

Thesis

Marta Garcia Molsosa

The school experience of children in residential care and the role of mentoring.

A European multi-source study.



Co-directed by:

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Thesis

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English correction by Diane Harper.

Publications derived from the Thesis

This Thesis is presented as a compilation of three scientific articles published in international impact factor journals. It includes a quantitative study (Article 1) and two qualitative studies (Articles 2 and 3) on the school experience of children in care and mentoring.

Article 1

Garcia-Molsosa, M., Collet-Sabé, J., Martori, J. C., & Montserrat, C. (2019). School satisfaction among youth in residential care: A multi-source analysis. *Children and Youth Services Review*, 105. <https://doi.org/10.1016/j.chilyouth.2019.104409>

Article 2

Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2019). The role of mentoring in the schooling of children in residential care. *European Journal of Social Work*. <https://doi.org/10.1080/13691457.2019.1666253>

Article 3

Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2020). Benefits, positive factors and difficulties perceived by mentors participating in a mentoring programme aimed at youth in residential care. *European Journal of Education* (in press).

The Universitat de Vic – Universitat Central de Catalunya (U-Divulga) has published a more accessible version of Articles 1 and 2, in Catalan, which are not included in this Thesis:

- Garcia-Molsosa, M., Collet-Sabé, J., Martori, J. C., Montserrat, C. (2019, October 1). La satisfacció escolar dels joves en acolliment residencial des de la perspectiva dels joves, els educadors i els professors referents. *U-Divulga*. <https://mon.uvic.cat/udivulga/la-satisfaccio-escolar-dels-joves-en-acolliment-residencial/>
- Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2019, November 5). El paper de les persones mentores en l'escolarització de joves tutelats en centres residencials. *U-Divulga*. <https://mon.uvic.cat/udivulga/la-satisfaccio-escolar-dels-joves-en-acolliment-residencial-des-de-la-perspectiva-dels-joves-els-educadors-i-els-professors-referents/>

Abstract

According to international research, the in-care population is one of the groups at greater risk of academic failure and early dropout, especially children in residential care. However, little research-based knowledge exists on what strategies are effective in improving the school experience of children in care and even fewer studies are targeted specifically at children living in residential centres. Mentoring programmes, which provide access to support and encouragement from one significant adult, could be identified as a promising intervention in this respect. Mentors can give children in care good advice, focus on opportunities open to them and help them develop a perception of themselves as competent learners.

This Thesis seeks to better understand the factors that shape the school experience of children in residential care and analyse how mentoring programmes can help enhance it. A series of three studies were designed in the context of a European social mentoring pilot project targeted at children in residential care and focused on their education improvement: (1) a quantitative study comparing the perceptions of children, caregivers and teachers on the school satisfaction and well-being of children in residential care; (2) a qualitative study to explore the role of mentoring in the schooling of children in residential care, and (3) a qualitative study focused on mentors' perceptions, aimed at identifying the key positive factors and the main difficulties faced by mentors as well as their self-perceived benefits.

On the one hand, results showed that school satisfaction was an important component of the subjective well-being of children in residential care, and satisfactory relationships inside and outside the school context were highlighted as the strongest predictor of higher school satisfaction levels among these children. Differences among responses showed that teachers and caregivers tended to have a more instrumental approach and a more pessimistic outlook towards children's school satisfaction, well-being and aspirations to continue formal education. On the other hand, the findings indicated that by providing supportive, caring,

trusting and steady relationships, mentoring programmes may create an opportunity for promoting the well-being and resilience of children in care as well as their social capital. Mentors also played a specific, unique and supplementary role within the existing network of supportive adults in residential care contexts. As for the mentors themselves, they shared benefits in the areas of knowledge, well-being, social awareness, personal growth and socialization.

The findings of this Thesis corroborate the importance of taking into account subjective school experiences beyond learning progress and outcomes, to understand the extent to which socio-emotional and identity elements shape the educational pathways of children in care and are linked to school success and well-being. Furthermore, this Thesis seeks to increase knowledge on interventions that may improve the school experience of children in care, indicating that, to this end, mentoring programmes should be considered a relevant contribution.

Resum

Segons mostren les dades de recerques internacionals, la població tutelada constitueix un dels grups amb més risc de fracàs i abandonament escolar prematur, especialment aquells infants i joves que es troben acollits en centres residencials. Això no obstant, existeix poc coneixement fonamentat sobre quines són les estratègies efectives a l'hora d'afrontar aquesta problemàtica i molt pocs estudis s'han centrat concretament en la millora de l'experiència escolar d'aquests infants i joves. Els programes de mentoria, mitjançant el suport i encoratjament per part d'un adult de referència, poden ser identificats com a intervencions prometedores en aquest sentit. Els mentors/es poden oferir-los consell, centrar-se en les seves oportunitats, i ajudar-los a desenvolupar una autopercepció positiva com a estudiants competents.

La present Tesis pretén aprofundir en la comprensió dels factors que determinen l'experiència escolar dels infants i joves en acolliment residencial i analitzar de quina manera els programes de mentoria poden contribuir a millorar-la. Amb aquesta finalitat, i en el context d'un projecte pilot europeu de mentoria social centrat en la millora de la situació educativa d'aquest col·lectiu, es van elaborar tres estudis: (1) un estudi quantitatiu comparant les percepcions dels nois/es, educadors/es i professors/es sobre la satisfacció escolar i el benestar subjectiu dels joves en acolliment residencial; (2) un estudi qualitatiu on s'explora el rol de la mentoria en l'educació d'aquests nois i noies; i (3) un estudi qualitatiu centrat en les percepcions dels mentors/es, amb l'objectiu d'identificar els principals facilitadors, els obstacles, i els beneficis del programa pels propis mentors/es.

D'una banda, els resultats van mostrar que la satisfacció escolar és un component rellevant pel benestar subjectiu dels/les joves en acolliment residencial i que per a aquests nois i noies gaudir d'unes relacions socials satisfactòries, dins i fora del context escolar, són el factor predictiu més potent d'una alta satisfacció amb l'escola. Les diferències en les respostes van mostrar que els professors/es i els educadors/es tendeixen a tenir un enfoc més

instrumental i una visió més pessimista vers la satisfacció escolar d'aquests nois i noies, el seu benestar subjectiu i les aspiracions de continuar en l'educació formal en el futur. D'altra banda, els resultats suggerien que, proveint al/la jove d'una relació de suport i cura, estable i basada en la confiança, els programes de mentoria podien crear una oportunitat per a la promoció del benestar, resiliència i el capital social dels/les joves en acolliment residencial. A més, els mentors/es jugaven un rol específic, únic i complementari dins la xarxa de relacions dels i les joves en acolliment residencial amb adults significatius que donen suport a la seva educació. Pel què fa als mentors i mentores, els resultats van mostrar una sèrie de beneficis en àrees com el coneixement, el benestar, la consciència social, el creixement personal i la socialització.

Els resultats de la present Tesi corroboren la importància de tenir en compte les experiències subjectives en el context escolar, més enllà del progrés i resultats acadèmics, per entendre el pes dels aspectes socioemocionals i identitaris en la construcció dels itineraris escolars dels infants i joves en acolliment residencial i de quina manera influeixen a l'èxit educatiu i al seu benestar. Finalment, aquesta Tesi pretén incrementar el coneixement sobre les intervencions que poden contribuir a millorar l'experiència escolar dels infants i joves tutelats, indicant en aquest sentit que els programes de mentoria es poden considerar una aportació prometedora.

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1. Introduction

This Thesis has its origin in my professional experience of more than 10 years as a social educator in a residential centre in Catalonia (Spain). As an educator, these children's education was one of my major concerns and how to face this challenge was the main motivator that led me to enter the world of research with the hope of modestly contributing to this field of study and, thus, helping to promote a better quality of life, well-being and life opportunities for these children.

To this end, I enrolled in the Master degree of Inclusive Education at the Universitat de Vic – Universitat Central de Catalunya where I had the opportunity of doing a Master's thesis on the education of children in residential care: a multiple case study gathering the perspectives of the three children involved, their caregivers and teachers¹, under the direction and advice of Dr. Jordi Collet-Sabé and Dr. Carme Montserrat. Later, with their support, I had the opportunity to continue researching full-time into this issue with an FI grant from the Government of Catalonia and Social European Funds.

I was fortunate that, at that time, the University of Girona was involved in the evaluation of a European social mentoring project for enhancing the schooling of children in residential care funded by the European Union. This pilot project was carried out during the academic year 2017/18 by five organizations in Austria, Croatia, France, Germany and Spain, under the coordination of Plataforma Educativa (Girona), the partner from Spain. The evaluation of the pilot, led by Dr. Carme Montserrat (University of Girona), had a mixed pre-test-post-test design. I had the opportunity to be involved in the project as a member of the evaluation team and, at the same time, to participate as a social educator in the coordination and monitoring of the project in Spain.

¹ The results of this research are presented in an article currently under review in the Child and Family Social Work Journal.

Therefore, this Thesis has allowed me to continue to be engaged in, and to learn about the education of children in residential care in terms of both research and practice. I hope I can continue to commit my life's work to this.

In the current European context, those who leave education before obtaining an upper secondary qualification struggle with lower employment rates, and lower rates of participation in adult learning (Eurostat, 2020). Accordingly, higher levels of education and formal qualifications have been identified as key factors in social inclusion, social mobility, and personal well-being, particularly significant among the at-risk population (EC et al., 2014; OECD, 2012). Yet, educational inequality persists and students' attainment largely depends on their socio-economic backgrounds (EC, 2017; OECD, 2019).

According to international research, the in-care population is one of the groups at greater risk of academic failure and early dropout, especially children in residential care (Berridge et al., 2020; Flynn et al., 2013; Jackson & Cameron, 2014; Montserrat & Casas, 2018). So far, larger studies aimed at understanding their situation within the school context have been mainly focused on more academic-restricted issues such as attainment, attendance, exclusions special needs, inclusion in special programmes, and access to further education (Ferguson & Wolkow, 2012).

However, recent research suggest that, besides learning progress and outcomes, subjective school experiences should be taken into account in order to understand the extent to which socio-emotional and identity elements (e.g. relationships with peers and teachers, perceived identity as a student, and involvement and satisfaction with school) shape the educational pathways of children in care and are linked to school "success" and well-being (Berridge, 2017; Montserrat, Casas, et al., 2019). Yet, the aspects influencing the school experience of these children have not been studied in depth. So far, only a few studies have been conducted on the well-being of children in residential care and its relation to their school

experience (Llosada-Gistau et al., 2015; Sastre & Ferrière, 2000; Schütz et al., 2015a).

To this extent, the access to support and encouragement from one significant adult who can give them good advice, focus on opportunities open to them and help them develop a perception of themselves as competent learners, has been highlighted consistently by research as a key factor for the successful educational pathways of children in care (Berridge, 2017; Jackson & Cameron, 2014; Matheson, 2019; Sebba et al., 2015). From this perspective, mentoring programmes could be identified as a promising intervention for the residential-care group, as suggested by Lou, Taylor and Di Folco (2018).

However, little research-based knowledge exists about what works to improve the school experience of children in care and even less targeted specifically at children living in residential centres. The few studies in which interventions have been rigorously evaluated (Evans et al., 2017; Forsman & Vinnerljung, 2012; Liabo et al., 2013; Sanders et al., 2020) cannot provide evidence of effect and are more focused on educational outcomes than on school experience issues. On the other hand, the literature on mentoring children in care is cautious in claiming positive effects in the school domain and points out promising benefits, but also possible harmful impacts for this population (Britner et al., 2014). So far, neither research studies nor the assessment of mentoring programmes aimed at enhancing the schooling of children in residential care have been found.

To this end, this Thesis seeks to better understand the factors that shape the school experience of children in residential care (RC)² and analyse how mentoring programmes can

² This Thesis uses the term “children” to refer to all young people aged from 0 to 17 years old, in accordance with the definition laid down in the Convention on the Rights of the Child.

Residential care (RC) refers to the care given to children for whom the state assumes parental responsibility because the adults caring for them – usually the birth parent/s – are no longer able and who stay in a residential setting rather than in a family’s home. This Thesis is focused on residential

help enhance it. In this context, the main research questions of this Thesis were: what are the key issues influencing the school experience of children in residential care? How can mentoring help enhance the school experience of these children?

These questions were expected to shed light on the extent of variations among the perceptions of the main stakeholders involved (children, caregivers, teachers, and mentors) and to help in:

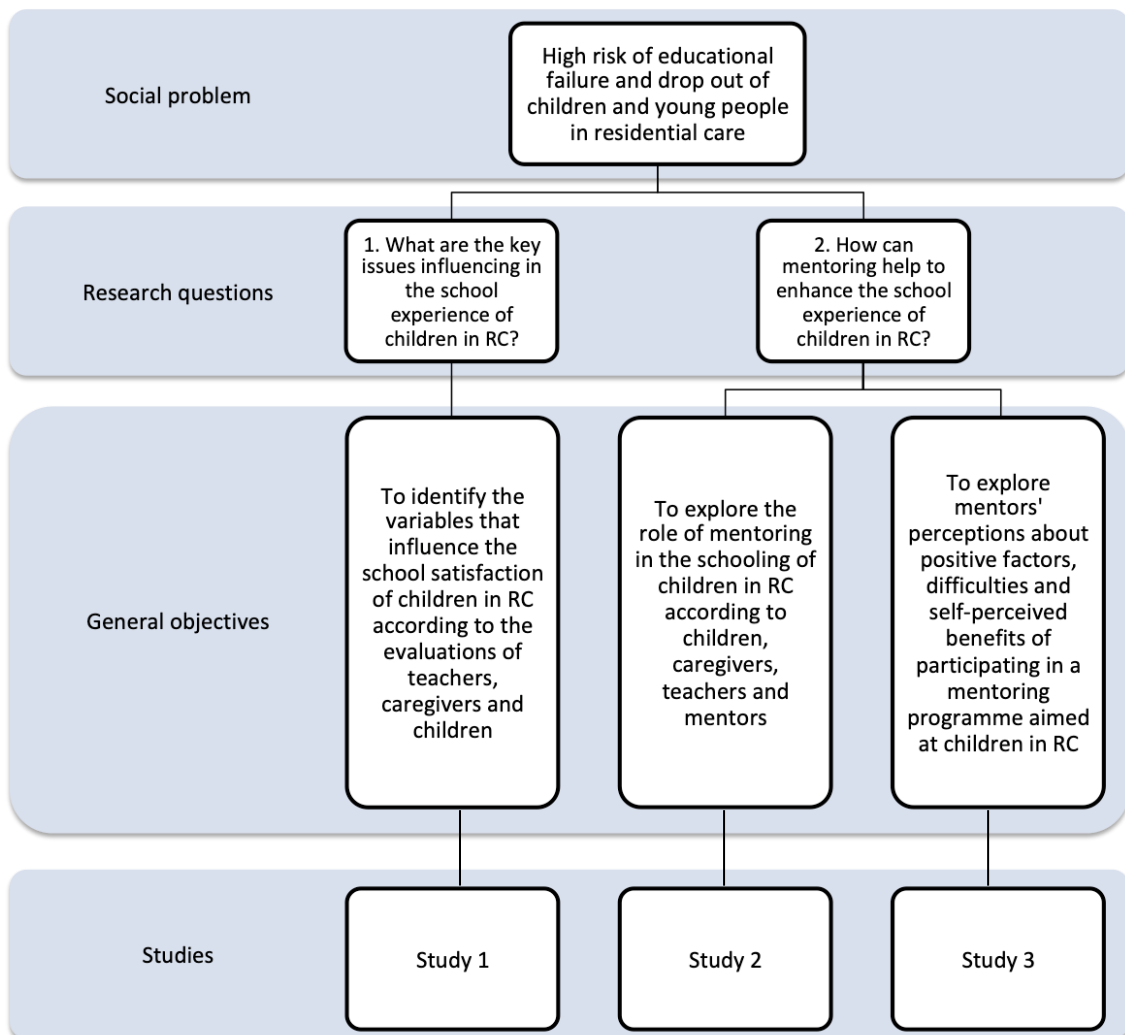
- Deepening the understanding of the school experience of children in residential care.
- Identifying the main benefits and limitations of mentoring in its aim to enhance the school experience of children in residential care.
- Promoting the participation in research of children in residential care and the adults involved in their education.
- Preventing differences among stakeholders' perceptions that can lead to poorly effective interventions.
- Identifying the kinds of practices that seem most likely to enhance quality and promote positive results in mentoring programmes targeted at children in residential care.
- Exploring further research questions and directions in the field of the education of children in residential care and mentoring.

In this context, a series of three studies were designed (Figure 1): (S1) a quantitative study comparing the perceptions of children, caregivers and teachers regarding the school satisfaction and well-being of children in residential care; (S2) a qualitative study to explore

centres serving a general child welfare function, rather than other types of residential provision such as specialist institutions for young offenders, residential schools accommodating disabled children, or therapeutic residential care for youngsters with severe mental health affections.

the role of mentoring in the schooling of children in residential care, and (S3) a qualitative study focused on mentors' perceptions aimed at identifying the key positive factors and main difficulties faced by mentors as well as their self-perceived benefits.

Figure 1. Diagram of the three studies that make up this Thesis and their relation with the research problem, questions and objectives.



This Thesis is a compilation of the three articles that arose from the mentioned research studies. It is organized as follows.

Chapter 2 (theoretical framework) presents the three main topics that make up the subject of study with the aim of giving a complete picture of the antecedents and theoretical

approaches on which this Thesis is based: the educational pathways of children in care and concretely, the particular characteristics of these for children living in residential centres; the concept of quality of life, subjective well-being and school satisfaction, and a brief summary of the findings of existing studies on this topic targeted at vulnerable young people, children in care and, concretely, those in residential care, and a brief review of studies related to mentoring programmes targeted at children in care, focusing on their potential benefits and possible drawbacks.

Chapter 3 (research context) provides a full description of the Sapere Aude social mentoring programme, its evaluation process and its main outcomes, the context in which the three studies that made up this Thesis were carried out. Besides, it presents a brief description of the education and welfare systems in Austria, Croatia, France, Germany and Spain, the five European countries that participated in this pilot project, in order to provide a broader context for this Thesis.

In Chapter 4 (research questions and objectives), the research questions and objectives that guided this research are presented, giving the overall sense and bringing together the compendium of the three articles. The concrete objectives for each of the articles are also specified.

Chapter 5 (general methodological issues) describes the general methodological considerations common to the three studies that make up this Thesis, including the data collection process and the instruments used, the sample description, data analysis methods, and the ethical considerations of the research.

Chapter 6 (results) presents the post-print version of the three articles that make up the results of the three studies that compound this Thesis according to their objectives and with the aim of providing answers to the pre-formulated research questions. The reviewers' corrections and responses for each of the studies have also been included in this chapter, since

they are part of the process and the definitive presentation of these results in the form of published articles.

Chapter 7 (discussion on the key findings) collates the research findings with the theoretical framework presented in Chapter 2. It is organized in five sections according to the themes raised from the results of the three studies included in this Thesis: the variables and correlations, and the differences among stakeholders' perceptions on the school satisfaction and subjective well-being of children in residential care; the role of the mentor in the schooling of these children; and the main benefits, limitations and obstacles of mentoring programmes targeting this population.

Chapter 8 (conclusions) presents the main conclusions from the findings and the answers to the research questions. Recommendations for policy and practice derived from the research are made. The limitations of the research and the specific questions that emerged from this Thesis that might be worthy of further research are also mentioned.

Finally, Chapter 9 includes a list of cited references and Chapter 10 a series of annexes, which can be of interest for the reader, including a template for the instruments and scripts used in the three studies, the research stay certificates at the Institute of Education (UCL) with Dr. Claire Cameron and at York St. John University with Dr. Caroline Leeson, and the scientific merits of the author.

2. Theoretical framework

In this chapter, the three main topics that make up the subject of study are conceptualized and presented with the aim of giving a complete picture of the antecedents and theoretical approaches on which this Thesis is based. Firstly, the educational pathways of children in care and concretely, the particularities of those living in residential care (Chapter 2.1). Secondly, subjective well-being and school satisfaction as indexes to assess and deepen the understanding of the school experience of children in residential care (Chapter 2.2). Thirdly, mentoring as a community-based intervention aimed at having a positive impact on the schooling of children in residential care (Chapter 2.3).

2.1 The educational pathways of children in care

This chapter presents a conceptual model of the education of children in care (Chapter 2.1.2), drawing from theory and research on educational psychology and sociology. First, international data showing the disadvantageous educational pathways of this population, some of their main characteristics and key elements for analysis, are summarized (Chapter 2.1.1). After describing the model, a research review, specifically targeted towards looked-after children living in residential centres and their educational pathways, is presented to identify the particularities of this population group (Chapter 2.1.3).

2.1.1 International data and key elements for analysis

For many years the education of children in care³ has been relegated to a minor role, in both research and practice. However, it has been gaining interest and widespread recognition of its great importance currently exists among researchers and practitioners in the field. Over the

³ Despite country-specific terms, children in care is usually used as synonymous with: in-care population, looked-after children, children in out-of-home care, children in public care, or children in alternative care.

past decade, data on this issue have been gathered and analysed in many studies, especially from the UK, the US, and Canada, but also from Sweden, Australia, Brazil, Israel, or Spain, and the factors that may influence the educational pathways of this population have been explored (McNamara et al., 2019).

International data show that, although school failure and drop out are not exclusive to children in care, they are affected in a more generalized and distressing manner than the overall child population, showing comparatively worse numbers in academic achievement, attendance, and behaviour (e.g. Cameron, 2018; DfE, 2020; Jackson & Cameron, 2014; McDowall, 2009; Mendes et al., 2014; Miller et al., 2008; Montserrat & Casas, 2018; Pecora, 2012; Pecora & O'Brien, 2019; Sebba et al., 2015; Tessier et al., 2018; Trout et al., 2008; Wise et al., 2010). A review of these studies leads us to identify some common traits in the educational pathways of this population, summarized in the following table (Table 1).

Table 1. Common traits in the educational pathways of children in care according to international data. Comparison with the general population when available.

