the issues highlighted across the three studies, do reinforce our findings in line with international research.

7. Conclusions and Implications for Police, Practice and Research

If we listen to young people regarding their passage through the protection system, according to the findings it would be recommended urgent improvements on the following points:

- It is necessary to promote positive parenting programs from carers and educators; that is, to improve the quality of care
- It is important to work towards the priority and support for education of children in care, involving and promoting stable and interconnected interventions between departments.
- It is necessary to increase the work done in residential homes towards children and adolescents' autonomy and their taking of responsibility, as well as the participation and central role of children and adolescents.
- Strengthen close and stable bonds *i.e.* reference adults and mentoring, is a key issue in the child protection systems, as well as to promote stability in their pathways.
- Be aware to avoid stigmatization processes as much as possible and to raise expectations towards this population group.
- Regarding leaving care, it is important to provide more information for adolescents still in care homes regarding the type of support they will have when they leave, diversifying the supply of services to reach more young people leaving the protection system, and enhancing these young people's informal support networks.
- Provide support for professionals working with these young people regarding the work of managing emotions.
- Improve data collection and performance evaluation systems for young people. Quantitative studies and particularly longitudinal research should be developed in the future.

As we have seen, some of these issues are reflected in other research projects and some of them have long enjoyed consensus among researchers and professionals. The question, now that we have known them for some time, is what are the obstacles to addressing them? This in itself is the great challenge for the future.

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Conflicts of Interest

The author declares no conflict of interest.

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