(1) The achievement gap worsens as the educational level increases and is of greater concern in secondary education.	
The expected level according to age* decreases significantly from 12 (66.7%) to 16 years old (26%). *Average which indicates the proportion of students who are in the school year that corresponds to them by age (they have not repeated a year).	Catalonia (Spain). See: Montserrat & Casas (2018)
Significant decline in educational success scores* after three years (50.00 to 41.62; $d = -0.80$). Youngsters at the start point were aged 11-15. *Multi-informant (youngster, caregiver, social worker) measure created <i>ad hoc</i> based on perceptions of achievement and progress.	Ontario (Canada). See: Tessier, O'Higgins, & Flynn (2018)
Average achievement in eight qualifications, including English and Maths, at the end of compulsory education (typically aged 16)*: 19.1 points (44.6 for non-looked-after children). *GCSE (General Certificate of Secondary Education), academic qualifications at Key Stage 4 (end of compulsory education).	England. See: DfE (2020)

35.3% of care leavers aged over 18 finished Year 12* of secondary education (75% of all 19-year-olds). *The twelfth year of compulsory education or “senior year” (first or second year of post-compulsory education), depending on the state. It is provided by secondary schools.	Australia. See: McDowall (2019)
74% have completed high school at the age 25 to 34 (84% in general population).	US. See: Pecora (2012)
(2) The participation rate in higher education is far lower than that of the general population.	
Enrolment in higher education (ages 19-21): 7% compared with 48% of all children.	England. See: Cameron (2018)
3-11% attain a bachelor’s degree* (ages 23-24), compared to 33% national college completion rate. *Academic degree awarded by Colleges and Universities upon completion of a course of study lasting four years.	US. See: Pecora & O’Brien (2019)
Care leavers enrolled in higher education: around 6% among countries (EU mean: 40%).	Europe (Denmark, England, Hungary, Spain, Sweden). See: Jackson & Cameron (2014)
1% (estimated) of care leavers transition into higher education, compared to 26% of children in general population.	Australia. See: Mendes et al. (2014)
(3) Children in care report multiple school functioning risks: grade retention, absences, suspensions, expulsions, and frequent changes in school.	
35-57% of looked-after children repeated a grade (10% in the general population).	US. See: Trout et al. (2008)
Children in care repeating a grade: 16% (among 5-9 years old), 27% (10-15); 32% (16-20).	Ontario (Canada). See: Miller et al. (2008)
Average of unauthorised absences in secondary school: 88.6 (17.1 in the general population).	England. See: Sebba et al. (2015)
Proportion of children suspended in past 12 months (M age = 12.0): 14.7% (Children ever suspended in Year 7* in Victoria: 5.3%). *Typically aged 12-13.	Victoria (Australia). See: Wise et al. (2010)
Likelihood of being expelled (ages 18-19): about three times more than that of other students.	US. See: Pecora & O’Brien (2019)
Average of 7.9 school placements during compulsory education (some reporting 10 placements in elementary school alone).	US. See: Trout et al. (2008)
(4) Children in care are disproportionately represented in special education programmes and schools.	
Youth in foster care receiving special education services*: 36%–47% *Special education classes for students needing extra help.	US. See: Pecora & O’Brien (2019)
Enrolled in special education schools at 15 years old: 11-12% (1.1% in the general population).	Catalonia (Spain). See: Montserrat & Casas (2018)

Almost 40% go to non-mainstream schools* by the age of 16 (1.3% in the general population).	England. See: Sebba et al. (2015)
*Such as special schools, pupil referral units and alternative provision.	
Proportion of children (under 13) who receive specialised education services within the school: 31.8% (9.5% of general population).	Australia. See: Wise et al. (2010)

Note. This table has been elaborated by the author for the purpose of this Thesis.

According to data (Table 1), the educational pathways of children in care are much the same everywhere and are characterized by a series of risk features including: (1) a great achievement gap that becomes of greater concern in secondary education; (2) low rates of participation in higher education; (3) multiple school functioning risks such as grade retention, absences, suspensions, expulsions and changes of school, and (4) and over-representation of this population in special education programmes and schools.

However, two relevant considerations should be taken into account when describing and analysing data on this issue. Firstly, **the educational pathways of children in care are similar to those of other vulnerable groups of population.** Recently, a large study in UK compared the school progress and attainment of children in care and children “in need” (those allocated to a social worker or with social services involvement but not looked after), showing similar results among these two groups at the age of 16 (Berridge et al., 2020). Although few studies exist that compare the children in care population with other at-risk populations, international research in the field has consistently proved that, as in other vulnerable populations, boys perform worse than girls (Flynn et al., 2013; McClung & Gayle, 2010); foreign-born children in care have far more difficulties than those born in in the country of residence (Montserrat & Casas, 2018), and the family’s socioeconomic background, linked with poverty, increases the children’s risk of poor academic outcomes (Johansson & Höjer, 2012; Trout et al., 2008).

Secondly, research in this field has shown that **the in-care population is a heterogeneous group, with different educational profiles.** For example, a large research study carried out by Stein and colleagues over 30 years identified three main groups of care leavers according to

how they dealt with the multifarious demands of adult life: “moving on” (socially included children); “surviving” (youngsters in a precarious situation), and “struggling” (ill equipped to cope with adult life). According to the findings, the last two groups were at risk of exclusion, and the lack of educational qualifications played an important part (Stein, 2012). Similarly, Berridge (2017) identified four groups of children who reported different school experiences during secondary education: “stressed/unresolved”; “disengaged”; “committee / trusted support”, and “private / self-reliant”. The third and fourth group performed better than expected and had higher future academic aspirations. Likewise, other studies have identified “educational promises” or successful educational pathways among care-experienced youngsters who gained access to higher education (e.g. Jackson & Cameron, 2014; Matheson, 2019; McNamara, Harvey, et al., 2019).

In order to understand such a heterogeneous picture in educational pathways among the in-care population, two supplementary hypotheses have recurrently arisen from research. On the one hand, the role of the welfare and care regimes and their incapacity to compensate the adversity of children in care and ensure all children progress to the extent their initial educational promise might have indicated was possible (Höjer & Johansson, 2013; Jackson & Cameron, 2014), and on the other, the determining role of children’s resilience and individual motivation in shaping “successful” educational pathways (Berridge, 2017; Gilligan, 2007; I. Matheson, 2016).

Thus, in the light of international data and the two aforementioned considerations, **this Thesis assumes a systemic perspective in conceptualizing the education of children in care** in order to draw the most accurate picture of their education, taking into account its enormous complexity in line with other research (Dill et al., 2012; Jackson & Cameron, 2014). According to these authors, such an approach involves viewing the child as situated within a broader ecological framework that includes the caregiver, family, school, child, welfare system, and larger community, and incorporates factors from these different levels and contexts and their interrelation. Jackson and Cameron (2014) distributed these factors into three different

levels called “levels of responsibility” influencing the educational pathways of these children: (1) the children themselves and the family environment; (2) the institutions and professionals that take care of them, and (3) the provision and policies of education and welfare systems. Supporting this approach, researchers in educational sociology have broadly claimed the need for avoiding guilt attribution and individual analysis, which assigns the ultimate responsibility for school failure on the individuals who suffer it rather than considering the social context in which these processes are constructed (e.g. Atkinson, 1998; Escudero & Martínez, 2012; Tarabini, 2017).

Thus, in accordance with this perspective, this Thesis conceives the education of children in care far beyond their individual characteristics and their life in care and includes the structural inequalities inside and outside the school context as well as other determining factors linked to the broader context in which these children are immersed.

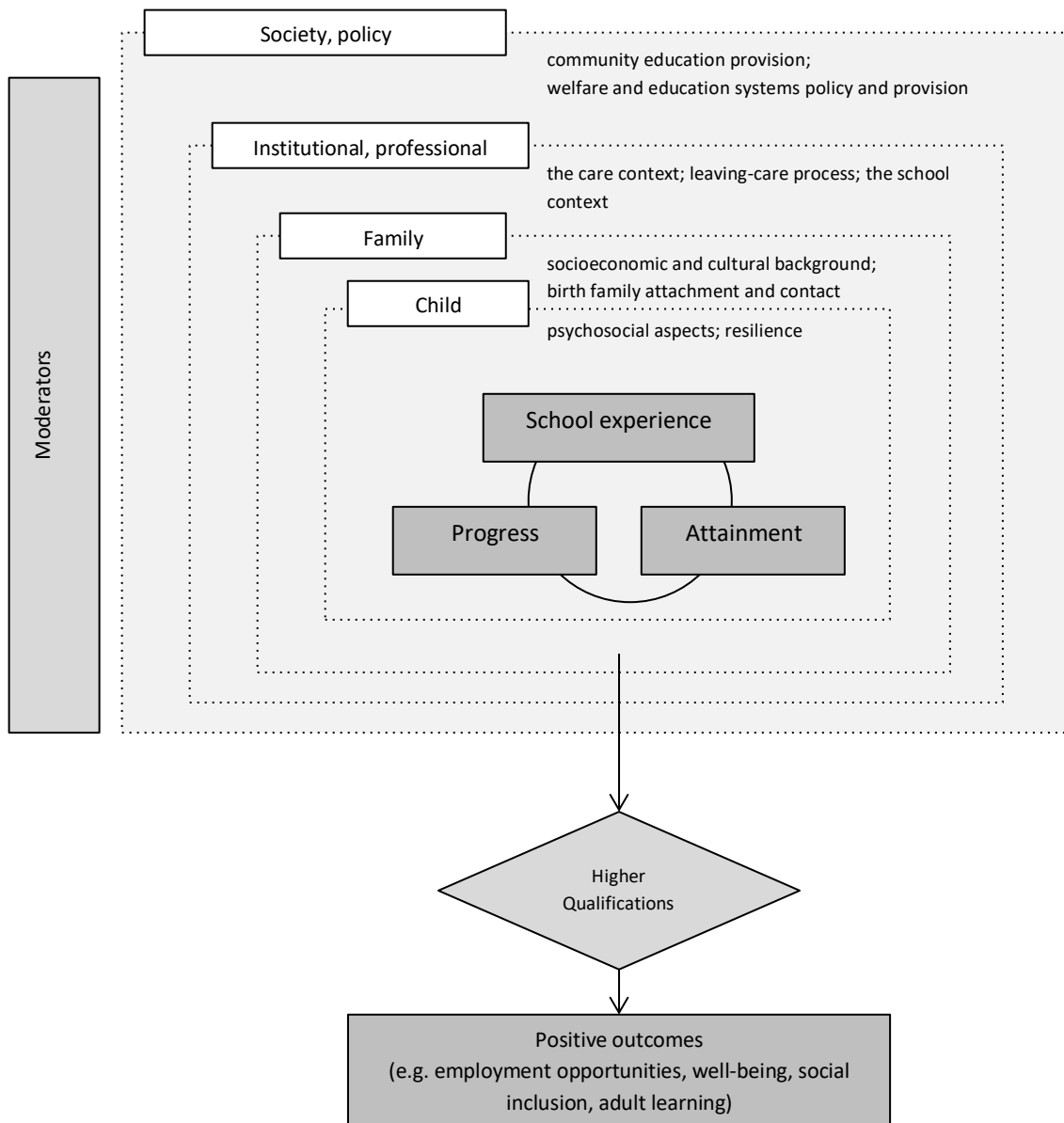
2.1.2 Conceptual model

In accordance with the research that underscores the potential of education to overcome traumatic experiences and promote social inclusion and well-being for children in care (Gilligan, 2007; Höjer & Johansson, 2013; Jackson & Martin, 1998), this model assumes that having a good school experience, progress and attainment leads to access to higher qualifications and, thus, positive outcomes in adulthood in multiple areas. It further posits the factors that influence this process in a positive or negative way in different domains, according to the systems perspective (see Figure 2).

This model is aimed at being a useful tool for researchers as well as practitioners and at contributing to filling the existing gap in the insufficient discussion about theory and concepts in this field (Sebba et al., 2015; Brodie, 2009). It is aimed at being a general, holistic model, adapted to different profiles and sociocultural and political contexts. However, it necessarily has important limitations, since children in care involves a very heterogeneous population group, which cannot be reflected in detail in a comprehensive model. Moreover,

“education” is a very complex issue involving multiple factors in several domains and is conceived differently in different parts of the world. Moreover, since this is a recent field of research, unevenly developed throughout the world, this model attempts to include the most relevant aspects studied to date, but it should be understood as a starting point for discussion and for the re-designing of proposals, open to being filled and enriched with new research.

Figure 2. Conceptual model of the education of children in care.



Note. Figure made by the author for the purpose of this Thesis.

Which are the main components and positive outcomes of successful educational pathways of children in care?

In the conceptual model of the education of children in care referred to above, a strong link is first assumed between the school success of children with a care background, measured by formal qualifications, and positive outcomes in their current and their future adult lives. This assumption is in line with reports by international institutions, like the European Commission (EC) and the Organization for Economic Co-operation and Development (OECD), which identify higher levels of education and formal qualifications as key factors for social inclusion, social mobility, and personal well-being, particularly significant among the in-risk population (EC et al., 2014; OECD, 2012). In support of these reports, research studies in the field of children in care have found relevant benefits of (even basic) qualifications in the lives of adults with a care background, such as higher rates of employment and better job opportunities, physical and emotional well-being, access to a wider network of social support, social and political engagement activity, and better levels of participation in adult learning (Dill et al., 2012; Gilligan, 2007; Jackson & Cameron, 2014; Jackson & Martin, 1998; Jackson & Simon, 2006). Besides, as will be further developed in this Thesis (Chapter 2.2), some research suggests that having a good school experience can contribute not only to positive outcomes and future opportunities when these children become adults, but also to better levels of subjective well-being and quality of life in their current lives (Casas, 2011; Llosada-Gistau, 2017; Montserrat, Casas, et al., 2019).

According to theory and research in educational psychology and sociology, the students' educational pathways are determined by three interacting concepts: attainment, progress and subjective experience. These three elements are assumed to be equally important, interdependent and to interrelate one with the other (see Fig. 2). Firstly, children's **academic achievement** is the best predictor of their access to formal qualifications, especially marks or test scores related to literacy skills, since these are already the main tools for them to keep up with their studies from an early age and especially during secondary education, where

the standard learning objectives require more sophisticated executive functioning (Bernardi & Cebolla-Boado, 2014; Collet-Sabé et al., 2014; EC et al., 2014; Fernández Enguita et al., 2010). In this line, in the study carried out by Sebba and colleagues (2015), the scores in English and Maths of children in care were, predictably, similar to overall test scores at the end of compulsory education, in both cases much lower than those of the general population. A rigorous and standardized assessment of the attainment of children in care is fundamental not only to analyse their schooling, but also to allow for comparisons across different children populations, studies and subject areas, as stated by Trout and colleagues (2008) as a conclusion to their extensive literature review.

Secondly, many scholars have claimed the importance of assessing not only the children's attainment but also their **learning progress** in order to give a more realistic depiction of their achievements (Sebba et al., 2015; Welbourne & Leeson, 2013). This is based on evidence that children in care do not often fail to progress, but have difficulty in making up prior deficits and "catching up" with their classmates, which leaves them unrewarded for the work they do (Forrester, 2008; Gaskell, 2010; Harker et al., 2004; Heath et al., 1994). Such an approach can also provide a better understanding of the barriers and difficulties children in care may progressively accumulate during their educational pathways. Similar to other children at risk, as the educational level increases and the gap between competency levels and set learning tasks becomes too great, many students from care backgrounds disengage from classroom activities (McNamara, Montserrat, et al., 2019). Indeed, from a procedural point of view (Atkinson, 1998; Castel, 1997; De Witte et al., 2013), dropping out is a progressive process of detachment that includes several "vulnerable zones" between the extremes of inclusion and exclusion. In this regard, different "critical moments" in the educational pathways among this population have been identified, such as the entry (or re-entry) into care (e.g. Evans et al., 2004), the step from primary to secondary education (e.g. Montserrat & Casas, 2018), and leaving care and the transition to adulthood (e.g. Jackson & Cameron, 2014).

Finally, **subjective experience** within the school context is another important component in the construction of the educational pathways of children in care, as well as for other students with vulnerable backgrounds (Demagnet & Van Houtte, 2019; Reay, 2018; Tarabini et al., 2018), the relationships with peers and teachers being especially relevant for them (Berridge, 2017; Brodie, 2009; Montserrat, Casas, et al., 2019). As described by Dubet and Martuccelli (1998), school experience is understood as the series of subjectively lived realities in the school context that can establish a substantial difference among students, determining their academic success or failure. It includes social integration (sense of belonging to the peer group, relationships with teachers), school strategies (interest, goals and strategies to reach them), and subjectivization (construction of one's own student identity). From this theoretical framework, socioemotional and identity aspects gain great relevance in shaping children's educational pathways, and asking them about their own perceptions is fundamental to understand the utility and meanings children give to schooling and the production of their public identity (Bonai, 2003; Furlong, 1991). Research studies targeting children in care have also reached this conclusion, underlining that these children demonstrate a considerable insight into the factors that influence their educational pathways (Leeson, 2014; Montserrat, 2016; Sebba et al., 2015).

Influences on the educational pathways of children in care

As shown in Figure 2, the conceptual model posits that success in the educational pathways of children in care and its benefits can be conditioned by factors pertaining to the child, family, institutional/professional and society/policy levels: socioeconomic and cultural background; birth family attachment and contact; psychosocial aspects; resilience; the care context; leaving-care process; the school context; community education provision, and welfare and education systems policy and provision.

The identification of these domains has been carried out in accordance with the systems perspective (see Chapter 2.1.1). So far, the extent to which each domain contributes

to shaping the educational pathways of children in care is unclear and, from our point of view, not sufficiently discussed in research literature. However, great consensus exists on the interrelation among these domains and the need to take into account factors from all of them when analysing the educational situation of children in care (e.g. Jackson & Cameron, 2014; McClung & Gayle, 2010; O'Higgins et al., 2015; Pecora, 2012; Tessier et al., 2018; Trout et al., 2008). In the following sections, specific factors within each of these domains, which theory and/or research suggest could be influential, are highlighted.

Socioeconomic and cultural background

According to data, children in care are very likely to come from families that could be described as suffering from social exclusion due to unemployment, being a single-parent family, domestic violence, drug addiction, mental health problems and criminal activity (Jackson & Cameron, 2014). This places them in a position of disadvantage long before entering care, similar to other at-risk child populations regardless of whether they will have a protection plan in the future or not.

Indeed, according to data, school failure does not affect everyone equally, but a number of elements increase the risk making specific groups more likely to be affected by it (EC, 2017; Fernández Enguita et al., 2010; Tarabini, 2018). These elements include: social class (material conditions linked with poverty as well as low cultural, social and educational capital linked with no (or basic) academic qualifications of the parents); ethnicity and language (usually linked with migration processes or belonging to ethnic minorities), and family structure, functioning and stability (e.g. single-parent, young-mother families, broken/reunited families, dysfunctional families, etc.). All these variables have also been proved to be moderators for school drop out among looked-after children (Flynn et al., 2013; Johansson & Höjer, 2012; McClung & Gayle, 2010; Montserrat & Casas, 2018; Trout et al., 2008).

Besides, from the sociology of education perspective, low socioeconomic family contexts have been linked with educational support difficulties at home, barriers to

involvement with school-related activities and barriers to participation in the school context. All of these have been proved to have a negative impact on children's educational attainment (Collet-Sabé et al., 2014; Desforges & Abouchaar, 2003; Gutman & Feinstein, 2010). Thus, as would be expected, looked-after children usually enter care with an important gap in education due to these barriers (Jackson & Cameron, 2014; Welbourne & Leeson, 2013a). Along the same lines, Slade and Wissow (2007) stated that educational outcomes were not only influenced by mental health problems stemming from abuse or neglect, as will be developed in a next section of this chapter, but also by inadequate support, stimulation, and educational models at home. Conversely, Sebba and colleagues (2015) reported that "successful" looked-after children reported having been supported educationally from a very young age by birth families, notwithstanding other family problems. The latter findings also support the relevant importance of parental capital, resources, support, interest and involvement in a positive direction in shaping successful educational pathways for children, beyond socioeconomic inequalities, even when living in a vulnerable and problematic family context.

Finally, it is worth including in this domain other factors that may influence the educational pathways of children in care, taking into consideration the particular profile of unaccompanied asylum-seeking children, who are currently being fostered in great numbers in the care systems of European countries in an expeditious manner (UNHCR, UNICEF & IOM, 2019). According to research, they have a specific demographic profile (age, gender, place of birth) and some particularities in their life pathways such as uncertain legal status, discrimination/racism experiences, or cultural shock and isolation, which should be considered as particular challenges in their schooling (Ott & O'Higgins, 2019).

Birth family attachment and contact

From the Attachment and Loss Theory (Ainsworth & Bell, 1970; Barudy & Dantagnan, 2005; Bolwby, 1969), research has broadly proved that the first bond with the mother (father or

primary caregiver/s), which a child develops since the moment of his/her birth, influences all other social and affective relationships this child has and will have in the future, his/her behaviour and, even, his/her personality. According to this perspective, children in care often have a troubled, unstable or even harmful bond with their birth families, which may restrict the possibilities of having positive relationships with other adults or even peers. Also, from the Ambiguous Loss Theory (Boss, 1991, 2007), some confusion among these children regarding family roles and boundaries can be explained because although ties with their birth families have been severed, they have not completely ceased to exist. In this sense, family contact can generate ambivalence or be problematic (Berridge, 2017).

Regarding their impact on the educational pathways of children in care, research suggests that birth parents continue to exert a significant influence on them, even when they have a steady placement and a prolonged stay in the care system. Thus, family conflicts make children and youth in care be “constantly alert”, which may interfere in their concentration and application in learning activities (Comfort, 2007; Sebba et al., 2015; Welbourne & Leeson, 2013).

Psychosocial aspects

While it is true that children in care is a very heterogeneous population group with many different life story pathways and family backgrounds, they have all lived traumatic experiences including attachment disruption, neglect and abuse linked with their birth families (Cameron et al., 2015; McNamara et al., 2019b; Welbourne & Leeson, 2013). Besides, according to many researchers in the field, entry into care is a traumatic experience *per se* that entails dealing with separation and loss and forging new boundaries, which can lead to stress (Beckett & McKeigue, 2010; McKeigue & Beckett, 2009).

The range of impact of such traumatic events on education have been broadly studied by psychological, paediatric, and psychiatric researchers (Perry, 2001; Schore, 2005; Slade & Wissow, 2007; Van der Kolk, 2003) and, although the extent of these effects depends on

multiple variables (age, type of abuse, length of the abusive situation, child's resilience, etc.), data have consistently shown that many children in care have psychiatric symptoms, psychological difficulties and patterns of behaviour which may affect their biological and developmental functioning and, in consequence, their ability to learn (Sempik et al., 2008; Tessier et al., 2018; Vasileva & Petermann, 2018). In his review of US studies on the education of children in care, Pecora (2012) reported that 63.3% of youth aged 14 to 17 years old had at least one lifetime diagnosis of mental disorders, and 22.8% had three or more lifetime diagnoses. These included Oppositional Defiant Disorder, Conduct Disorder, Major Depressive Disorder or Episode, Panic Attack and Attention-Deficit/Hyperactivity Disorder.

Accordingly, there is a comparatively higher presence of Special Educational Needs (SEN) among children in care than in the general population and it has been underlined as one of the main factors associated with their poor educational outcomes (Jackson & Cameron, 2014; O'Higgins et al., 2015; Pecora, 2012; Tessier et al., 2018). Indeed, as Sebba and colleagues (2015) reported, when taking SEN into consideration, the attainment and progress gap between the in-care and non-in-care population is considerably reduced if allowance is made for special educational needs such as severe or moderate learning difficulties or autism spectrum disorders.

Resilience

According to benchmark research in this field, resilience is the concept used to explain the ability of humans to cope with life's problems, difficulties and adversities, to overcome them and to transform them into opportunities (Rutter, 1993; Vanistendael & Lecomte, 2002). As described, resilience is an innate universal capacity but it is neither stable nor absolute; it varies throughout life, it can be developed, and it is a dynamic process resulting from a balance between protective factors, risk factors and personality (Kotliarenco et al., 1996; Rutter, 2012).

Notwithstanding the structural and individual challenges and difficulties including poverty-related issues and mental health problems, reported in the previous sections, children

in care can and do display extraordinary resilience as learners. Indeed, among the in-care experienced youth who are successful in education, a number of individual assets have been identified that have to do with resilience, such as autonomy, acceptance of rules, perseverance at work, good emotional regulation, negotiation and assertiveness skills, ability to establish positive bonds, determination and agency, and self-confidence (Berridge, 2017; Gilligan, 2007; Jackson & Cameron, 2014; Matheson, 2016).

The model assumes the social ecological resilience approach that describes resilience as an interactional process stemming from facilitating environments and, thus, not an exclusive quality of each individual, but also a quality of the environment in which the child grows-up (Grotberg & Morillo, 2006; Ungar, 2011). In this sense, policy-makers, schools, care placements, social care professionals, families, etc. can themselves be resilient and, at the same time, promote individual resilience.

The care context

While the results of recent studies have suggested that the care environment may be more conducive to education than a vulnerable family environment (Berger et al., 2015; Forrester et al., 2009; McClung & Gayle, 2010; Sebba et al., 2015), other researchers have pointed out the devastating impact of being in care on children's educational pathways (Connelly & Chakrabarti, 2008). To sum up, it is not clear whether the care system experience is beneficial or harmful for the children it protects in terms of educational progress and outcomes, and to what extent. However, it has been broadly proved by research in this field that there are some key in-care variables, considered as multiple and interrelated factors, which can tip the balance in favour of a positive or negative outcome.

In the first place, variables related to "stay characteristics" include the age of entry into care, the length of stay and stability in the placement. According to data, children that become looked after before 12 years of age, have a longer stay, or fewer placement changes, have better educational outcomes (McClung & Gayle, 2010; Montserrat & Casas, 2018; Pecora,

2012; Sebba et al., 2015). Secondly, the placement type and its adjustment to the child's needs should be considered. Generally, living in a foster family (kin or non-kin) is a strong predictor of better outcomes than living in a residential centre (Del Valle et al., 2009; Juffer et al., 2011; Stone, 2007) although, as will be developed in Chapter 2.1.3, multi-factorial analyses have shown that this is a moderator that loses weight when taking into account youth characteristics and other care factors such as those mentioned above (Cheung et al., 2012; Flynn et al., 2013; Trout et al., 2008). Besides, some research has pointed out the importance of the placement being attuned to the individual young person when assessing its positive or negative impact, beyond the type of placement itself (Fernández, 2003; Munro, 2011). Thirdly, the characteristics of each placement, either foster family or residential centres, should be taken into account. More research is needed focused on the particular characteristics of each placement that may have an influence on the educational pathways of children and looked-after children, since heterogeneity in both family-based and residential placements is huge (e.g. workforce, number of places and location for residential centres; foster family background, agency support and training in foster care). For example, some research has shown that living in a small residential centre is better rated by children (Joan Llosada-Gistau, 2017).

Finally, with a broad consensus, researchers have proved that caregivers, who assume the parental function and are responsible for raising and educating these children, have a determining role in their educational success. In this sense, caregivers (professional caregivers, relatives or foster parents) can bring support through their capacity to promote "learning placements" (concept coined by Cameron and colleagues, 2015) by creating positive and steady bonds with children; implementing strategies to deal with the children's challenging behaviour and emotional difficulties; having high expectations; providing assistance with homework; promoting a rich literacy and a culture-friendly environment, and being more involved and knowledgeable about school-related activities (Bentley, 2013; Cheung et al.,

2012; Ferguson & Wolkow, 2012; Flynn et al., 2013; Johansson & Höjer, 2012; McClung & Gayle, 2010; Nash & Flynn, 2009 and 2016; Pecora, 2012; Tideman et al., 2013).

Leaving-care process

Children in care are expected to become independent far earlier and in a more accelerated and compressed manner than their contemporaries not in care (Stein, 2012). Usually, the requirements of autonomy and financial self-sufficiency clash with the delay in their educational pathways (Jackson & Cameron, 2014; Sebba et al., 2015) and leaving care can be a stressful and demanding process when coming to age coincides in time with being required to make major decisions about educational options.

According to many researchers in this field, not only should more support and guidance be provided but also the leaving-care age (currently between 16 and 21 years old, depending on the country) should be extended to compensate the disadvantageous position in which care leavers find themselves compared to their non-in-care counterparts (Courtney & Okpych, 2019; Jackson & Cameron, 2014; Mendis, 2012). Proposals include: considering them as a “specific” group of population within the educational system; financial support; linking educational enrolment with the opportunity to remain in care; support for child care for youth who become parents at an early age; guidance and tutorial educational support during post-obligatory education; support to deal with work and/or study requirements, and the offer of a wide range of opportunities and resources of non-formal education. However, so far little is known about the impact of such support (and other proposals) on re-entry to the formal educational system or access to post-compulsory education and higher qualifications among this population.

The school context

As demonstrated in several research studies in the field of educational sociology, schools have a key role to play in shaping the educational pathways of children at risk (Rumberger, 2011;

Tarabini, 2017; Van Zanten & Legavre, 2014). From this point of view, although it is true that schooling alone cannot overcome socioeconomic and cultural inequalities, it can contribute determinedly to mitigate or, otherwise, increase the effects, and either transform socioeconomic and cultural disadvantage into school success or boost failure processes.

So far, little research has been focused on the school context in the children in care literature (Brodie, 2009; Morales, 2019; O'Higgins et al., 2017). However, in line with educational sociology research, some school-related factors have emerged as perpetuators of the vulnerabilities that these children already have: a great number of suspensions and expulsions; high rates of retention; a higher probability of being enrolled in a special school or a lower-rated school; teachers' low expectations; stigmatization by the school community; a lack of resources and training to attend to them properly; school segregation, and a lack of early education and other preventive measures (Mathers et al., 2016; Morales, 2019; O'Higgins et al., 2017; Pecora & O'Brien, 2019; Poyser, 2013; Trout et al., 2008).

From all these factors, it is worth highlighting the importance that teachers' initial expectations have on the educational outcomes of children, especially those in a vulnerable situation (Rist, 1970; Rosenthal & Jacobson, 1980; Tarabini, 2014). Concretely, the care context is, in general, an unexplored and unknown reality for the school community (Jackson & Cameron, 2014); there are many "preconceptions" and assumptions that children in care are "bad" or "challenging" students, and teachers tend to have low academic expectations towards this population, which has a direct impact on their academic performance (Ferguson & Wolkow, 2012; Johansson & Höjer, 2012; Poyser, 2013; Zeller & Köngeter, 2012).

Conversely, research focused on the potential of the school context as a protective factor, promoter for the well-being and social capital of children in care, has shown factors that may promote school success for these children related with the school culture, which can be united under the label of "caring schools" (Cameron et al., 2015; Sugden, 2013; Vacca, 2008). In line with findings on educational sociology research (Feito, 2009; Furlong, 1991; González, 2010; Lynch & Baker, 2005; Tarabini et al., 2019), these include promoting a sense

of belonging in school and student participation, and fostering the students' behavioural, affective and cognitive engagement.

Community educational provision

However, schools are not indifferent to the socio-economic contexts in which they are located and educational inequalities are interrelated with socioeconomic inequalities. In this sense, the importance of education provision, not only inside the school, but also the educational opportunities and supports offered by the community context in which the school is located is a field of research broadly developed by researchers in inclusive education (Collet-Sabé & Martori, 2018; González-Motos, 2016; Karp, 2011). According to the systematic review of extra-curricular activities and out-of-school programmes in the US and the UK carried out by González-Motos (2016), children, especially those in a vulnerable situation, benefit from participation in such programmes in terms of their educational performance, motivation and socioemotional skills. According to these findings, participating in some leisure time activities, especially those with a more "formal" approach (including direct instruction), equate to gaining two and a half months of children's mean educational progress in an academic year. Accordingly, participation in leisure time activities, professional and pre-professional experiences, and the commitment of youth to voluntary work have been highlighted as contributors to better school achievements for children and youth in care (e.g. Gilligan, 2013, 2019; Jackson & Cameron, 2014).

Furthermore, the role of other families and volunteers from the community in supporting the academic pathways of children and youth in care through, for example, "Collaborative Families" in Spain, "The Mockingbird Family Model" in the UK, voluntary-provision tutoring programmes, community-based mentoring, and other formal or informal supportive relationships, have been suggested by research as positive contributors, although research in this field is still scarce (Britner et al., 2014; Forsman & Vinnerljung, 2012; León et

al., 2019; McDermid et al., 2016). Concretely, the contribution of community-based mentoring interventions will be further developed in this Thesis (Chapter 2.3).

All the mentioned examples have an essential factor in common: the access to support and encouragement from one significant adult who can give the children good advice, help them focus on the opportunities open to them, and encourage them to develop a perception of themselves as competent learners, which have all been consistently highlighted by research as key factors in the successful educational pathways of children in care (Berridge, 2017; Jackson & Cameron, 2014; Matheson, 2019; Sebba et al., 2015). In this regard, and in accordance with the social capital theory (Bourdieu, 1986; Coleman, 1988), some researchers have underlined the difficulties faced by children in care in having a wide social network which provides quality support and trust relationships to help them achieve particular improvements at school and/or deal with adult life demands when leaving care (Avery & Freundlich, 2009; Berridge, 2012; Johansson & Höjer, 2012):

“While many peers not placed in care can rely on having accumulated both social and cultural capital, often transferable into economic capital from birth parents, these young people, who have the society as a parent, often stand all alone and, as a result, choose other pathways, not including further education” (Johansson & Höjer, 2012, p. 1141).

Welfare and education systems – policy and provision

The last domain included in the model is related to those factors in the third level of responsibility set forth by Jackson and Cameron (2014). This is a more general level, which includes the functioning, services and policies of welfare and education systems. The research carried out by these authors compared the education and welfare systems in five different European countries (Denmark, England, Hungary, Spain, and Sweden) and, in spite of huge differences among them in care system ideology and provision, common constraints were found when compensating the social and educational disadvantage of children in care. Accordingly, they suggested several policy-related factors that may influence positively (or,

otherwise, negatively) the educational pathways of children in care, such as the recognition and visibility of this group of population (including data gathering); the coordination and collaboration among welfare and education systems; the flexibility and comprehensive approach of the education system; financial support/investment in both the education and welfare systems, and generous welfare resource provision, including daily-life support and guidance for caregivers and youth, mental health and professional support (Jackson & Cameron, 2014).

Although research focused specifically on this “level” is scarce, the lack of coordination and collaboration between the two systems seems to be, with broad consensus, a determining factor for the difficulties in the educational pathways of children in care (Ferguson & Wolkow, 2012; O’Higgins et al., 2017; Trout et al., 2012). In this regard, Berridge (2012) stated in his reflections based on an extended literature review that inter-agency antagonism, with education and welfare systems blaming one another for poor outcomes (including agencies and professionals), was one of the major barriers in the educational success of children in care.

2.1.3 The particular school experience(s) of children in residential care

While there is a highly relevant difference in academic outcomes and school drop-out rates between children in care and the overall student population, the available data show that this gap is particularly notable among children in residential care⁴ (Berridge et al., 2020; Cheung et al., 2012; R. J. Flynn et al., 2013; Jackson & Cameron, 2014; Montserrat & Casas, 2018a; Sebba et al., 2015). In the large European study coordinated by Jackson and Cameron (2014), data from Spain (Catalonia) and Hungary, where the percentage of children placed in residential care was higher, the results showed significantly lower achievements for them than for children in family foster care. In Hungary, in 2007, only 15% of youngsters in residential care

⁴Also used: residential centres, group homes, children’s homes, institutional care, or orphanages.

intended to obtain a degree from a university or college compared to 26% of students living in foster care and 55% of students living with their own families.

In Catalonia (Spain), the suitability rate (students who are in the school year corresponding to them by age) for children in residential care aged 15/16 in the 2012-2013 school year was 44.3% compared to 61.7% for children in kinship care, 60% in non-kin foster care, and 72% for their counterparts in the general school population (Montserrat, Casas, Casas, et al., 2013). Children in residential care presented greater behavioural problems and lower school attendance compared to fostered children. Fourteen point six per cent of children in residential care were oriented towards post-secondary education at the age of sixteen, while 64.6% of them were oriented towards non-formal apprenticeship with no continuity to further levels of education. This compared with 25% in kinship care and 4.4% of all children (Montserrat, Casas, Casas, et al., 2013). Gender, place of birth, placement type, and stability in school and in the out-of-home placement were some predictors of poor educational outcomes, with worse results for foreign-born boys, living in residential centres, and with less than one year in the same school (Montserrat & Casas, 2018a).

Similarly, a recent longitudinal study carried out in the UK, showed that children whose final placement was foster or kinship care did better at the end of secondary compulsory education than those in residential care or other forms of care (Berridge et al., 2020). And in Canada, Flynn et al. (2013) found similar results: children in foster and kinship care had better educational outcomes than those in group homes, although this advantage was modest. Both studies coincided with Montserrat and Casas (2018) in pointing out variables associated with a “different profile” of children in residential care (predominance of males, adolescents, and with more challenging learning, emotional and behavioural difficulties) together with more instability in the placement and in school as strong predictors of poor academic outcomes.

Consistently, in accordance with the mentioned studies, other international research studies have proved this association between residential care, stability, children’s profile, and educational outcomes. For example, Cheung, Lwin and Jenkins (2012), adopting a multilevel

perspective, examined the relative importance of the placement in understanding academic outcomes in youth in care and found that only 15% of the variation in youth's academic scores could be explained by differences between placements, whereas the remaining 85% of variation could be explained by differences among the youths themselves (such as age, social skills or externalizing behaviours). Also, they found a 34% variance in these individual characteristics at placement level, suggesting that a huge variance of profiles exists within the different placements.

In the large study by Sebba and colleagues on the education of children in care and in need in the UK (2015), residential care placements were strongly associated to later entry into care (mainly in adolescence), shorter average placement length (1.5 to 2 years), and higher rates of placement changes (40% had changed placement five or more times) than kinship or unrelated foster care. All these three variables were strongly associated with lower educational outcomes at the age of 16. Furthermore, placement changes were associated with school changes and inconsistent relationships with peers and supportive adults, also pinpointed as strong predictors of poor educational outcomes.

In consequence, caution is needed when comparing types of placement, and a multilevel perspective should be adopted in order to avoid simplifications and false causality explanations. Besides, the "residential care" category includes great heterogeneity in organizational and educational models, great variability in the number of places, ownership, location, professional staff, etc. which hinder the analysis and should be taken into account because they might have an influence on the educational support and opportunities given. Also, although a general profile of children in residential care has been identified, a great deal of diverse casuistry and educational trajectories are involved, which does not help general conclusions to be drawn in this area (Fernández, 2003). Worthy of mention is the different specific profile of unaccompanied asylum-seeking children, mostly fostered in RC, which, according to the scarce research in the field, is associated with worse mental health and lower

educational outcomes in comparison with those who are fostered in families (O'Higgins et al., 2018).

Furthermore, from a British perspective (that can probably be extrapolated to other European contexts), Mollidor and Berridge (2017) stated that an ongoing debate existed on the role of residential care in the child welfare system; whether it should be seen only in terms of a "last resort" or short-term solution, or whether in some cases it could be the placement of choice. Indeed, many researchers in this field in Spain, for example, have stated that it can be a positive measure as long as it meets the needs of the youth and offers a quality educational programme attuned to their specific characteristics (Arteaga & del Valle, 2009; Delgado et al., 2012; García Barriocanal et al., 2007).

Notwithstanding this important debate and without aiming to assess residential care and its impacts as a whole, it has been possible to identify from a broad literature review a series of factors directly related with living in an institution, which shapes the educational pathways of children in residential care. They have some challenging particularities that should be taken into account in relation to their education as follows:

1. Limitations in the care system when providing a placement attuned to the needs of each child, guaranteeing that the best interests of the child are respected and prioritized. Although we cannot speak for all countries, international data suggest that some (like Spain, Portugal or countries in the East of Europe) have difficulties in providing alternative family care for children or specialized resources for particular profiles of children such as unaccompanied migrants or children with several mental health problems, making residential centres a "catch-all solution" which is not always the "best option" for all the children living in them (Ainsworth & Thoburn, 2014; Courtney & Iwaniec, 2009; Eurochild, 2010). Thus, educational provision in the placement may not be adequate or sufficient for the child; for example, in the case of children with particular or severe SEN, or children who come from a very different educational and cultural context and cannot speak the language of the host country.

2. Difficulties in promoting a sense of belonging and the child's satisfaction with the placement. On the one hand, difficulties may arise as a consequence of defining a residential placement as a "place of transit", given that it has been established as a subsidiary and transitory measure (Ainsworth & Thoburn, 2014; Courtney & Iwaniec, 2009). This may promote a sense of impermanence and false expectations of leaving care in the short or medium term that, if the measure is extended, can generate frustration in both children and caregivers (Garcia-Molsosa, 2016). On the other hand, there may be a clash of different ethical values and sociocultural backgrounds between the birth family and the residential placement, which may produce an identity crisis that leads to the permanent uprooting of the child, who may feel out of place both in his/her family and in the institution where he/she resides (Garcia-Molsosa, 2016). Finally, difficulties may stem from frequent placement changes and changes in caregivers within residential centres, broadly reported by research (e.g. Cameron & Moss, 2007; Montserrat & Casas, 2018; Sebba et al., 2015). All three factors (impermanence, sociocultural clashes and instability) may interfere in the development of a sense of belonging and satisfaction with the placement, which have been reported as important factors for guaranteeing a good experience within the care placement (Sinclair et al., 2004), promoting successful academic trajectories (Jackson & Cameron, 2014; Montserrat et al., 2012) and contributing to better rates of children's well-being (Llosada-Gistau, 2017). Concretely, Llosada-Gistau (2017), in his thesis about the well-being of children in care, found that only 50% of children in residential care were satisfied with their placement.

3. The restricted approach and limitations in providing educational support. Residential programmes are often more focused on keeping youth safe in a group and on guaranteeing that collective rules and organization timetables are obeyed, rather than providing a rich educational and cultural environment in their daily-life functioning. Indeed, according to Gharabaghi (2012), educational interventions in residential centres were more focused on behavioural stabilization and compliance than on a cultural-based approach. In this sense, Lou, Taylor and Di Folco (2018) added that residential care, as a consequence of this risk-adverse

practice, may be too restrictive to allow opportunities for resilience to be expressed and developed. Comparing the residential context with family-care placements, Jones and Lansdverk (2006) sustained that the residential care context was more restrictive, had a less familiar environment and orientation and fewer connections with the community and, thus, less capacity to promote wider socioemotional networks and cultural and educational experiences.

Moreover, residential programmes usually have difficulties in providing adequate individual attention to meet each child's needs and in promoting his/her skills, interests and educational potential due to the high number of places, or overcrowding, in residential centres (Ainsworth & Thoburn, 2014; Courtney & Iwaniec, 2009), which can explain why some research has shown that children living in small residential homes have higher levels of subjective well-being (Joan Llosada-Gistau, 2017). Also a relevant and concrete aspect highlighted by researchers regarding the educational support provided in residential centres is the lack of privacy and a quiet space in the residential centre to do homework or other personal activities (McClung & Gayle, 2010).

4. The important but inconsistent role of residential carers as supportive and consistent adults in promoting better educational achievements for children has been highlighted by research in this field (e.g. Gharabaghi, 2012; Lou et al., 2018). In this sense, care may provide many children with the consistency and boundaries that had previously been lacking through the caregivers (Berridge et al., 2020). However, a major difficulty has been broadly reported: the impossibility to equate professional caregivers to parental figures (Fernández, 2003; Palacios, 2003) together with the instability of the professional staff in residential centres (Cameron & Moss, 2007; Montserrat, Llosada-Gistau, et al., 2019). According to findings by Berridge and colleagues (2020), unstable bonds with caregivers, both in family or residential settings, could reinforce feelings of rejection and mistrust, and staff turnover can prevent children from establishing relationships and deny them a potentially important sense of continuity.

Regarding educational support in particular, three issues related with the caregivers' role in residential care need to be addressed according to research in this field: the caregivers' involvement and commitment with the children's education; their academic expectations towards the child, and their educational resources to help children with learning difficulties and/or behavioural problems. In the first place, caregivers in residential centres should be more involved and knowledgeable about school-related activities (Cheung et al., 2012). Secondly, according to recent research, caregivers have the most negative academic perceptions of, and aspirations for children in their care (even lower than teachers) (Montserrat, Llosada-Gistau, et al., 2019), which lead to negative consequences for the children's self-image, self-esteem, expectations and academic outcomes (Bentley, 2013; Davidson-Arad, 2005, 2009; Martín et al., 2012; Martín & Muñoz, 2009; Melkman et al., 2016). Finally, more training and support for professionals working in residential centres should be provided to help them deal with the especially challenging profile of older adolescents in residential care with learning difficulties and/or behavioural problems (Sebba et al., 2015).

5. The double stigma of children and youth in residential care. Living in a centre generates a dynamic of double stigma with a direct impact on social integration. On the one hand, a certain self-perception of being "different" and "maladjusted" on the part of the children who reside in the centre and, on the other, the labelling of these children as "bad" or "challenging" students by the school community (students, families, teachers and other professionals) (Bravo & Fernández, 2003; Martín et al., 2012; Martín & Muñoz, 2009; Torralba, 2006). Moreover, analysed from Bourdieu's perspective (1997), the residential context departs from the "family school ideal" and is, thus, valued negatively by teachers, who experience differences as a problem. Alongside lack of knowledge, identifying diversity as a problem, and preconceptions, low academic expectations from teachers have been identified as a strong predictor of the poor academic outcomes of children in RC (Martín & Muñoz, 2009; Melkman et al., 2016; Montserrat, Llosada-Gistau, et al., 2019).

6. Determining factors in the coordination, communication and recognition between professionals from school and residential centres. Poor family communication and participation in school have been proved to be a negative factor influencing the educational outcomes and experiences of vulnerable children (Collet-Sabé et al., 2014). Research in the field of education in residential centres have not provided much evidence in this area yet, but some limitations have been suggested: insufficient knowledge of each other's systems by those working in child welfare and education (Gharabaghi, 2012); changes in caregivers and shift changes in residential centres which can cause confusion among teachers who have more than one interlocutor for one child (Garcia-Molsosa, 2016); the lack of affinity between professionals and institutions (Morales, 2019), or even antagonism and mutual reproaches (Berridge, 2012).

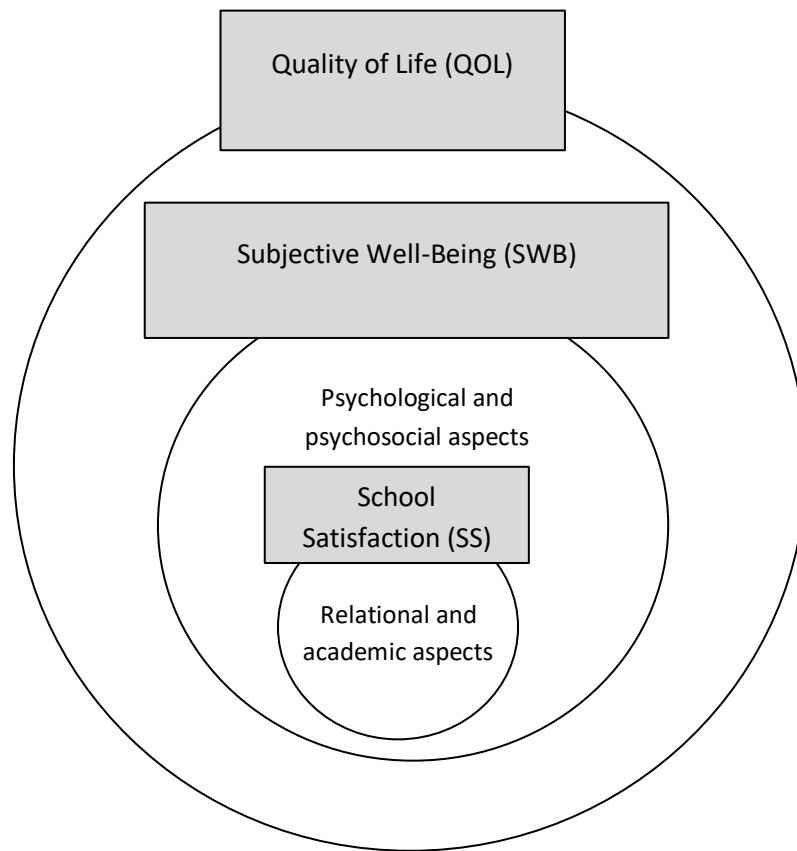
2.2 Quality of life, subjective well-being and school satisfaction

The Quality of Life (QOL) perspective in social science research was born in the 1960s, with the “Social Indicators Movement”. It consists of assessing both the objective and the subjective components of life in an attempt to integrate not only the material conditions but also the perceptions, assessments and aspirations of people’s well-being (Glatzer & Mohr, 1987).

As shown in Figure 3, the concept of Subjective Well-Being (SWB) is part of this broader concept of quality of life and refers to how people evaluate their life conditions taking into account the different areas they are composed of, such as health, safety, social relations, material aspects, free time, personal satisfaction, and satisfaction with different aspects related to their work or school situation (Campbell et al., 1976; Casas, 2011; Diener, 2012). SWB indexes are used in psychology to rate people’s life satisfaction and happiness with the aim of deepening understanding of what makes people feel good (or not) over the course of a lifetime (Cummins, 2013).

Concretely, to evaluate the degree of children’s overall satisfaction with their school experience, different School Satisfaction (SS) scales have been used, including only one or multiple items (see Casas & González, 2017). According to these authors, both relational (relationships with class mates and teachers) and academic (marks, learning) aspects should be taken into account in SS scales.

Figure 3. Interrelation and main components of quality of life, subjective well-being and school satisfaction.



Note. Figure made by the author for the purpose of this Thesis.

Since 1990, scientific interest in the subjective well-being approach has progressively grown in the field of positive psychology (Snyder & Lopez, 2001). Since then, several studies have analysed data about SWB all over the world with the aim of identifying the macro social factors that have an influence on it, the groups of population with the lowest SWB scores, which groups are more vulnerable, and to help governments make informed decisions in welfare services policy and provision (e.g. Cummins & Cahill, 2000; Diener et al., 1999; Inglehart, 1997).

Regarding the youth population, the Children's Worlds project⁵ has recently promoted a massive data collection process on this issue involving more than 15 countries (Gwyther Rees & Main, 2015). Indeed, in recent years some researchers have begun to talk about the start of what is called "The Child Indicators Movement", based on the conviction that to give voice to youth is the best way to know what makes them feel good and, thus, to efficiently promote their well-being (Ben-Arieh, 2008). However, few data exist as yet on the subjective well-being of children, fewer still focused on looked-after children, and even fewer on those living in residential care (Casas, 2010; Llosada-Gistau et al., 2015).

According to data from several studies (see Casas et al., 2012; Dinisman et al., 2012; Rees et al., 2011; Tomy, 2014), some common trends exist when assessing the SWB of children in different parts of the world: youth have higher rates of SWB than adults (80/90 out of 100 points); girls have lower levels of SWB than boys; the rate of SWB decreases with the age; and material conditions and stability matter as well as positive social relationships and network support. In these generalist studies, the in-care population has been identified as a vulnerable group, with lower SWB scores, as well as other children not in care but at risk such as foreign-born children, handicapped children, children living in poverty, or in single-parent families.

Studies focused on the subjective well-being of children in residential care have consistently shown lower rates of SWB in this population compared to children living with their families (Sastre & Ferrière, 2000; Schütz et al., 2015) and to fostered children living in unrelated or kin families (Llosada-Gistau, 2017; Llosada-Gistau et al., 2015). Children in residential care are the in-care population with the lowest SWB rates. According to these studies, some of the suggested variables that contribute most to discriminate this group of children could be: placement instability (including changes in significant adults and school); poor access to some material possessions (such as personal computers) or leisure-time

⁵ See more details of the Children's Worlds project at <http://www.isciweb.org>

activities; lower levels of satisfaction with their birth family and caregivers; unsatisfactory personal growth, and less social life (going out with friends). When asked directly if they were satisfied with the placement, only 50% of them responded affirmatively compared to 95% of fostered children in kinship care (Llosada-Gistau, 2017). However, it is worth highlighting that, according to Llosada-Gistau (2017), there are children who are happy to live in a residential centre and this makes a huge difference in their general SWB score, especially those who live in small centres, which presumably are more similar to a family environment.

According to research, school satisfaction is one of the main determining factors for children's subjective well-being and quality of life (Casas, 2011; Montserrat, Casas, et al., 2019). Conversely, showing high satisfaction with life is also known to promote better health and education outcomes (UNICEF, 2016). In this regard, Montserrat, Casas and Llosada-Gistau (2019) conducted a study on 21,508 12-year-old children from eighteen different countries and found that mean SWB scores were higher among children who expressed high levels of satisfaction or agreement in any of the school-related variables while the perception that things were not going well in school (including relationships with classmates, and teachers) had the most negative effect on SWB. These results coincided with those of a specific sample of children in care, for whom levels of subjective well-being were extremely low (below 60 points, considered to be linked with depression) when they reported not being at all satisfied with their school experience (Montserrat, Casas, et al., 2019).

In the second part of the study carried out in Catalonia (Spain) by Montserrat and colleagues (2019), regarding the specific role of the school-satisfaction items on the SWB scores of children in residential care, results showed that those that liked going to school, had not repeated a grade, and were satisfied with their marks had significantly higher levels of overall SWB, similar to those of the general population (Llosada-Gistau, 2017). Coinciding with other studies, the role of relationships with peers and teachers also appeared as relevant factors for the well-being of children in residential care (Mota & Matos, 2015; Schütz et al., 2015).

Furthermore, results from the same study showed that children from more depressed geographical and social contexts of the world (e.g. Ethiopia) were happier to go to school than the majority of children from high-income economies (e.g. Germany), who did not like going to school. Similarly, in the second part of the study, when comparing children in the general population with those in care in Catalonia (Spain), a greater proportion of children in care agreed with the statement *“I like going to school”*. Consistently, another study comparing the SWB of children in residential care and children living with their families in Brazil (Schütz et al., 2015), showed that satisfaction with school was the most highly valued variable by this group of population (8.55 out of 10), in contrast to what occurred with children in the general population. To explain these findings, Montserrat and colleagues have suggested two hypotheses: (a) children who have undergone difficulties in attending school, such as children in care or children in poor countries, value school more than those who have never had such difficulties (relative deprivation theory); (b) school is an opportunity to escape from a situation of deprivation (child labour, marginalization) and have better opportunities later in life (instrumental value of education). From our point of view, another hypothesis could be suggested, specifically for the case of children in care: going to school can serve to restore a sense of normality (they are doing what others do) and provides access to positive adult role models and social relationships with peers, which is central in children’s lives.

These findings corroborate the theory that school, under certain conditions, can play an important compensatory role among children in care, and suggest that this may be especially true for those in residential care (Llosada-Gistau, 2017). They are also in line with a resilience approach model which posits that school can constitute a key protective factor for overcoming traumatic difficulties and experiences and an opportunity for personal and social development (Gilligan, 2007; Höjer & Johansson, 2013; Jackson & Martin, 1998).

2.3 Mentoring children in care

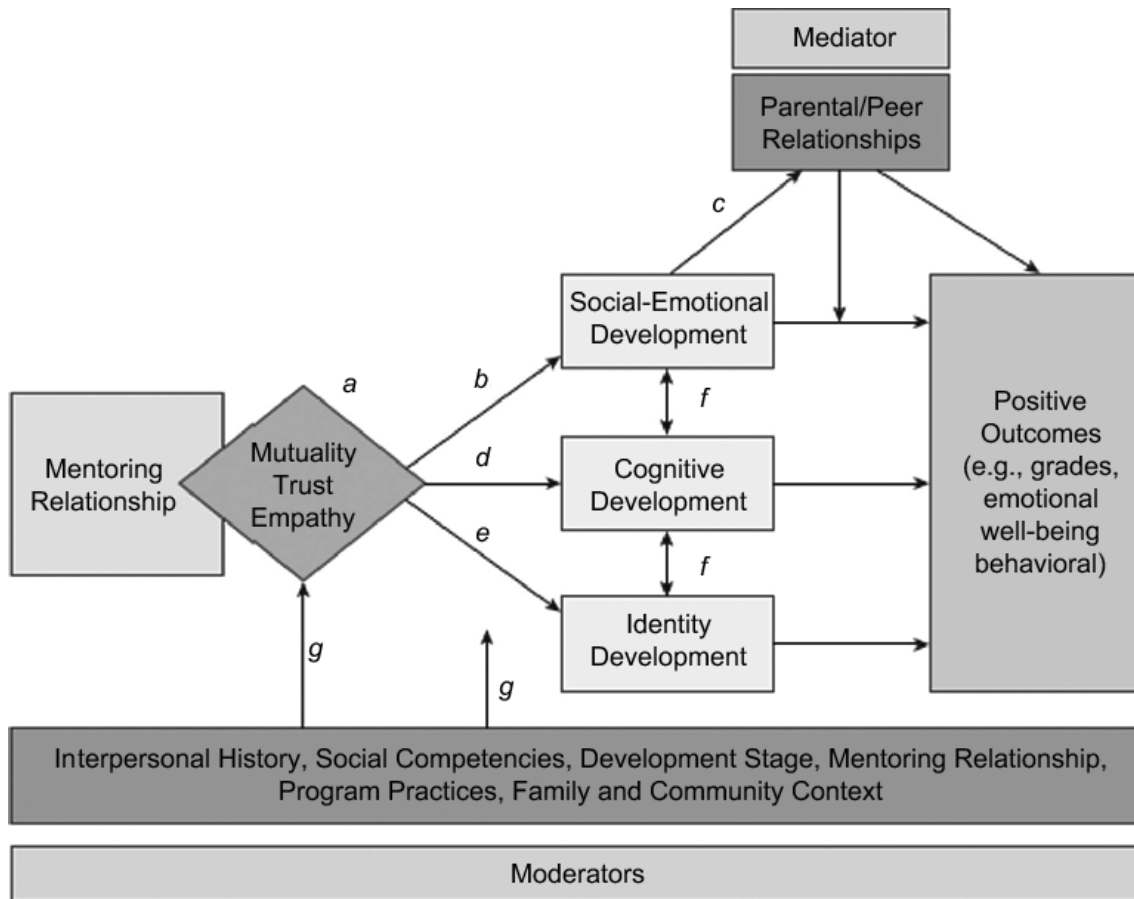
Over the past two decades, mentoring has generated remarkably high levels of support and interest in the practice, policy and research domains. Mentoring programmes for youth have proliferated as an intervention strategy in diverse spheres including education, juvenile justice and public health (D. DuBois & Karcher, 2014).

According to DuBois and Karcher's handbook (2014), there are many different types of mentoring programmes (community-based, school-based, group mentoring, peer mentoring, e-mentoring, etc.) and mentoring relationships (developmental/prescriptive, informal/formal mentors, etc.). In this thesis we will refer to mentoring in its broadest and most commonly agreed definition provided by Rhodes et al. (2006), according to whom, "*mentoring involves a caring and supportive relationship between a youth and a non-parental adult. The positive effects of mentoring are generally thought to be derived from the support and role modelling these relationships offer*" (Rhodes et al., 2006, p. 692).

Benefits from the participation of children in mentoring programmes would appear to spread to multiple domains. According to Rhodes' model (Figure 4), if a strong and meaningful personal connection is forged between the young person and mentor, interacting developmental processes are expected in three areas: social-emotional, cognitive and identity (Rhodes et al., 2006). Specifically, the potential of mentoring for promoting positive effects on cognitive development has been highlighted by many studies (Bruster & Foreman, 2012; Melius et al., 2015; Moreno-Candil & Garza, 2017). For example, Moreno-Candil and Garza (2017) evaluated the risk of drop out before and after administering the Peraj program in Mexico and found that mentees showed significantly less risk of dropping out of school than the control group. On the other hand, Bruster and Foreman evaluated a mentoring programme administered to prisoners' children aged 10-11 years old in Virginia (US). Children participating in the programme reported an increased interest in school, better relationships with their family, and found it helpful to have someone to speak to about everyday issues or

problems. For their part, caregivers reported a positive change in the youth's attitude, increased interest in school, completion of homework, and greater interest in their well-being.

Figure 4. A model for the influence of mentoring relationships on youth development.



From: DuBois, Portillo, Rhodes, Silverthorn, and Valentine (2011).

Children from vulnerable backgrounds appeared most likely to benefit from participating in mentoring programmes, including children in care (Britner et al., 2014; D. L. DuBois et al., 2011). According to the most relevant studies, children in care may benefit in a large range of domains from participating in such programmes, especially in promoting favourable psychosocial outcomes (Munson & McMillen, 2009; Taussig & Culhane, 2010), enhancing their social capital (Ahrens et al., 2011), reducing risk behaviours and their consequences (Duke et al., 2017) and also improving their school performance (Flynn et al., 2012; Harper & Schmidt,

2012). However, programmes and practices tailored for this population have only recently been developed and research in this field, despite its rapid increase, is limited (Britner et al., 2014).

In a rigorous evaluation carried out by Taussig & Culhane (2010), mentored children showed a better quality of life at the end of the mentoring programme than at the start and a decrease in mental health problems and symptoms of dissociation six months later. Likewise, according to Munson & McMillen (2009), having a long-duration relationship with a mentor at the age of 18, was associated with a variety of favourable psychosocial outcomes, self-reported lower stress, higher life satisfaction, fewer depressive symptoms, and a lower likelihood of being arrested at age 19. These results were supported by a recent study (Duke et al., 2017), in which more than half of the mentored youth felt that their mentor had helped them to reduce negative outcomes for them like substance abuse, homelessness and incarceration. Ahrens et al. (2011) asked former foster youngsters about important non-parental adults in their lives and found that they tended to provide a lot of emotional support as well as guidance and advice on a variety of issues, tangible support, normal experiences as well as filling the role of substitute parental figures. According to the results, the mentoring relationship had positive impacts on learning skills for forging healthy relationships, learning independent living skills, improving self-worth and increasing the youngster's social capital. Moreover, Greeson et al. (2016) concluded that mentors, whether natural or formal, may provide youth in out-of-home care with a model of relationships that can be extrapolated to their other relationships.

Despite the "promising benefits" of mentoring, very little is known about the underlying processes by which mentor relationships affect children's academic outcomes (Rhodes et al., 2000) and whether their benefits are sustained in the long term (Larose & Tarabulsky, 2005). Moreover, some of the most rigorous evaluations in this field have shown modest or even no improvements in the educational outcomes of children in care (see Courtney et al., 2008; Staub & Lenz, 2000; Zinn & Courtney, 2014). Besides, the few studies

that have rigorously evaluated interventions for the enhancement of the school situation of children in care have not so far been able to draw consistent conclusions about what is (and what is not) effective, but only to identify “promising interventions”. Although mentoring is not identified consistently by these studies as one of these promising interventions, some of them, such as tutoring (direct instruction), one-to-one tuition, reading encouragement, and community support programmes can be developed in the context of a mentoring relationship. Finally, according to Keller’s contextual mentoring model (Keller, 2005), based on Ecological Systems theories, in order to understand the place of mentorship in helping children in care, it is important to consider the implications of, and for, the complex network of relationships systems in which they are involved.

Moreover, researchers in this field have warned that enthusiasm for the possible benefits of mentoring must be tempered by concerns about the risk of failed mentoring relationships among the in-care population and their potential negative impacts on children (Britner et al., 2014; Spencer et al., 2010). According to the mentioned studies, youth in care may be more prone to disruption from programmatically established mentoring relationships, as well as suffer the harmful effects of such disruptions. According to research in this field, mentor abandonment is one considerable contributor to early match endings with youth with different risk profiles (Clayden & Stein, 2005; Herrera et al., 2013; Spencer, 2007) as a consequence of mentors feeling overwhelmed or burned out (Freedman, 1993; Hamilton & Hamilton, 1990; Styles & Morrow, 1992), unnecessary (Herrera et al., 2013), not connected with the young partner (Britner & Kraimer-Rickaby, 2005), or due to the mentors’ unfulfilled expectations (Spencer, 2007).

Some difficulties facing mentors are common in mentoring children at risk, and include the youth’s interpersonal history, age (adolescence), cultural divides, interference from the mentee’s family, unmatched expectations, a perceived lack of mentee motivation, the ambiguous role of the mentor, and inadequate agency support (e.g. Grossman & Rhodes, 2002; Spencer, 2007). On the other hand, some difficulties are related specifically to the in-

care experience, such as non-satisfactory relationships with caring adults, logistical considerations (e.g. placement instability), and the youth's fear of disappointing adults (Ahrens et al., 2011; Britner et al., 2014). As far as mentoring programmes focused on academic performance are concerned, some hypothetical difficulties facing mentors include the mentees' lack of interest and motivation in academic issues; the mentors' frustration with the lack of perceived positive outcomes in the academic domain despite the mentoring intervention, and the prioritization of achieving programme goals over establishing a relationship of trust, which may lead to the mentee losing interest in the mentorship (Kupersmidt et al., 2017).

Despite being one of the main challenges currently in the field of mentoring, little is known about how to retain mentors and help them overcome these potential obstacles (Britner et al., 2014; Higley et al., 2016). Moreover, while a large body of research literature has focused on benefits for youth participating in mentoring programmes, only a few studies have explored the potential benefits such programmes may have for mentors.

In rigorous research carried out by Taussig & Culhane (2010) into a mentoring programme aimed at foster youth, mentors (graduate students in social work) reported the programme to have provided helpful training in working within communities, with high-risk children and families, and with diverse cultures as well as in dealing with multiple systems, and other professionals. They also stated they had learned more about which skills they needed to further their professional development. For their part, Karcher et al. (2006), comparing mentors engaged in developmental and instrumental activities, found that those mentors engaged in developmental activities may experience enhanced self-esteem, assistance with their own problems, greater understanding of other people and the world, and opportunities to express important values and to meet social needs.

Finally, research on mentoring programmes specifically targeted towards enhancing the school performance of children in residential care have not been found to date and no consensus exists among researchers about whether mentoring can be a good intervention for

children in residential care or not. For example, in a recent systematic review carried out by Lou, Taylor, and Di Folco (2018) on resilience in children in residential care, they found that the main protective factors were related to promoting interpersonal relationships and developing a future focus and motivation; objectives that may be achieved by mentoring programmes. On the contrary, Gharabaghi (2012), as a result of his study of the education support provided in residential group care in Ontario, concluded that the effort to implement projects in the residential context (e.g. tutoring or mentoring) can lead to wasting energy and resources and can be obstructed by logistical constraints. He suggested that it could be more effective to re-develop the everyday structure and routines of residential group care to focus on education and learning.

3. Research context

This chapter provides a full description of the Sapere Aude mentoring programme, its evaluation process and its main outcomes, the framework in which the three studies that make up this Thesis were carried out (Chapter 3.1). Besides, it presents a brief description of the education and welfare systems in Austria, Croatia, France, Germany and Spain, the five European countries in which the Sapere Aude pilot project was conducted, in order to provide the broader context for this Thesis (Chapter 3.2).

3.1 The Sapere Aude programme: description, evaluation process and outcomes.

This Thesis was carried out within the framework of a European social mentoring pilot project (Erasmus+ K102) called “Sapere Aude” (*dare to know*)⁶. The pilot was conducted over a 9-month period (September 2017 – May 2018) involving youngsters in residential care, caregivers, compulsory secondary education teachers, and mentors attached to the five third-sector organisations taking part in the programme: Fundació Plataforma Educativa (Catalonia, Spain), BTG – Federal Association of Therapeutic Communities (Austria), S&S GEM - Gesellschaft Für Soziales MBH (Germany), PLAY Association (Croatia), and Parrains Par Mille (France). The Catalan organization was responsible for the international coordination of the programme.

The overall aim of the project was to implement a pilot programme in the different partner countries using mentoring to promote school success among children in residential care. More specifically, the concrete objectives were (Sapere Aude practical case, p.12⁷):

⁶ For more details, see <http://sapereaude-project.com/the-project/>

⁷ Available at: <http://sapereaude-project.com/wp-content/uploads/2019/05/O3-Practical-Handbook-ENG.pdf>

- To promote and enhance the educational pathways of children in residential care.
- To improve the effectiveness of services in addressing the issue of youth education and also to demonstrate the profitability of the investment.
- To promote a more cohesive and committed society where people work together in collaboration and do not ignore others.

It was a community-based, school-focused, one-to-one mentoring pilot programme provided by volunteers from the community acting as mentors. It required weekly meetings of 1.5–2 hours between the mentor and mentee during a whole school year.

Mentors were local people from diverse backgrounds recruited through the five non-profit agencies responsible for the mentoring programme in each country. There were no requirements in terms of education and/or psychological training or experience, but they had to be over 18; provide proof of a satisfactory criminal record check for volunteers in contact with children in accordance with each country's legislation; pass a two-stage interview selection process, and show a solid commitment to stay in the project for the entire academic year, including regular meetings with the mentee and programme training and evaluation activities. After the volunteers were selected and validated, they participated in a two-day training programme organized by each agency following a similar transnational structure⁸.

The targeted beneficiaries were youngsters aged 12-17 in residential care with an expected stay of at least another year in the residential home from the outset of the programme. They were currently studying compulsory secondary education, and willing to participate voluntarily. Like the mentors, they were recruited through the five non-profit agencies responsible for the mentoring programme in each country. Once the mentees had been selected and interviewed by the coordinators of the project in each country, they were

⁸ The training programme is available at: <http://sapereaude-project.com/wp-content/uploads/2019/05/Sapere-Aude-Handbook-ENG.pdf>

matched with their mentors and the mentoring intervention began in July/September 2017 (depending on the country).

The University of Girona⁹ (Catalonia, Spain) was responsible for evaluating this pilot programme. A mixed-methods design was used, combining quantitative and qualitative data collection. The evaluation took into account the opinions of the four main stakeholders involved: the youngsters themselves, and their caregivers, teachers and mentors.

The programme evaluation took place in three stages. (1) Before the start of the mentoring intervention, in May 2017, a pre-test questionnaire was completed by the youngsters, and the youngsters' caregiver and teacher so that the initial context of the child could be assessed from different perspectives, with a focus on their school situation. (2) During the implementation of the mentoring programme (from July/September to May 2018), mentors were asked to submit a report each month on the mentoring meetings, in order to monitor and follow up the process (observation form referred to as "monthly report"). (3) At the end of the programme, in May 2018, all the participants (including the mentors) were asked to evaluate the benefits of their participation in the pilot programme, as well as general aspects about the mentoring process and outputs (post-test questionnaire).

The evaluation of the programme started with 75 youngsters and their respective caregivers and teachers. In September, 66 youngsters and their mentors started the mentoring programme and, by the end of May, there were 54 youngsters involved in the project. However, the ones who stopped before May were also invited to fill in the post-test evaluation questionnaire. Therefore, in total, 219 pre-test and 225 post-test questionnaires were collected and 62 mentors completed the monthly evaluations: 10 from Austria, 14 from

⁹Research Team on Children, Adolescents, Children's Rights and their Quality of Life (ERIDIQV): Dr Carme Montserrat, Maria Rosa Sitjes (UdG), and Marta Garcia Molsosa (UVic- UCC, PhD Student).

Croatia, 11 from France, 11 from Germany, and 16 from Spain. There were 853 reports in total (Table 2).

Table 2. Participants taking part in the evaluation of the Sapere Aude mentoring programme by country.

	Evaluation tool	Youngsters <i>N</i> = 75; <i>N</i> = 54	Caregivers <i>N</i> = 75; <i>N</i> = 63	Teachers <i>N</i> = 69; <i>N</i> = 49	Mentors <i>N</i> = 59
Austria	Pre-test	15	15	14	--
	Post-test	--	--	--	3 ^a
	Number of mentors who reported:				10
	Number of reports received:				107
Croatia	Pre-test	14	14	12	--
	Post-test	14	22 ^b	14	15 ^c
	Number of mentors who reported:				14
	Number of reports received:				229
France	Pre-test	12	12	12	--
	Post-test	12	12	11	11
	Number of mentors who reported:				11
	Number of reports received:				115
Germany	Pre-test	18	18	15	--
	Post-test	13	14	9	15
	Number of mentors who reported:				11
	Number of reports received:				86
Spain	Pre-test	16	16	16	--
	Post-test	15	15	15	15
	Number of mentors who reported:				16
	Number of reports received:				316 ^d

Notes. Table extracted from *Sapere Aude Practical Case* (p.64).

^aIn Austria, all children fostered in residential centres owned by the participating organization were moved to other homes by the competent authorities.

^bIn Croatia, two caregivers answered the questionnaire on the same youngster in some cases.

^cIn Croatia, one youngster had two mentors; one was replaced by the other when the first one left.

^dSome reports were carried out by telephone, so more were collected than in other countries.

Cross-tabulation tables were constructed for quantitative data analysis and a chi-square test was conducted to study the relationship between the dichotomous and ordinal variables in the responses made by the three agents. The Student's t-test was used for the satisfaction

variables. A content analysis of the qualitative data was conducted following an inductive strategy (“Theoretical Thematic Analysis”, Braun & Clarke, 2006). The procedure entailed incident-by-incident coding followed by a focused coding process in which each code was re-read and analysed to identify broader themes (Charmaz, 2006). This process was reviewed by other members of the research team following an inter-rater reliability procedure.

Due to huge differences between residential care and education systems among the different countries (see Chapter 3.2), data were analysed as a whole, assuming this diversity, and the results were not compared among countries, but among stakeholders. Also, unforeseeable circumstances related to the instability of the residential care context reduced the post-test sample size (data from Austria were not available), limiting the possibility of a rigorous pre-test-post-test evaluation. However, the analysis of the quantitative and qualitative data collected for the evaluation of the programme permitted the strengths and weaknesses of the project to be identified¹⁰.

- **Youngsters, caregivers and mentors were highly satisfied with their participation in the programme.** Youngsters stated that they liked having a person in whom they could trust for their own, to gain self-confidence, talk about a lot of things and ask for advice. The majority of them liked having a mentor and stated that they would continue next year and that they would recommend this experience. It was the same for the mentors. Caregivers were the most enthusiastic in their willingness to continue with the programme afterwards. Mentors also greatly valued the support they received from the organization’s coordination team, who were responsible for selection, training and follow-up.
- **Youngsters stated that mentors had helped them with homework and with organization, and they could talk about their future as students with them.** In this regard,

¹⁰ The complete report is available at: <http://sapereaude-project.com/wp-content/uploads/2019/05/O3-Practical-Handbook-ENG.pdf>

personalization (individual attention) was the most valued aspect of the mentoring experience by the youngsters. According to the pre-post-test analyses, it could have had a positive impact on youngsters' grades, future expectations, and satisfaction with their marks.

- **Coordination problems between the schools and the residential centres and between the school and the mentors were reported.** These problems were related to a lack of involvement of the school in the programme (and with the youngsters' educational pathways in general); a lack of trust between the services and even some rivalry; also difficulties with sharing information and promoting the other's work, and frequent changes in caregivers in the RC.
- **The mentors' main concern was to motivate the youngsters and focus on their education.** Some mentors and youngsters improved a lot in this regard through their personal relationship, mutual trust and personalized support, but others had difficulties or were reluctant. For all of them, the time spent together was too short to address such a complex issue and see results that would maybe improve in the medium and long term.

3.2 Brief description of the education and welfare systems in Austria, Croatia, France, Germany and Spain.

The main characteristics of the education systems of the five European countries involved in the research are shown in Table 3 and are described below.

Table 3. Compulsory education in the five countries participating in the Sapere Aude programme.

	Austria	Croatia	France	Germany	Spain
National administrative responsibility	Federal Ministry of Education, Science and Research	Ministry of Science and Education	Ministry of National Education	Federal Government, and Ministries of Education and Schools at individual state level (Länders)	Ministry of Education, Social Policies and Sports, Departments for Education
Main legislation	2017 Education Reform Act (<i>Bildungsreformgesetz 2017</i>)	Act on Education in Primary and Secondary Schools (last revision in 2014)	Education Code (<i>code de l'éducation</i>)	Basic Law (<i>Grundgesetz</i>) as well as school laws of the respective federal states	Act on the Improvement of the Quality of Education (LOMCE, 2013)
Public expenditure on education in 2016 (% of GDP)^a	5.40	Not available	5.43	4.45	4.08
Ages of compulsory schooling	5-15 (required to engage in education or training until 18)	6-15	6-16	6-18 (at 16 children can attend part-time schooling)	6-16
Types of compulsory school	Kindergarten, primary school, lower secondary level. Early streaming (ages 10-14).	Pre-school programme, single structure system (primary and lower secondary). Integrated, comprehensive.	Primary education (ISCED 1), lower secondary education (ISCED 2). Comprehensive, streaming at the age of 15.	Primary education (<i>Grundschule</i>), lower secondary education (full-time compulsory education), upper secondary or vocational training. Early streaming (10-16).	Primary education, compulsory secondary education. Streaming at the age of 15.
Early leavers for education and training in 2019	7.8	3 ^c	8.2	10.3	17.3

(%) ^b					
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Notes. Table elaborated by the author for the purpose of this Thesis based on information on the Eurydice web page, “National Education Systems” (Eurydice, n.d.).

^aAverage of the EU in 2015: 4.81%. (Eurostat, 2020, February 24).

^bThis indicator measures the share of the population aged 18 to 24 with at most lower secondary education who were not involved in any education or training during the four weeks preceding the survey. Average of the EU in 2019: 10.3%. (Eurostat, 2020, April 21).

^cLow reliability, according to Eurostat own data analysis.

In Austria, the federal government, provinces and municipalities are responsible for the legislation and implementation of education at the different levels. It has one of the lowest early school leaving rates (7.8%), compared to the average of 10.3% in the European Union and to that of the other participating countries. Public investment in education in 2016 was 5.40% of the Gross Domestic Product (GDP), slightly above the average in the European Union (4.81%). Compulsory education, according to the main current legislation, 2017 Education Reform Act (*Bildungsreformgesetz 2017*), comprises children from five to fifteen years old and includes a year of kindergarten, four grades in primary school and five in lower secondary education. However, all youths who have not yet reached the age of 18 are required to engage in education or training after completing general compulsory schooling. An important aspect of the Austrian school system is the strong diversification of programmes at all levels of education and its strong vocational education sector. Thus, there is early streaming of children towards general or vocational pathways (at ages 10 and 14), although this has been the subject of on-going educational reforms.

Croatia had the most comprehensive compulsory education structure among the five countries involved in the research. Primary and lower secondary education are integrated in a single-structure system, legislated by the Act on Education in Primary and Secondary Schools (last reviewed in 2014). Compulsory education comprises six to fifteen year-olds, and includes

a year in pre-school education (*program predškole*). Primary and secondary schools are mostly state-run. Despite having the shortest period of compulsory education of the five countries, Croatia has the lowest rate of early school leavers (3%) which would show that the majority of children continue in post-compulsory secondary education (general or vocational pathways) after the age of 15, although it is optional. However, according to the Eurostat own data analysis, these data have low reliability. It is worth mentioning that contents important for the identities of the national minorities in Croatia are included in primary and secondary education programmes, especially for Roma children, as well as tuition in Serbian, Italian, Czech and Hungarian languages in some schools.

The French education system is characterised by a strong central State presence in the organisation and funding of Education. Accordingly, it earmarks 5.43% of GDP for education, the highest rate among the countries studied and also higher in comparison to the EU average (4.81%). Public education is secular and free, and compulsory education comprises children from six to sixteen years old, although almost all children attend pre-primary education from three to six (*école maternelle*) (Eurydice, 2017, October 9a). It is a comprehensive education system which includes primary education (5 grades) and a “*collège unique*” for lower secondary education (4 grades), in which French pupils are taught the same subjects. In the last grade of compulsory education (usually at age 15) pupils are streamed to attend either general, technological or vocational lycées. If they pass, they obtain the State-issued baccalauréat diploma that opens up access to higher education and university. Far below the EU average (10.3%) and near the Austrian rate (7.8%), France has 8.2% of early school leavers. However, school segregation within the system and mechanisms regarding students with special needs (because of major difficulties and/or a specific socio-economic situation), are prone to jeopardize the equal access to the public service of education for all children (Eurydice, 2017, October 9a).

Germany, unlike France, has the most decentralized education system of the five countries. The administration of the education system in the school sector, the higher education sector, adult education and continuing education is almost exclusively a matter for the *Länder*. Children must attend school from six to eighteen years. The compulsory education structure is characterized by early streaming of pupils into different pathways in lower secondary education, after four grades of primary education. Each educational path, with its respective leaving certificates and qualifications, is provided by different school types and leads to different upper secondary paths. Pupils that do not attend full-time schooling after lower secondary education (general education or vocational schools) are required to attend part-time schooling (*duales System*: a combination of school and vocational courses) until 18 or 19 years old. However, 10.3% of German youth from 18 to 24 are neither enrolled in education nor training (Eurydice, 2017, October 9b). Public investment in education in Germany is 4.45% of the GDP, slightly lower than the EU average (4.81%) and far below that of France and Austria.

Spain earmarks the lowest percentage of the GDP destined for education (4.08%) of the four countries (data from Croatia is not available) and has by far the highest percentage of early school leavers (17.3%), seven points above the EU average. Similar to Germany, its education system is decentralized and educational competences are shared between the General State Administration and the authorities of the autonomous communities in terms of legislation and implementation. Children must be enrolled in compulsory education for 10 years: from 6 years (first year of primary school) to sixteen (end of lower secondary education), although almost all children attend pre-primary education from three to six years. In the last grade of lower secondary education, children are streamed into applied or academic educational pathways, both with access to the Lower Compulsory Secondary Education Certificate (ESO), which allows them to have access either to upper secondary education (academic or vocational) or the world of work. Those without the ESO certificate can access

non-formal training (Initial Vocational Training (*Formación Profesional Inicial*), or adult learning courses), connected with formal education paths with some specific requirements for re-entry. Enhancing the quality, equity and flexibility of the education system as well as modernizing vocational training have been the main challenges of the Spanish education system since 2013, in accordance with current legislation (Act on the Improvement of the Quality of Education).

Table 4. Welfare frameworks and distribution of children in care by placement type.

	Austria (2018) ^a	Croatia (2017) ^b	France (2017) ^e	Germany (2018) ^g	Spain (2018) ^j
National administrative responsibility	Section of Women, Families and Youth (federal government)	Ministry for Demography, Family, Youth and Social Affairs	Ministry for Solidarity and Health	Ministry for Family Affairs, Senior Citizens, Women and Youth	Ministry of Health, Social Services and Equality
Level of government mainly responsible for children in care	State level	Regional or local self-government	County Council	City administration / municipality	Regional autonomous communities
Main Legislation	Child and Youth Welfare Act (B-KJHG) of 2013	Social Welfare Act (NN,157/2013,152/2014,99/2015)	<i>Code de l'action sociale et des familles</i> (CASF) (last revision: 2020)	Code of social law <i>Sozialgesetzbuch (SGB)</i> (latest changes made in 2020).	Spanish organic law 8/2015 and law 26/2015. Catalan law 14/2010
Age of leaving care	18	18-21	18	18-21 (in exceptional cases until the age of 27)	18-21 (post care service in some autonomous communities)
Number of children aged 0-18 in out-of-home placements at census point per year (%)	13,325 (0.87) (kinship care not included)	3,760 (0.6) ^c (children in kinship not included)	2,778 (0.019)	52,600 (0.26) ^h	49,985 (0.6)
Percentage in residential care (private, semi-private and public)	60.9	38.8	18	50 (approximated) ⁱ	52
Percentage in foster care	39.1 (kinship care not included)	61.2 (kinship care not included) 1,714 in kinship care ^d	76 ^f	50 (approximated) ⁱ	48 (kinship care included)

Notes. Table elaborated by the author for the purpose of this Thesis based on information from:

^aSee: Kinderrechte (2020, February 4).

^bSee: Opening Doors (2017).

^cPercentage calculated in relation to the 2017 census of children and youth aged 0-24, (Eurostat, 2020, June 15a and June 15b)

^dData from 2010. See: SOS Children's villages (2012).

^eSee: Momic, M. (2019).

^fThe remaining 6% of children are under a mixed protection measure, a combination of foster and residential care.

^gSee: Destatis (n.d.).

^hPercentage calculated in relation to the 2018 census of children and youth aged 0-24 (Eurostat, 2020, June 15a and June 15b).

ⁱSee: Schröder, W., Thomas, S., Ehlke, C., Mangold, K., & Oehme, A. (2016).

^jSee: MdSCBS (2019).

Turning to the more detailed picture of children in care (Table 4), in all five countries one administrative authority is responsible for “schooling” through education departments, and another for “care”, through welfare departments, both with specific regulations. Similarly, in all the countries involved in the research, a framework for implementation is provided by national legislation by regional (Austria, France, Spain) or local (Croatia, Germany) governmental bodies, which assume the responsibility for child protection. The age of leaving care is in all cases 18 years, coinciding with the coming of age. Exceptionally, in Croatia, Germany and Spain the protection measure can be extended until 21 (or even 27 in Germany). For example, in Spain, children can continue “in care” if they are in residential care and have some disability and no other residential resources are available. Besides, children with a care background can ask for economic and housing support from post-care services.

As noted, differences in welfare regimes and the proportion of children in placement types can also be seen in Table 4. Despite data coming from different sources, relevant potentially confounding factors exist and, in many aspects, data are not comparable. For example, the number of children in out-of-home care is counted differently in each country (questionnaires, data from youth courts, social workers' reports, etc.) and not all of them

include the same range of situations or legislative status. For example, in France the relatively small number of out-of-home children (0.019%) can be explained because only children placed in care under a court order are included, while in Spain, with 0.6% of children in care, children in any type of out-of-home care are included. Besides, we ignore the decision-making process by which social workers in each country assess entry to the child protection system or out-of-home placements, thus preventing us from making comparisons.

As a result, comparing the proportion of children in care and where they are placed across countries is problematic. However, as shown in Table 4, some differences in placement preferences can be seen throughout the five countries. High levels of prevention and also reliance on foster care exist in France, while in Austria, the transition process from institutional care to family and community-based solutions is far from successful. However, it must be taken into account that children in kinship care are not counted, and if family-based measures were included, they would be far more relevant. In Spain and Germany, residential care is still an important source of protection, especially in response to the massive arrival of unaccompanied migrant children in the last few years. Finally, data from Croatia can be confusing since children in foster care include those placed in “family homes”; professional foster families that care for larger numbers of children (four to 10).

4. Research questions and objectives

The overall aim of this Thesis is to contribute to better understanding the factors that shape the subjective school experiences of children in residential care and to analyse how mentoring programmes can help to enhance them. In this context, the overarching research questions formulated at the outset were:

1. What are the key issues influencing the school experience of children in residential care?
2. How can mentoring help to enhance the school experience of children in residential care?

In line with the theoretical framework of this Thesis, school experience, based on the definition from Dubet and Martuccelli (1998), is conceived as the series of subjectively lived realities in the school context and is the result of coordinating three action logics that structure the school world from the student's point of view. These are social integration (e.g. relationships with peers and teachers), school strategies (e.g. educational goals, future aspirations), and subjectivization (e.g. identity as a student).

In accordance with this referential framework, the general and concrete objectives of the research established to answer these questions were:

- For question 1:

1. To identify the variables that influence the school satisfaction of children in residential care according to the evaluations of teachers, caregivers and children.

Assuming that school satisfaction scales are a tool to explore children's school experience in terms of relational aspects that take place at school beyond the formal contexts and academic aspects reflected in the student's identity, learning or marks (Ferran Casas & González, 2017).

- 1.1 To analyse the children's evaluation of their school situation and their satisfaction with their school environment and other areas of their lives from the point of view of

the children themselves, and the satisfaction attributed to them by their caregivers at the residential centre and by their teachers at school.

1.2 To analyse the dependence of children's school satisfaction (SS) on other study variables related to different domains of their school experience (social relationships, academic outcomes, participation, resources and future aspirations), and their life satisfaction, comparing responses made by the children, their caregivers and their teachers.

1.3 To propose an explanatory model of the degree of children's school satisfaction (SS) based on variables related to their subjective well-being.

- For question 2:

1. To explore the role of mentoring in the schooling of children in residential care according to children, caregivers, teachers and mentors.

Assuming that, in order to understand the role of mentorship in helping to enhance the school experience of children in residential care, it is important to consider the implications of, and for, their complex network of relationship systems (Keller, 2005).

1.1 To define the role of the mentor, detecting the differences that distinguish mentors from other supportive adults that deal with the schooling of children in residential care.

1.2 To analyse the main contributions and obstacles of the intervention of a new stakeholder (mentor) in the schooling of children in residential care.

2. To explore mentors' perceptions about the positive factors, difficulties and self-benefits of participating in a mentoring programme aimed at children in residential care.

Taking into account that mentor abandonment is a considerable contributor to early match endings with youth with different risk profiles (Clayden & Stein, 2005; Herrera et al., 2013; Spencer, 2007) and that some of the difficulties mentors face regarding mentoring children in

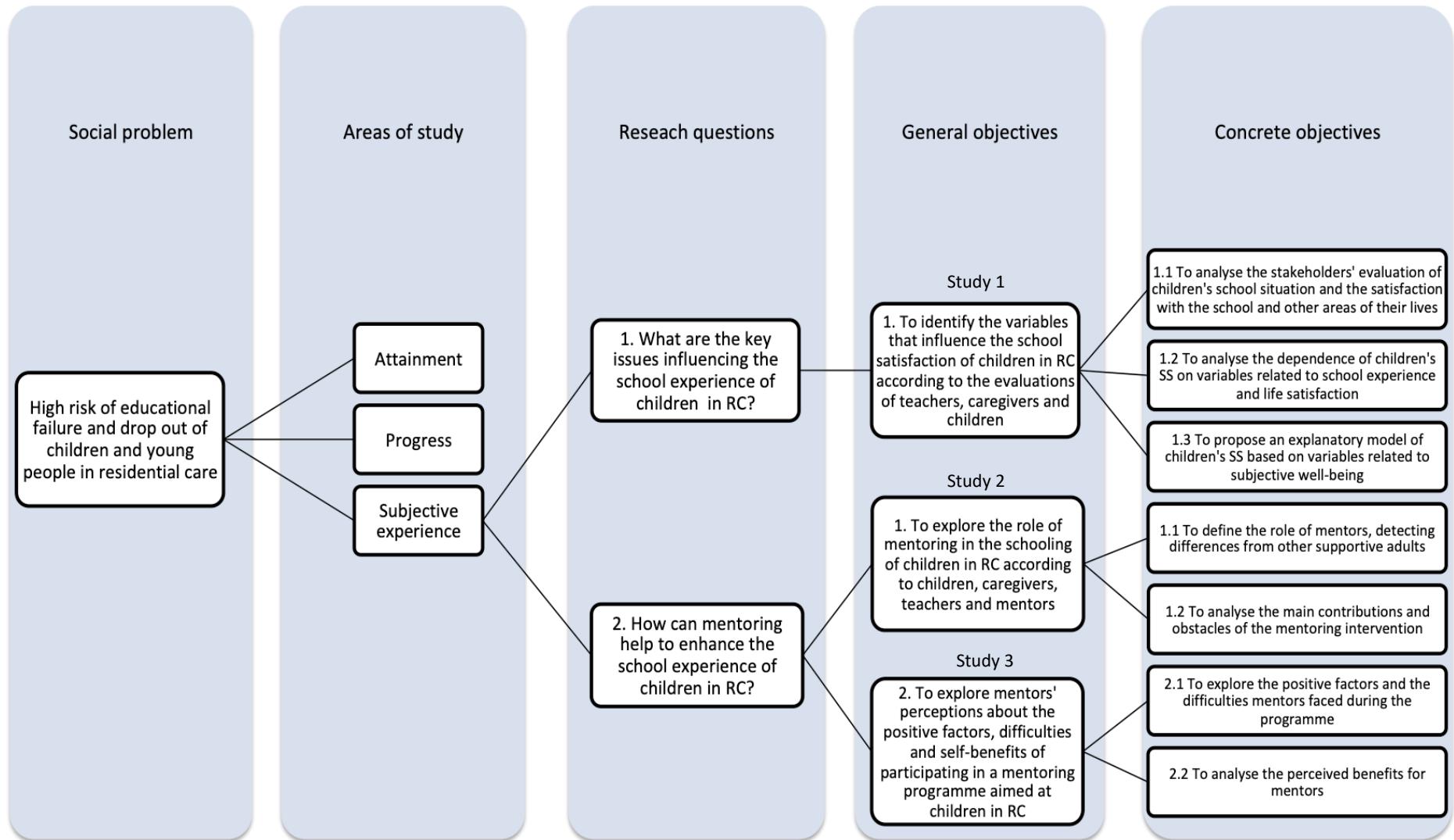
residential care can be directly related to care-related issues (Ahrens et al., 2011; Britner et al., 2014).

2.1 To explore the key positive factors and the main difficulties that mentors face during the mentoring programme.

2.2 To analyse the perceived benefits for mentors from participating in such a programme.

To summarize, Figure 5 shows how the research problem, subject of study, questions and objectives of the doctoral thesis relate to one another.

Figure 5. Summary of the research problem, subject of study, questions and objectives of the Thesis and its relation.



5. General methodological issues

In this Chapter, the common general methodological issues of the three studies are described including the data collection process and instruments, sample description, and data analysis (Chapters 5.1 to 5.4). Finally, the ethical considerations in this research are presented (Chapter 5.5).

5.1 General methodological considerations

This Thesis can be framed within the hermeneutical or interpretive paradigm, as described in the field of educational research, based on the constructivist perspective in which knowledge is constructed from the interaction of subjects with reality, the meanings derived from them, and the sharing of these meanings. This paradigm considers that all social processes and, therefore, educational processes, have an interpretative, holistic, dynamic and symbolic nature that must be approached from the perspective of social meanings (Sandín, 2003).

Accordingly, the overall aim of this Thesis is to contribute to better understanding the factors that shape the subjective school experiences of children in residential care and to analyse how mentoring programmes can help enhance them. We have understood the education of children in care as a complex, dynamic and holistic reality and have focused on the subjective meanings and evaluations of people involved in the education of these children in the context of a mentoring pilot-project.

A mixed method has been used, in which quantitative and qualitative methodology complement each other to deepen understanding of the reality we wanted to analyse (Arnal et al., 1992; Latorre et al., 1996). On the one hand, the quantitative methodology (used in Study 1) permitted us to explore school subjective experiences in numerical terms, using the School Satisfaction scale (SS) as an index for measuring them and identifying the variables that have an influence on them. On the other hand, the qualitative methodology (used in Studies 2 and 3),

helped us delve deeper in the understanding of the role mentoring may play in the school experience of children in residential care, according to the meanings attached to it by the main stakeholders and how it was evaluated by them.

As underlined by researchers in the field of education (Creswell & Clark, 2017; Hernández & Fernández, 2003), we use the advantage of combining both quantitative and qualitative methods with triangulation processes to better understand the subject of study and to increment the reliability and validity of the research. Furthermore, methodological approaches to quality-of-life studies (which include School Satisfaction scales) are based on the conviction that in order to evaluate such a complex social reality, not only do we need the perspective of the “experts”, but also that of the “users” (Casas et al., 2000), gathering the users’ perceptions as well as the perceptions attributed to them by the caseworkers, which may be stigmatizing or affect the intervention. Finally, children are rarely consulted as stakeholders, and even less children in care, who are all too often left behind (Leeson, 2014; Montserrat, 2016). To this end, this Thesis includes data from the main stakeholders involved in the schooling of children in residential care: caregivers, teachers, mentors and the youngsters themselves.

It is worth noting that the author of this Thesis participated as a member of the Sapere Aude programme evaluation team as well as being a member of the coordinating team in Spain. This involved assuming the tasks of the social educator responsible for monitoring the programme, which included the matching process, initial and formative mentor training, mentorship development follow-up, contact with teachers and caregivers, coordination of the mentoring plan agreed with all the stakeholders, and final assessment of project implementation and agency support, particularly in Spain.

The researcher’s involvement as a social educator in the mentoring project, as well as her previous professional experience in the field of residential care for more than ten years,

placed her in an optimal relation to the research field; close enough to formulate relevant and focused questions related to the subject of study, and distant enough to afford analytical distance. To this end, some methodological adjustments have been made to counterbalance the closeness between the researcher and the field to avoid bias in the research results and reach an optimal research distance (Bourdieu, 1999): reflection and control on the researcher's preconceptions; contrasting data analysis with other researchers' points of view, and pre-tested theoretical and methodological procedures for data analysis.

5.2 Data collection process and instruments

Data for this Thesis came from two main sources: (a) the evaluation process of the Sapere Aude project, a programme carried out in five European countries and coordinated by the University of Girona, which included quantitative and qualitative methods; and (b) more in-depth qualitative research carried out in Spain during the implementation of this mentoring programme designed and utilized for the purpose of this Thesis.

For Study 1, quantitative data from the pre-test stage, the first phase of the evaluation process of the Sapere Aude mentoring pilot project (May-June 2017), were used. These data were gathered via an on-line survey with equivalent questions for children, caregivers and teachers. They included descriptive questions about personal data, care-related, and school-related issues (closed or dichotomous questions); evaluative questions about school-related aspects (5-point Likert Scale), and questions on satisfaction with school, placement, leisure activities and other life domains (11-point scales) based on the International Survey of Children's Well-being¹¹ adapted for children in residential care by Llosada-Gistau and colleagues (2015). The questionnaires are included in the annexes of this Thesis (see Annex 1). Concretely, for Study 1, the questions displayed in Table 5 were analysed.

¹¹ The International Survey of Children's Well-being can be consulted at www.isciweb.org

Table 5. Questions from the Sapere Aude pre-test evaluation questionnaire analysed in Study 1.

Question type	Theme	Answer type
Descriptive	Future aspirations	Dichotomous
Evaluative	Academic performance	3-options: Good, satisfactory, unsatisfactory
	Relationships with peers and teachers	5-point Likert Scale (agreement)
	Participation	5-point Likert Scale (frequency)
	Study resources	5-point Likert Scale (frequency)
Satisfaction	School satisfaction	11-point scales
	Life satisfaction	11-point scales

Note. To see the concrete questions of each theme, see questionnaires in Annex 1.

For Studies 2 and 3, in which a qualitative methodology was adopted, data came from three sources (Table 6).

Table 6. Data sources analysed in Studies 2 and 3.

Data sources	Instrument	Questions analysed
Sapere Aude evaluation	Monthly reports (mentors)	<ul style="list-style-type: none"> • General assessment of the activity • Description of concerns or difficulties encountered.
Qualitative research in Spain	Focus groups (children, teachers and caregivers, mentors)	<ul style="list-style-type: none"> • Contributions of the mentoring project to the schooling of children in residential care (facilitators and obstacles). • Experience throughout the project.
	Interviews (mentors)	<ul style="list-style-type: none"> • Personal mentoring experience. • Perceived benefits of the mentoring experience.

Note. To see the concrete questions for each instrument, see Annex 2, 3 and 4.

On the one hand, the systematic and regular observation of the mentors from all the European countries participating in the programme during the mentoring intervention (“monthly reports”). On the other hand, discussion among the stakeholders to capture and contrast the different points of view, via their participation in focus groups carried out in Spain during the implementation of the programme. And, finally, one-to-one interviews with mentors in Spain at the end of the project (only included in Study 3).

The “monthly report” was an observation form designed *ad hoc* for monitoring and assessment in the Sapere Aude mentorship project, which mentors were required to complete in free text at the end of each mentoring meeting. It included the following sections: activity data; location and description; general assessment of activity; description of concerns or difficulties encountered, and next meeting plan (see Annex 2). For this Thesis we analysed only the two evaluative sections: general assessment of the activity; and description of concerns or difficulties encountered. They were collected and translated into English by the person in charge of each country’s project and sent to the project evaluation coordinator (Universitat de Girona) each month from July/September (depending on the country) until May 2018.

A total of 16 focus groups were conducted in Spain with children, mentors, caregivers and teachers jointly, and residential centre directors (who counted as caregivers in the sample). The duration of each focus group was from 1.5 to 2 hours and they were all digitally-recorded and transcribed. The script, adapted to each group, was aimed at discussing the situation of children in care in relation to their schooling and, specifically, the facilitators and obstacles to their academic achievement; the contributions of the mentoring project in this field, and the experience of each of the stakeholders throughout the project (see Annex 3). Besides, a total of 16 interviews (60 minutes each) with mentors in Spain were conducted following a semi-structured script as a guide in May 2018, at the end of the mentoring programme. Interview questions covered several different topics, aimed at evaluating the

development of the mentorship, but only the questions related to the personal mentoring experience and its perceived benefits were included in this research, in accordance with its objectives (see the interview script in Annex 4). The interviews were digitally-recorded and transcribed.

5.3 Sample description

Based on the data sources, this Thesis had two samples: (a) the European sample pre-test stage evaluations by participants in the Sapere Aude project and the number of monthly reports completed by mentors from the five organizations who took part in the project (Table 7) (b) the Spanish sample of children, caregivers, teachers and mentors participating in focus groups and interviews (Table 8).

Table 7. Participants in the Sapere Aude pre-test stage evaluation and monthly reports, by stakeholders and organizations (%).

	Austria	Croatia	France	Germany	Spain	Total of pre-test participants	Total of Monthly reports
Children	15 (20.0)	14 (18.7)	12 (16.0)	18 (24.0)	16 (21.3)	75 (100)	
Caregivers	15 (20.0)	14 (18.7)	12 (16.0)	18 (24.0)	16 (21.3)	75 (100)	
Teachers	14 (20.3)	12 (17.4)	12 (17.4)	15 (21.7)	16 (23.2)	69 (100) ^a	
Total	44 (20.1)	40 (18.3)	36 (16.4)	51 (23.3)	48 (21.9)	219 (100)	
Caregivers who reported	10 (16.1)	14 (22.6)	11 (17.7)	11 (17.7)	16 (25.8)		62 (100)
Monthly reports received	107	229	115	86	316 ^b		853

Notes. ^aNot all the teachers taking part answered the questionnaire (the response rate was 92%). ^bSome reports were carried out by telephone, so more were collected than in other countries.

As shown in Table 7, a total of 219 subjects took part in the pre-test stage of the evaluation, at the outset of the programme, which included 75 children, 75 caregivers and 69 teachers.

Among the 75 children, 15 (20%) were from Austria, 14 (18.7%) from Croatia, 12 (16%) from France, 18 (24%) from Germany and 16 (21.3%) from Spain. They were aged 12 to 17 years ($M = 15.5$) Sixty per cent were born in the country where they currently resided, and 78.7% were males since participants in Austria, Croatia and France lived in centres mainly for boys. A large proportion of youngsters lived in homes of up to 10 places (41.3%) and between 21 and 30 places (38.7%). The size of the residential centres varied significantly according to the country. All youngsters in Australia and 70.6% of youngsters in Germany lived in centres of up to 10 places, while in Croatia they lived in homes with more than 30 places. In France the residential centres were from 21 to 30 places and in Spain there was great diversity. Forty-four point six percent of children lived in residential centres for children from 3 to 18 years old, while 28.4% lived in centres for adolescents only.

The caregivers were aged 18 to 62 years ($M = 36.1$, $SD = 7.714$) and 64% were women. Their professional profile varied from one country to another, although in most cases caregivers had a Bachelor's degree related to education: Social Pedagogy (33.8%), Social Education (33.8%) and Pedagogy (6.8%). Twelve point two percent were social workers. The teachers were older than the caregivers; the age range was from 24 to 72 years ($M = 49$, $SD = 11.523$) and like the caregivers, the majority (79.7%) were women.

The 62 mentors of the subsample who had completed the monthly reports, represented 82.7% of the total number of mentors participating in the project. The average age of this subsample was 34.2 years ($SD = 13.384$); 76% were females and the majority (89.5%) were born in the country where the programme took place. Ten (16.1%) were from Austria, 14 (22.6%) from Croatia, 11 from France (17.7%), 11 (17.7%) from Germany, and 16 (25.8%) from Spain. One third of the mentors were living with their partner (30.5%), followed by those who were living alone (27.1%). The majority had a higher education degree (88.1%) and 66.1% worked full-time. Twenty-five mentors had been involved in other volunteering

activities. Half of them had also had experience with children in residential care, but only 16.9% had had previous mentoring experience.

Regarding the sample of the Spanish participants in the qualitative study, the number of children, caregivers and teachers participating in the focus groups and interviews is shown in Table 8.

Table 8. Spanish sample of youngsters, caregivers, teachers and mentors who participated in the focus groups and interviews.

	Focus groups	Interviews
Children	13	-
Caregivers	16 ^a	-
Teachers	2 ^b	-
Mentors	16	16 ^c
Total	47	16

Notes.

^aThe subsample included caregivers and also directors from the residential centre.

^bAlthough all the teachers involved in the project were asked to participate in the focus groups, the participation rate was very low (12.5%).

^cIndividual interviews were only carried out with mentors, in accordance with the research objectives.

Of the thirteen children who participated in the focus groups (81.3% of the total number of children participating in the project in Spain), 6 were girls (46.2%) and 7 boys (53.8%). They were between 13 and 17 years old and the mean age was 14.5 years. The 16 caregivers participating in the focus groups included 9 social educators and 7 care home directors, of whom 8 (50%) were males and 8 (50%) females and the mean age was 34.8 years. The two teachers represented 12.5% of the total number of teachers participating in the project in

Spain. Both of them were women; one was 47 years old and worked in a public school and the other was 62 years old and worked in a private state-funded school. Both of them were members of their schools' direction teams. Finally, the 16 Spanish mentors who were interviewed represented the totality of mentors participating in the project in Spain. Eleven were females (68.8%) and 5 males (31.2%), and their average age was 38.1 years, with an age range between 25 and 74 years.

5.4 Data analysis

For the analysis of the pre-test questionnaire (quantitative data), a statistical analysis was conducted in terms of frequency, percentages, contrast and dependence using the SPSSv23 programme. The process was carried out in three stages. (1) The Chi-square test was applied to compare responses to the descriptive and evaluative questions in the questionnaire among stakeholders, and Kruskal-Wallis and ANOVA tests were applied for the satisfaction questions (continuous variables); (2) The sum of the school-related items in the satisfaction questions in the questionnaire were treated as an approximation to the general evaluation of school satisfaction (SS) to know what school-related variables influenced the school satisfaction of children in residential care according to the different stakeholders. The mean and standard deviations of the SS dependent variable were calculated in relation to the independent variables (evaluative and descriptive questions in the questionnaire) applying ANOVA and *t* contrast tests. It was considered as the dependent variable, and statistical contrast tests (ANOVA, *t*-test) were applied to assess the statistical significance among the SS means for each stakeholder. (3) Finally, a dependency model between variables was developed from the results of the multiple (stepwise) regression relating the SS index (dependent variable) to the life satisfaction items, comparing the three stakeholders' responses to find out what well-being variables influenced the SS of children in residential care according to the different stakeholders.

For the analysis of the qualitative data, both from the European and Spanish sample, a content analysis was conducted following an inductive strategy ("Theoretical Thematic Analysis", Braun & Clarke, 2006). The procedure entailed incident-by-incident coding followed by a focused coding process in which each code was re-read and analysed to identify broader themes (Charmaz, 2006). This process was reviewed by other researchers of the team following an inter-rater reliability procedure. The 853 monthly reports, the 16 focus groups and the 16 interviews were analysed following this process. The initial themes identified

included: mentor role characteristics; the mentoring relationship; learning progress and outcomes; the residential and in-care context; mentee's attitude, behaviour, personality and skills; the mentoring activity/meeting and its circumstances; general project-related issues, and mentors' self-perceived benefits.

5.5 Ethical aspects of the research

All the information was gathered with the participants' informed consent and the authorization of the child protection authorities. The study met the ethical standards of the Universitat de Vic – Universitat Central de Catalunya.

The directors of the schools and residential centres gave their consent, facilitated contacts and channelled the information about the research project to the professionals and children. Spanish participants were also directly informed by the researcher of the activities particularly designed for the purpose of this Thesis (focus groups and interviews), ensuring that everyone gave their free and informed consent.

In the case of children, before the pre-questionnaire stage a psychologist and a social educator (also the author of this Thesis) informed each pre-selected child individually about the research objectives and procedure asking them specifically if they wanted to participate voluntarily in the pilot project and in the associated evaluation and research activities. Only those who agreed were considered for participation in the programme and the qualitative research. They were also informed that they were free to withdraw their participation at any point throughout the research.

Confidentiality and anonymity were guaranteed in the handling of data in accordance with the current data protection legislation in each country. Each stakeholder answered the questionnaire individually and anonymously although some children received help from the residential centre staff when considered necessary, ensuring that their answers were not influenced by their caregivers.

The participants received no financial compensation for their participation in the project evaluation activities. The voluntary and free participation of the stakeholders was respected during the entire data gathering process, although the participation of mentors in the programme's evaluation activities (delivery of monthly reports) was a requirement.

6. Results

This chapter presents the three studies that led to the results of this Thesis, summarized in the following table (Table 9). The reviewers' corrections and responses for each of the studies have been included since they are part of the process and the definitive presentation of these results in the form of published articles.

Table 9. Summary of the articles included in this Thesis.

Study	Study 1: School satisfaction and well-being	Study 2: The role of mentoring	Study 3: Benefits, positive factors and difficulties perceived by mentors
Objectives	To analyse and compare the evaluations of the main stakeholders involved in the schooling of children in RC.	To explore how mentoring fits into the network of services and stakeholders dealing with the schooling of children in RC.	(1) To explore the key positive factors of mentoring and the main difficulties that mentors face. (2) To analyse the perceived benefits for mentors.
Sample and participants	219 subjects (75 children, 75 caregivers, 69 teachers) from the five European countries involved: Austria, Croatia, France, Germany and Spain.	853 mentors' reports (62 mentors, all countries) 16 focus groups (16 mentors, 16 caregivers, 13 children and 2 teachers, Spain).	853 mentors' reports (62 mentors, all countries) 16 interviews with mentors in Spain
Instruments and data analysis	On-line questionnaire (based on: International Survey of Children's Well-being adapted by Llosada-Gistau and colleagues, in 2015). Statistical analysis (SPSSv23).	Observation form, focus groups. Theoretical Thematic Analysis (Braun & Clarke, 2006).	Observation form, Semi-structured, individual interviews. Theoretical Thematic Analysis (Braun & Clarke, 2006).

<p style="text-align: center;">Highlights</p>	<ul style="list-style-type: none"> - School satisfaction (SS) expressed by youngsters was significantly higher than that attributed to them by the professionals. - Social relationships were key elements for youngster’s subjective wellbeing influencing their SS, according to all stakeholders. 	<ul style="list-style-type: none"> - Mentors play a supplementary role in the education of children in RC and have emerged as a beneficial figure for children in RC in the face of limitations posed by residential settings. - Providing supportive, caring, trusting and steady relationships, mentoring programmes may create an opportunity for the wellbeing and resilience of children in RC as well as promote their social capital. 	<ul style="list-style-type: none"> - Facilitating and hindering factors can be identified among six categories: the mentoring relationship, mentee attributes, learning progress, past and present circumstances, mentoring activity, and project-related issues. - Mentors shared benefits in the areas of knowledge, well-being, social awareness, personal growth and socialization.
<p style="text-align: center;">Published articles included in this thesis</p>	<p>Garcia-Molsosa, M., Collet-Sabé, J., Martori, J. C., & Montserrat, C. (2019). School satisfaction among youth in residential care: A multi-source analysis. <i>Children and Youth Services Review</i>, 105. https://doi.org/10.1016/j.chidyouth.2019.104409</p>	<p>Garcia-Molsosa, M., Collet-Sabé, J. & Montserrat, C. (2019): The role of mentoring in the schooling of children in residential care. <i>European Journal of Social Work</i>. https://doi.org/10.1080/13691457.2019.1666253</p>	<p>Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2020). Benefits, positive factors and difficulties perceived by mentors participating in a mentoring programme aimed at youth in residential care. <i>European Journal of Education</i> (in press).</p>

6.1 Study 1: School satisfaction among youth in residential care: A multi-source analysis.

School Satisfaction among Youth in Residential Care: a multi-source analysis

Abstract

Formal education is a key factor for overcoming the inequalities and social vulnerability that young people in residential care endure. However, recent research shows an important gap between children in care (especially those living in residential homes) and the general student population in terms of their academic outcomes and inclusion in education. The aim of this article is to analyse the evaluations made by the main stakeholders involved in the school situation of young people in residential care and propose an explanatory model of their level of school satisfaction (SS) based on variables related to the youngsters' subjective well-being. The sample was composed of 219 subjects from five European countries, including 75 young people (78.7% boys, $M_{age} = 15$ years old), 75 caregivers (64% women) and 69 teachers (79.7% women). An equivalent questionnaire was designed for each stakeholder for the purpose of data collection. The results show that school satisfaction expressed by youngsters is significantly higher than that attributed to them by the professionals. The multi-source analysis suggests that there is agreement among stakeholders that social relationships are key elements for youngsters' subjective wellbeing influencing their school satisfaction (SS). The analysis of the different perceptions among stakeholders allows us to have a deeper understanding of the phenomenon, leading the practitioners and policy-makers to suggest more appropriate interventions.

Key words: residential care; subjective well-being; school satisfaction; multi-source analysis.

1. Introduction

For young people in care, who are already in a situation of inequality and important social vulnerability, formal education is a key protective factor for overcoming traumatic difficulties and experiences and an opportunity for personal and social development (Gilligan, 2007; Johansson & Höjer, 2012). For this group, being left out of the education system may imply stigmatization and exclusion, serious social and labour integration issues, and a greater likelihood of long-term dependence on other people and services (Jackson & Martin, 1998). Higher levels of education and formal qualifications have been identified as key factors in social inclusion, social mobility, and personal well-being, particularly significant among the in-risk population (European Commission, EACEA, Eurydice, & Cedefop, 2014; OECD, 2012). Successful academic outcomes may make it less likely for children in care to repeat the life course of their families of origin, usually linked with poverty, violence and marginalization (Simon & Owen, 2006). Paradoxically, despite being one of the groups at greater risk of exclusion, the in-care population have remained significantly invisible in policy programmes and in educational and psychological research.

The few available data show a highly relevant difference in academic outcomes and school drop-out rates between children in care and the overall student population, particularly notable among children in residential homes, worsening as the educational level increases and of greater concern in secondary and tertiary education (R. J. Flynn et al., 2013; Jackson & Cameron, 2014; Trout et al., 2008). According to Montserrat & Casas (2018) in some European countries only about 6% of young people with a public

care background were in higher education (while the EU target is 40%). Gender, place of birth, placement type, and stability in school and in the out-of-home placement were some predictors of educational success (or failure), with worse results for foreign-born boys, living in residential centres, and with less than one year in the same school.

1.1 School satisfaction

School failure and dropout not only limit future opportunities for children and adolescents in care but also affect their well-being and quality of life in the present, with school satisfaction highlighted as a key factor for their subjective well-being (Casas, 2011). This is the theoretical construct (rationale) on which this study was based and the variables selected. The concept of subjective well-being is part of the broader concept of quality of life and refers to how people evaluate their life conditions taking into account the different areas they are composed of. These include satisfaction with different aspects related to the school situation (F. Casas, 2011; Diener, 2012). However, few data exist as yet on the subjective well-being of young people in care, and even fewer highlighting their school satisfaction (Llosada-Gistau, Montserrat, & Casas, 2015). The aim of this article is to broaden and develop our knowledge of this currently existing gap.

Furthermore, methodological approaches to quality-of-life studies are based on the conviction that in order to evaluate a complex social reality, not only do we need the perspective of the “experts”, but also that of the “users” (Ferran Casas et al., 2000), gathering the points of view of the main stakeholders and the users’ perceptions, as attributed to them by the caseworkers, and which may be stigmatizing or condition the intervention. In addition, children are rarely consulted as stakeholders, and even less

children in care, who are too often left behind (Leeson, 2014). A child-centred approach also forms the baseline for this study.

1.2 Objectives

This article is aimed at getting to know the evaluations of the main stakeholders involved in the schooling of young people in residential care and triangulating the different perspectives. More specifically, the concrete objectives are:

1. To analyse the youngsters' evaluation of their school situation and their satisfaction with their school environment and other areas of their lives from the point of view of the youngsters themselves, and the satisfaction attributed to them by their caregivers at the residential centre and by their teachers at school.

2. To analyse the dependence of young peoples' school satisfaction (SS) on other study variables related to different domains of their school experience (social relationships, academic outcomes, participation, resources and future aspirations), and their life satisfaction, comparing responses made by the youngsters, their caregivers and their teachers.

3. To propose an explanatory model of the degree of young peoples' school satisfaction (SS) based on variables related to their subjective well-being.

2. Methods

2.1 Sample

This research was part of the first phase (pre-test) of the evaluation process of a European social mentoring project pilot test for improving the academic outcomes of young people in residential care, carried out by five third-sector organizations located in

Germany, Austria, Croatia, Spain and France. The quantitative data gathered via an on-line survey during May and June 2017 were analysed in this first phase. A total of 219 subjects took part. These included 75 young people, 75 caregivers and 69 teachers (Table 1). The inclusion criteria for this project established that 15 youngsters (aged between 12 and 17) in residential out-of-home placement within the child protection system participated from each country. They had to have an expected stay of at least another year in residential care from the outset of the project, and be enrolled in compulsory secondary education (thus explaining the age range). Their caregivers and teachers also participated in the research project. The youth in each country were in residential care in centres linked to the organizations participating in the project. All the youth from these centres that met the inclusion criteria were informed by the organizations of the mentoring programme and its implications, and only voluntary participation was permitted.

TABLE 1. Sample distribution by social stakeholders and organizations (%)

Organization from:	Young people	Caregivers	Teachers	Total
Austria	15 (20.0)	15 (20.0)	14 (20.3)	44 (20.1)
Croatia	14 (18.7)	14 (18.7)	12 (17.4)	40 (18.3)
France	12 (16.0)	12 (16.0)	12 (17.4)	36 (16.4)
Germany	18 (24.0)	18 (24.0)	15 (21.7)	51 (23.3)
Spain	16 (21.3)	16 (21.3)	16 (23.2)	48 (21.9)
Total	75 (100)	75 (100)	69 (100)*	219 (100)

Note. *Not all the teachers taking part answered the questionnaire (the response rate was 92%)

Among the 75 young people who took part in the project, sixty percent were born in the country where they currently resided, and 78.7% were males (there were only boys in two of the residential centres during the data collection process). The average age of the

75 caregivers was 36, and 64% were females. The sixty-nine high school teachers who answered the survey had an average age of 49, and 79.7% were females.

The large portion of youngsters lived in homes up to 10 places (41.3%) and between 21 and 30 places (38.7%). The 44.6% of young people lived in residential centres for children from 3 to 18 years old, while 28.4% lived in centres for adolescents only.

2.2 Instruments

Three questionnaire models were prepared in electronic format with equivalent questions addressed to the three social stakeholders. These included descriptive questions related to the participants' personal data (age, gender, place of birth) and professional profile (qualifications); the main characteristics of the schools (age range, type, ownership) and the residential centres (age range, size, gender); the youngsters' school and care pathways; special educational needs; academic aspirations; and free-time activities. The questionnaire also included evaluative questions about school-related aspects (school-based assessments, relationships, social participation in the school, attendance, behaviour); and access to resources for doing school homework at the residential centres. Questions were either closed or dichotomous, or measured on a 5-point Likert Scale (degree of agreement or frequency).

Finally, the questionnaire included questions on satisfaction with school, placement, leisure activities and other life domains based on the International Survey of Children's Well-being used internationally with children (for more details, see www.isciweb.org) and adapted for children in residential care by Llosada-Gistau, Casas and Montserrat (2015). Two psychometric scales were included in the questionnaire: Overall Life Satisfaction (OLS) (Campbell, Converse & Rogers, 1976), a single-item

scale measuring global life satisfaction, and the Personal Well-being Index – School Children (PWI-SC), designed by Cummins and Lau (2005) and adapted by Casas, Bello et al. (2012). It included items measuring satisfaction with: the things you have; relationships; your school or high school; how you use your time; how self-confident you feel, and the opportunities you have in life. Both were 11-point scales labelling endpoints (from 0= *not at all satisfied* to 10= *totally satisfied*)

Each organization was responsible for the translation of the questionnaire into the language of the region based on an original model in English, and adapting the more specific concepts to the particularities of the welfare and education systems of each country. The final version was reviewed and discussed by the project coordinators in each country in order to ensure, as far as possible, item equivalence across languages.

2.3 Procedure and ethical considerations

Authorization for the administration of the questionnaires was obtained from the relevant child protection and education authorities in each of the participating countries according to the ethical procedures in each country for research projects about children in care. The directors of the schools and residential centres gave their consent, facilitated contacts and channelled the information about the research project to the professionals and the young people.

All the stakeholders were previously informed of the procedure and research objectives by both the corresponding directors and also by the research team, ensuring that everyone gave their free and informed consent. The participation of the young people, caregivers and teachers was voluntary and they received no kind of financial incentive. Each stakeholder answered the questionnaire individually and anonymously. The young people received help from the residential centre staff when considered

necessary, ensuring that their answers were not conditioned by their caregivers. Data confidentiality was guaranteed by coding the survey responses to ensure anonymity.

2.4 Data analysis

A statistical analysis was conducted in terms of frequency, percentages, contrast and dependence using the SPSSv23 programme. We calculated the mean and standard deviations for each item related to satisfaction in the school environment, and for the sum of items, treating this result as an approximation to the general evaluation school satisfaction (SS) index. For contrast among the three stakeholders' responses, the Chi-square test was applied for the discrete variables and the Kruskal-Wallis Test and ANOVA for the continuous variables (Tables 2 and 3).

The SS index was considered as a dependent variable for the explanatory model. The mean and standard deviation of the SS dependent variable were calculated in relation to the independent variables, and ANOVA and the *t*-test contrast tests were applied (Table 4). Subsequently, a linear regression model was estimated for the different life satisfaction items (only those with statistical significance are shown in the table), and a dependency model between variables was developed from the results of the multiple (stepwise) regression relating the SS index to the life satisfaction items, comparing the three stakeholders' responses (Table 5).

3. Results

3. 1 Evaluation of the school situation of young people in residential care.

Comparison among stakeholders

Table 2 shows that the youngsters positively valued their relationship with their teachers and classmates. Most *agreed totally* or *very much* with the statements ‘teachers listen to me’ (68%) and ‘they treat me fairly’ (57.9%). However, an important percentage *agreed little* or *did not agree* with these statements (13.3% and 17.5%, respectively), which contrasted significantly with the perceptions of the other stakeholders, especially the teachers.

Of the young people, 73.3% *agreed totally* or *a lot* that they were treated well by their classmates; 85.3% said they had a good relationship with them, and 68.0% claimed that their classmates helped them when they had a problem. The caregivers were the ones who gave the most negative evaluation of these statements, with significant differences.

The young people evaluated their academic performance more positively than their caregivers or teachers. The subjects in which a greater percentage of young people claimed to ‘normally have high marks’ were Physical Education (77.3%) and Visual and Plastic Arts Education (72%), with a big difference compared to the rest of the subjects. Caregivers attributed significantly less optimal performance in these two subjects, while teachers coincided more with the perceptions of the youngsters. In Language Literacy, 33.3% of the young people claimed to ‘normally have high marks’, compared to 18.7% of caregivers and 14.5% of teachers, who attributed worse performance to them in this area. Mathematics was the subject in which the youngsters obtained the worst score for perceived academic performance according to all three stakeholders.

Young people claimed to participate and accept responsibilities for a particular task at school significantly more frequently than that attributed to them by their caregivers and teachers (20.8%, 13.9% and 9.1%, respectively). Twenty percent of

young people said they *never* had access to the Internet in the residential centre (both personal and institutional access), and 40% said they *never* had access to a laptop or tablet. Caregivers had a significantly more optimistic perception about the youngsters' access to new technologies: only 4% thought that the youngsters *never* had access to the internet in the residential centre and 28% that they *never* had access to a computer, laptop or tablet.

Finally, 58.7% of the youngsters were hoping to study post-compulsory vocational secondary education; 50.8% hoped to follow an academic pathway (Baccalaureate), and 41.3% aimed to follow a non-formal learning itinerary (informal vocational training). Caregivers and teachers believed, with significant differences, that the youngsters would follow non-academic itineraries after compulsory secondary education.

TABLE 2. Evaluation of different aspects of the youngster's school situation by stakeholders

	Young people	Caregivers	Teachers	<i>p</i> -value
RELATIONSHIPS				
Teachers listen to him/her and pay attention to him/her				
<i>I don't agree/ I agree a little</i>	13.3	5.4	2.9	
<i>I agree more or less</i>	18.7	24.3	11.6	.029
<i>I totally agree or I agree a lot</i>	68.0	70.3	85.5	
Teachers treat him/her fairly				
<i>I don't agree/ I agree a little</i>	17.5	6.8	4.3	
<i>I agree more or less</i>	24.6	17.6	4.3	< .001
<i>I totally agree or I agree a lot</i>	57.9	75.7	91.3	
Classmates are usually nice to him/her				
<i>I don't agree/ I agree a little</i>	12.3	16.2	2.9	
<i>I agree more or less</i>	14.0	25.7	10.1	.003
<i>I totally agree or I agree a lot</i>	73.3	58.1	87.0	
He/She has a good relationship with some classmates				

<i>I don't agree/ I agree a little</i>	6.7	16.2	3.6	
<i>I agree more or less</i>	8.0	27.0	20.0	.001
<i>I totally agree or I agree a lot</i>	85.3	56.8	76.4	
Classmates help him/her when he/she has a problem				
<i>I don't agree/ I agree a little</i>	21.3	24.7	14.7	
<i>I agree more or less</i>	10.7	37.0	16.2	< .001
<i>I totally agree or I agree a lot</i>	68.0	38.4	69.1	

ACADEMIC PERFORMANCE

Language Literacy				
<i>Good</i>	33.3	18.7	14.5	
<i>Satisfactory</i>	54.7	49.3	59.4	.008
<i>Unsatisfactory</i>	12.0	32.0	26.1	
Physical Education				
<i>Good</i>	77.3	54.7	78.3	
<i>Satisfactory</i>	20.0	38.7	15.9	.008
<i>Unsatisfactory</i>	2.7	6.7	5.8	

PARTICIPATION

He/she has been responsible for a particular task at school				
<i>Never</i>	43.1	44.4	43.9	
<i>Sometimes</i>	23.6	41.7	43.9	.003
<i>Often</i>	20.8	13.9	9.1	
<i>Always</i>	12.5		3.0	

STUDY RESOURCES

The youngster has access to Internet				
<i>Never</i>	20.0	4.0	-	
<i>Sometimes</i>	29.3	36.0	-	.004
<i>Often</i>	18.7	36.0	-	
<i>Always</i>	32.0	24.0	-	
The youngster has access to a computer, laptop or tablet				
<i>Never</i>	40.0	28.0	-	
<i>Sometimes</i>	26.7	38.7	-	.004
<i>Often</i>	6.7	21.3	-	
<i>Always</i>	26.7	12.0	-	

FUTURE ASPIRATIONS

Baccalaureate				
<i>No</i>	49.2	68.9	72.2	.017
<i>Yes</i>	50.8	31.1	27.8	

Informal vocational training				
No	58.7	32.3	34.5	.004
Yes	41.3	67.7	65.5	

Note. Data represent percentages. *p*-value of X^2 test. A hyphen in the box indicates that the information was not collected because the teachers did not have it.

3.2 Young people’s satisfaction and the satisfaction attributed to them by caregivers and teachers

The overall score of young people’s satisfaction (SS) has been obtained from the sum of all the items referring to it (Table 3). The first result worth highlighting is that the mean SS score reported by the youngsters was 41.31 out of 60 (6.89 out of 10, $SD = 10.36$), significantly higher than the mean score attributed to them by their caregivers and teachers ($M = 35.82$, $SD = 10.96$ and $M = 35.26$, $SD = 10.93$, $p = .002$). The young people also showed greater satisfaction with school in general and with their lives as students than that attributed to them by the professionals. The highest mean satisfaction score for school-related aspects reported by the youngsters was for their relationships with classmates and teachers at school, and the lowest was for perceived academic performance as opposed to their satisfaction with the things they had learned, which was higher.

Caregivers and teachers assumed that young people were less satisfied with their peer relationships and with what they had learned, with statistical significance for both items. In contrast, they agreed in attributing the young people a high level of satisfaction with their relationships with teachers, and they also coincided in placing satisfaction with academic performance in last place.

Regarding aspects of satisfaction with life, young people were more satisfied with ‘life in general’ ($M = 7.26$, $SD = 2.63$), than with school life. Caregivers and

teachers attributed significantly lower life satisfaction to young people ($p < .001$). This pattern was repeated in the rest of the items evaluated by the three stakeholders: young people's satisfaction with their families, their health, their social relationships, their use of time and their appearance. The lowest degree of satisfaction reported by the youngsters was with their residential centre ($M = 6.67$, $SD = 3.26$) and the degree of freedom they were allowed ($M = 6.22$, $SD = 3.57$); both aspects, unlike the previous ones, did not reach statistical significance among the stakeholders.

TABLE 3. Perception of different aspects of young people's school and life satisfaction by stakeholder

	Young people	Caregivers	Teachers	<i>p</i> -value
SCHOOL SATISFACTION				
Global score (SS) (0-60 points)	41.31 ± 10.36	35.82 ± 10.96	35.26 ± 10.93	.002
Score per item (0-10)				
<i>Classmates</i>	7.51 ± 2.55	6.09 ± 2.19	6.46 ± 2.19	.001
<i>Things I have learned</i>	7.16 ± 2.05	5.85 ± 2.07	5.60 ± 1.95	< .001
<i>Academic performance</i>	5.76 ± 2.45	5.53 ± 2.20	5.28 ± 2.07	.317
<i>Relationship with teachers</i>	7.17 ± 2.85	6.70 ± 2.11	6.71 ± 2.03	.079
<i>As a student</i>	6.90 ± 2.66	5.63 ± 2.29	5.59 ± 2.42	.001
<i>School in general</i>	6.92 ± 3.06	5.96 ± 2.45	6.04 ± 2.41	.009
LIFE SATISFACTION				
Score per item (0-10)				
<i>Health</i>	8.04 ± 2.40	6.82 ± 2.28	6.67 ± 2.45	.001
<i>Social relationships</i>	7.66 ± 2.10	6.40 ± 2.18	6.32 ± 2.28	< .001
<i>Physical appearance</i>	7.40 ± 2.99	6.14 ± 2.42	6.43 ± 2.38	.001

<i>Family</i>	8.19 ± 2.78	4.32 ± 2.39	3.96 ± 2.41	< .001
<i>Residential home</i>	6.67 ± 3.26	6.50 ± 1.82	6.13 ± 2.32	.124
<i>Freedom</i>	6.22 ± 3.57	5.49 ± 2.07	5.67 ± 2.39	.052
<i>Use of time</i>	7.35 ± 2.15	6.35 ± 1.67	5.98 ± 1.87	< .001
<i>Life in general</i>	7.26 ± 2.63	5.86 ± 1.56	5.50 ± 1.82	< .001

Note. Data presented as mean ± *SD*. *p*-value of the Kruskal-Wallis Test and ANOVA Test. The data passed the Kolmogorov-Smirnov normality test.

3.3 Proposed explanatory model of the degree of young people’s satisfaction with school according to some independent variables

Based on this we analysed differences between young people, caregivers and teachers in the dependency that each of them attributed to school satisfaction (SS) in relation to other variables in this study (Tables 4 and 5).

The youngsters’ mean SS score regarding their relationship with the teachers was greater if they felt that teachers listened to them and paid attention to them ($M = 45.72$, $SD = 8.60$) and treated them fairly ($M = 45.77$, $SD = 7.32$), also from the perspective of caregivers and teachers. In all cases, the difference between the group that *agreed totally or a lot* and the rest was significant.

As for relationships with their peers, youngsters who *agreed totally or a lot* that they felt well treated by their classmates, had good relationships with some of them and were helped when they had a problem, had significantly higher SS scores ($p = .001$, $.002$ and $.032$). The perception of caregivers and teachers coincided with that of the youngsters in all these aspects, also with significant differences in their responses.

Caregivers and teachers attributed higher mean SS scores to youngsters who ‘usually obtained high grades’ and lower scores to those who ‘normally obtained low grades’, with a difference in the mean SS score in both groups of more than 10 points in

all the subjects, and statistical significance in all cases. According to the young peoples' answers, significant differences were only observed among those who stated that they 'usually obtained high grades' in Language Literacy and in Physical Education ($p = 0.006$ and $p = .001$).

Regarding participation and study resources, caregivers and teachers attributed a lower mean SS score to youngsters who were *never* responsible for a particular task at school ($p < .001$ and $p = .047$). Youngsters had a higher mean SS score when they *always* had access to a computer, laptop or tablet as opposed to those who reported *sometimes* having access to them ($p = .036$).

As for future aspirations, the youngsters with a higher mean SS score were those who intended to follow an academic pathway after compulsory secondary education ($M = 42.16$, $SD = 10.66$), while those with a lower mean SS score planned to leave school and look for work ($M = 38.08$, $SD = 11.68$). The same was observed in the responses made by caregivers and teachers, although differences, attributed by them, between the young people who were aspiring to study Baccalaureate and those who were not, did not reach statistical significance in the case of the teachers.

TABLE 4. Young people's school satisfaction (SS) according to the evaluation of different school domains, by stakeholder

	Young people	<i>p</i> -value	Caregivers	<i>p</i> -value	Teachers	<i>p</i> -value
Teachers listen to him/her						
<i>I don't agree/ I agree a little</i>	27.30 ± 6.26		22.00 ± 2.00		31.00 ± .00	
<i>I agree more or less</i>	37.79 ± 7.12	< .001	32.44 ± 10.05	.005	27.00 ± 7.48	.053
<i>I totally agree or I agree a lot</i>	45.72 ± 8.60		38.10 ± 10.67		36.69 ± 11.03	

Teachers treat him/her fairly						
<i>I don't agree/ I agree a little</i>	31.30 ± 10.37		27.00 ± 10.83		27.00 ± 6.93	
<i>I agree more or less</i>	37.82 ± 10.82	< .001	28.15 ± 7.21	.002	24.00 ± 14.93	.065
<i>I totally agree or I agree a lot</i>	45.77 ± 7.32		38.23 ± 10.68		36.30 ± 10.53	
Classmates are usually nice to him/her						
<i>I don't agree/ I agree a little</i>	31.43 ± 10.20		23.25 ± 9.04		13.00 ± 7.07	
<i>I agree more or less</i>	34.13 ± 7.45	< .001	33.42 ± 9.75	< .001	32.00 ± 10.19	.006
<i>I totally agree or I agree a lot</i>	44.73 ± 9.07		40.50 ± 8.72		36.53 ± 10.24	
Good relationship with classmates						
<i>I don't agree/ I agree a little</i>	24.50 ± 7.72		27.00 ± 10.03		17.50 ± .71	
<i>I agree more or less</i>	39.80 ± 12.11	.002	33.21 ± 6.74	.001	31.73 ± 5.52	.001
<i>I totally agree or I agree a lot</i>	42.60 ± 9.44		39.52 ± 11.14		38.51 ± 8.79	
Classmates help him/her						
<i>I don't agree/ I agree a little</i>	35.60 ± 12.78		28.17 ± 10.85		28.00 ± 13.90	
<i>I agree more or less</i>	39.88 ± 7.88	.032	34.96 ± 10.52	< .001	32.45 ± 8.76	.023
<i>I totally agree or I agree a lot</i>	43.52 ± 9.20		41.78 ± 8.18		37.78 ± 9.88	
Language Literacy performance						
<i>Good</i>	44.27 ± 9.93		42.07 ± 9.23		43.30 ± 9.89	
<i>Satisfactory</i>	41.78 ± 9.70	.006	38.47 ± 9.05	< .001	34.60 ± 8.98	.025
<i>Unsatisfactory</i>	31.00 ± 9.06		27.87 ± 10.50		31.88 ± 13.24	
Physical Education performance						
<i>Good</i>	43.65 ± 9.24		40.59 ± 8.17		37.00 ± 10.00	
<i>Satisfactory</i>	32.21 ± 9.12	.001	30.86 ± 11.44	< .001	33.90 ± 9.54	.002
<i>Unsatisfactory</i>	45.50 ± 16.26		27.40 ± 11.15		17.75 ± 11.12	
He/she has been responsible for a particular task at school						
<i>Never</i>	40.28 ± 10.82		29.38 ± 10.08		31.89 ± 11.11	
<i>Sometimes</i>	43.07 ± 10.28		39.60 ± 9.05		37.89 ± 8.97	
<i>Often</i>	38.86 ± 10.64	.396	42.78 ± 7.68	< .001	40.40 ± 8.41	.047
<i>Always</i>	45.56 ± 8.17				46.00 ± 9.90	

He/ she has access to a computer,
laptop or tablet

<i>Never</i>	42.46 ± 9.72		32.86 ± 11.36	-	
<i>Sometimes</i>	35.93 ± 11.42	.036	36.96 ± 10.57	-	-
<i>Often</i>	36.20 ± 9.44		35.94 ± 11.76	-	
<i>Always</i>	45.21 ± 9.02		39.11 ± 9.87	-	

Baccalaureate (Pre-university)

<i>No</i>	39.66 ± 10.27		36.68 ± 9.88	33.00 ± 11.85	
<i>Yes</i>	42.16 ± 10.66	.358	37.05 ± 11.52	41.43 ± 6.51	.016

Informal vocational training

<i>No</i>	42.12 ± 9.63		35.55 ± 10.15	39.17 ± 9.26	
<i>Yes</i>	38.08 ± 11.68	.151	36.83 ± 10.37	33.44 ± 10.66	.062

Nota. Data presented as mean ± *SD* of the School Satisfaction (SS) according to each item and stakeholder. *p*-value of the ANOVA Test and *t* Test. The data passed the Kolmogorov-Smirnov normality test. A hyphen in the box indicates that the information was not collected because the teachers did not have it.

According to caregivers and teachers, a positive correlation existed between the youngsters' satisfaction with 'their life in general' and their school satisfaction (SS) ($r = 0.27, p = .020$ and $r = 0.67, p < .001$ respectively). That is, the greater their satisfaction with life, the greater their school satisfaction, and vice versa. Similarly, in the youngsters' responses there was a positive correlation between a summary variable constructed as the sum of all the satisfaction with life items and the youngsters' SS ($r = 0.58, p = .001$).

According to the different life satisfaction items, a significant correlation existed for young people, although causation was not attributed, with a 95% confidence interval, between their SS and their social relationships ($\beta = 2.18, [1.08, 3.27], r^2 = .19, p < .001$), use of time ($\beta = 2.04, [0.99, 3.08], r^2 = .18, p < .001$), appearance ($\beta = 1.70, [0.94, 2.46], r^2 = .23, p < .001$) and their satisfaction with their family ($\beta = 1.09, [0.23, 1.96], r^2 = .08, p = .014$). Young people, caregivers and teachers all agreed in

considering satisfaction with social relationships as the common variable with greater explanatory weight. For caregivers, 43.8% of the youth's SS could be explained based on their social relationships and use of time. For teachers, the model acquired greater strength by adding the youth's 'satisfaction with health' variable and explained 74.6% of their SS.

TABLE 5. Young people’s school satisfaction (SS) according to life satisfaction variables, by stakeholder

	Young people				Caregivers				Teachers			
Linear regression	β	95% CI	r^2	p	β	95% CI	r^2	p	β	95% CI	r^2	p
Social relationships	2.18	[1.08, 3.27]	.19	< .001	2.34	[1.31, 3.38]	.22	<.001	3.75	[2.92, 4.58]	.57	<.001
Appearance	1.70	[0.94, 2.46]	.23	<.001	1.63	[0.59, 2.67]	.11	.003	2.16	[1.10, 3.21]	.21	<.001
Family	1.09	[0.23, 1.96]	.08	.014	0.30	[-0.83, 1.43]	-.01	.601	1.75	[0.44, 3.05]	.11	.010
Residential home	0.45	[-0.34, 1.24]	.01	.257	1.13	[-0.27, 2.52]	.02	.111	3.09	[2.07, 4.11]	.40	<.001
Freedom	0.20	[-0.50, 0.91]	-.01	.565	0.84	[-0.40, 2.08]	.01	.183	2.34	[1.24, 3.44]	.24	< .001
Use of time	2.04	[0.99, 3.08]	.18	< .001	3.29	[1.93, 4.66]	.24	< .001	4.16	[2.97, 5.35]	.45	< .001
Life in general	0.96	[-.019; 1.95]	.04	.054	1.89	[0.30, 3.48]	.06	.020	4.03	[2.85, 5.22]	.44	<.001
Stepwise multiple regression												
Appearance	1.55	[0.73, 2.36]		<.001								
Social relationships	1.33	[0.21, 2.46]		.021	1.90	[0.86, 2.94]		.001	3.55	[2.51, 4.58]		<.001
Use of time					2.13	[0.72, 3.53]		.004	2.33	[1.09, 3.57]		<.001
Health									.95	[-1.89, -0.00]		.049
			.33	<.001			.44	<.001			.75	<.001

Note. CI = Confidence interval

4. Discussion and conclusions

Results showed that school satisfaction as expressed by young people was higher than that attributed to them by their caregivers at the residential centre and their teachers. Not only was this true for the general School Satisfaction index but for all the items, and significantly for satisfaction with their lives as students, with school in general, with their classmates and with the things they had learned. Aspects directly related to school, such as relationships with their peers and teachers, and indirectly, such as study resources, had an impact on the youngsters' satisfaction with school in general. The degree of satisfaction with social relationships, family, appearance, and use of time, were aspects linked to the subjective well-being of these youngsters that may also have had an influence on their school satisfaction.

These results coincide with other research results that show that professionals in the field of child protection tend to have a more negative view of the youngsters' lives and well-being than the youngsters themselves (Davidson-Arad, 2005, 2009). For example, in this study aspirations to continue formal education were higher in youngsters than those attributed to them by their caregivers and teachers, who believed to a large extent that these young people would follow unregulated educational pathways after secondary education. This result is in line with research reporting a certain "professional pessimism" as well as low expectations projected towards this group in the school environment on the part of the professionals, with a negative impact not only on academic outcomes, but also on the children themselves (Martín, García, & Siverio, 2012; Montserrat & Casas, 2006). However, it is also worth asking if these differences may respond to the generally more optimistic outlook on life among young people (compared to adults), or to their lack of self-consciousness and awareness

regarding their school situation, possibly leading to more optimistic evaluations. More research should be done in this regard.

Young people and professionals had different visions of the former's school life and gave relevance to different aspects. Relational aspects were central for young people when expressing their satisfaction with school, especially their relationships with classmates, but also with their teachers. The importance of taking care of the relational and emotional aspects at school and the establishment of a stable, trusting teacher-student bond for this group, and for groups at risk of exclusion in general, have been widely developed in several research studies and identified with "successful" learning pathways (Bentley, 2013; C. Cameron et al., 2015; Tarabini, 2018).

For caregivers and teachers, aspects related to the youngsters' identity as students, their participation at school and, in particular, their academic performance, were especially relevant. Both caregivers and teachers coincided in attributing greater school satisfaction to students who obtained high grades in all subjects, and vice versa. On the other hand, for young people this was not so clear, in line with the thesis by Fernández et al. (2010) according to which young people, especially those from disadvantaged backgrounds, tended to minimize the instrumental value of studying. This divergence between the views of the professionals (teachers and caregivers) and young people about "what is important" in life and school for well-being leads us to reconsider the identity of young people-students from non-instrumental parameters.

Following this same line of analysis, a contradiction is worth noting when looking at the items that made up the school satisfaction index: while the youngsters' satisfaction with the things they had learned was the item with the third highest score, satisfaction with their grades took last place. A possible hypothetical explanation of these results may be, on the one hand, that their efforts and positive progress do not

always translate into better outcomes given the accumulation of delays and difficulties in their education, as suggested by other researchers (Welbourne & Leeson, 2013a). And, on the other, that the educational interventions carried out within the framework of “inclusive education” do not always focus on the enhancement of academic outcomes (equity) or on the recognition of motivation and learning, but rather on the integration and control of the most disadvantaged students (Ball et al., 2013; Feito, 2003).

Some interesting coincidences existed regarding the different areas of life that may influence the school satisfaction of young people in residential care. Young people, caregivers and teachers coincided in underlining satisfaction with social relationships as a key factor. Teachers and caregivers agreed in identifying the use that youngsters made of their time as another influential factor in their SS levels. In contrast, appearance was especially important for the youngsters. Different research has shown that for adolescents in care, recognition as “an equal” or as “a normal kid”, escaping from the “child in care” label, acquire great relevance and act as motivating factors for academic achievement (Jackson & Cameron, 2014).

On exploring the degree of satisfaction in different areas of the youngsters’ lives, we found that their life in the residential centre and their degree of freedom scored the lowest, which, despite being attributed in part to age (12-17 years), opens up the debate on the limitations of the protection system, which may be detrimental to participation and personal freedom. Similarly, the low level of satisfaction with the residential home expressed by the youngsters might suggest the need to reflect on the quality of care and the opportunities offered by this measure of protection. However, as other researchers have pointed out, when evaluating residential placement and its effects in the academic sphere (among others), we should be aware that the educational situation of the youngsters in residential care requires a much more complex analysis,

going beyond the measure of protection in itself (Montserrat & Casas, 2018; Welbourne & Leeson, 2013).

The young people and the professionals held radically opposing views on satisfaction with family life. While caregivers and teachers placed this item last, the youngsters did just the contrary. Although their families may be unable to take care of, or support, them, they form part of their identity, and often the object of their desire. This has sometimes been explained from the perspective of the Ambiguous Loss Theory (Boss, 2007), according to which the ties children in care have with their birth families have been severed but, at the same time, have not completely ceased to exist, and this may lead to confusion among these children regarding family roles and boundaries (Mitchell, 2016).

Finally, a surprising result of this study has been the lack of access to computers and the Internet for young people of this age which, in the present-day context, puts young people in residential care at a serious disadvantage in both educational and social fields compared with their peers. The need to be connected in today's society puts a strain on the residential care system, strongly conditioned by regulations and restrictions that swing from the protection to the control of children in care. More research is needed in order to assess the impact of this disadvantage on school education and on the social marginalization of this group.

The main limitation of this research has been the small sample size and its heterogeneity. On the one hand, the sample was the result of the project design. Representativeness was not sought, but instead the objective was to launch a pilot project in five countries at the same time in which the participants had similar characteristics in terms of numbers, age, placement type (residential care) with a deliberately limited sample. Sample characteristics prevented cross-national

comparative analysis or comparisons in terms of the youngsters' school and placement situation or demographic variables, such as age, gender or country of origin – aspects of great interest for research in this field due to the differences that exist in this population group not only between countries but also within the protection system and in the academic environment.

Working with a sample made up of people from different countries is complex since it not only involves dealing with different languages but also with different sociocultural and political realities. Moreover, the structure of child protection systems and residential centres, education systems and schools, and the way they work, is not comparable. In our research, language differences may have led to confusion in the translation of the questions and, therefore, to a reduction in the internal consistency of the measure.

It is also important to highlight a methodological question: the design of the pre- and post-tests had a clear limitation in that the results obtained were assigned only to programme development. It is important to take into account that during the year of study other factors could have been involved in the mentioned changes that might have gone unnoticed by the evaluator. So, although we assume this bias, it should be made clear that the limitations of using control groups are very controversial on an ethical level in this social area. On the other hand, not having a control group outside the residential care environment meant that we were unable to say which issues were typical of adolescents in general, and which were specific to young people in residential care.

Finally, it is worth highlighting the limited scope of this study, as the theoretical model did not include aspects such as family background, reasons for admission, age on entering care and time spent in out-of-home placement, relationship

with birth parents, stability in the residential centre and at school, residential centre and school characteristics, and leisure time activities. These elements have been identified as variables of interest by other authors in research with this population group (Gilligan, 2013), and which we suspect could have had an impact of the school satisfaction of these young people, which should be taken into account in further research in this field. On the other hand, the correlation between variables established in this model is interesting as it allows us to identify the ones that may be more relevant to the different stakeholders, but it does not enable causal relationships to be established among them.

Despite the obvious limitations of the results of this study, they enable us to suggest a series of implications for practice. It is important: a) to listen to children and promote their participation; b) to prioritize emotional and relational aspects in the schooling of young people in residential care; c) to promote academic progress from a procedural perspective and academic target-setting from an enabling approach; d) to apply non-discriminatory compensatory measures, avoiding the stigmatization of this group in the school environment; e) to offer a quality environment which is democratic and encourages participation not only in schools but also in residential centres, helping young people to become jointly responsible for, and more aware of, the control they have over their own learning pathways, and f) to involve the birth families in the education of these young people.

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6.1.1 Reviewers' corrections and responses

REVIEWER 1

The paper addresses a very important issue such as young people in residential care and their relationship and satisfaction with the school environment. In addition, it establishes an interesting comparison between the perceptions of professionals, both residential and school staff, with the own perception of young people and the data point out very disparate visions that deserve to be taken into account.

However, the study presents extremely serious limitations. The most important, unexplained and difficult to justify, is the composition of the sample. They take between 12 and 18 young people (with their corresponding stakeholders) in five different countries. Throughout the study, the reason for using so many countries to collect data from such tiny samples is not justified. We do not know why researchers do not take a sample from a single country, since at no time is the transnational perspective used in the analyses. It is difficult to accept that a sample of 219 young people can represent five countries as large as France, Spain, etc., and the authors do not justify the reasons for that very small number. The effort to collect data from 12 to 18 young people in each country seems really small for a serious study. The reasons for such a poor collection are not explained. Neither the sample nor the procedure explains the mode of choice of young people in each country, nor the type of residential care they come from (there are different types in different countries and within each country).

Yes, we agree that it has not been clarified in the first submission. Now, more information about the sample characteristics and the selection procedure have been added accordingly (pp. 4-5) and included in the limitation section, too. (p. 22)

The gender of the sample shows 78% of males without explaining why the gender was not balanced. *It has also been clarified accordingly (p. 5).*

Likewise, the age range is very broad (12-17) but the distribution of ages is not explained and it is not reported if it was the same for each country. *The age range was established taking into account the Compulsory Secondary Education stage of the countries involved. We agreed that the ages between 12 and 16 or 17 fit well with this criteria.*

In my opinion, this form of selection of the sample, so carelessly presented and so scarcely justified, means that the article has no representative force for the conclusions drawn, even though we can agree that such conclusions could be of great interest if the method been more rigorous. *We have changed partially the orientation of the conclusion based on the revision done in terms of not to be representative but enough to open a debate on the preliminary results (pp 19-23).*

REVIEWER 2

This is a well written and robust paper, focusing on an important area of research. While the sample size of youth is relatively small, its shortcomings are addressed somewhat by the inclusion of responses from caregivers and teachers. The comparative dimension of the study provides some important insights with regard to school satisfaction among young people in residential care. I feel that it is a solid paper and would make a valuable contribution to the literature and to your journal. *Thank you very much.*

REVIEWER 3

The paper covers an important theme: school satisfaction (SS) of young people in residential care – a topic that definitely has been understudied. The paper reads well and has a good structure. My main concerns have to do with the theoretical underpinning of the concepts used and with insufficiencies in the Methods section. Some results should be better explained. Also the final messages in the Discussion section can be much more concrete. The English should be checked by a native speaker. I conclude that a **major revision** is necessary.

Specific comments:

1. In my opinion it is unnecessary to mention the mean age of the professional participants in the Abstract. No surplus value. *It has been removed accordingly (see abstract).*
2. In the Abstract it is indicated that SS expressed by young people themselves is higher than SS attributed to them by professionals. It is then unclear what the meaning is of the M, SD and p between brackets. Can't these be skipped? *We agree that "m", "sd" and "p" are unnecessary information for the abstract and can mislead the reader. It has been removed accordingly (see abstract).*
3. On page 2 the expression "... in Spain and the rest of European countries" suggests Spain to be the reference point for what is claimed here. This looks strange considering the presentation of a five countries study, including Spain. *It has been removed accordingly (p. 2).*
4. What is the difference between the first and second objective of this study? (p. 3) To me this is unclear. *Objectives 1 and 2 have been merged (p. 3).* And why is a five-

countries study presented that fails the objective to compare the data from those five countries?? *Yes, we agree that it has not been clarified in the first submission. Now more information about the sample characteristics and selection procedure have been added accordingly (p. 4-5) and included in the limitation section, too. (p. 22). The main reason is that the objective was not to establish a comparison between countries.*

5. I would propose as a paragraph title: Methods (not Materials and methods). *It has been changed accordingly (p. 4).*
6. Table A (I would propose: Table 1) should be formatted according to APA-norms (not all those horizontal lines). *It has been corrected accordingly (p. 5). Tables have been listed accordingly (table 1, 2, 3... instead of a, b, c...).*
7. There is no information at all regarding the selection per country of the participating organizations (residential centres). How many per country? On what grounds selected? What type of centre (open-closed; age range admitted young people; situated rural or not; etc.). And then, on what grounds were young people selected? How many refused to participate? Do the ones who actually participated represent the centre population? *More information has been provided to clarify all these issues (p. 4 and p.5).*
9. And what does it mean that less than 75 teachers were engaged (several young people had the same teacher?) *A clarifying note has been added under the table 1 (p. 5).*
10. Regarding the instruments presented (pp. 4-5) essential information is missing. It is unclear what specific concepts/topics the instruments should cover. *Yes, it is true. More information about the questionnaire items has been provided (p. 5-6).*

A theoretical underpinning of the choices made is missing - here in the Methods section but also in the Introductory paragraph. The reader should be able to understand what the

theoretical and/or empirical rationales are behind the selection of the ‘independent variables’ (predictors). *Some explanations have been added accordingly (p. 3, 5-6).*

11. Info regarding the psychometric characteristics of the instrument mentioned (ISWeB) is missing. *Yes, it is true. This information has been added (p. 6).*
12. Regarding the presentation of the Results I would suggest to limit the amount of words, especially because the Tables presented are already voluminous. *Thank you very much, we have tried to do so, but at the end it has not been possible as we had to clarify some aspects required by others reviewers.*
13. Please don't use italics in the Results' section, it detracts attention of the reader. *Italics have been removed or replaced by quotation marks (') when necessary (see Results section).*
14. What is the meaning of FPI (p. 7). *Sorry, it has been changed (p. 9 and tables 2 and 4).*
15. How are the school-satisfaction items in table C related to the variables in table B? *This is unclear. It has been explained in the next section (3.3, table 4).*
16. Shouldn't the p-value regarding the difference between the young people's and professionals' mean overall scores on SS (p. 10) not be replaced to the next line? *It has been replaced accordingly (p. 11).*
17. The title of table D should give a better indication of what is included in the table; this is unclear. *It has been changed accordingly (table 4).*
18. How was the selection done of independent variables in the regression model. This should be much better explained. *We included all the variables related to satisfaction*

in the model, but in the table there are only those with statistical significance (a brief explanation has been added in page 7).

19. Regarding the Discussion section a focus is on relational aspects of the young persons' environment to explain their SS. Because their being in residential care obviously has to do with emotional and behavioural problems they showed at entry in care, including a problematic family background, I was wondering if and how their problems' configuration would relate to SS. More in general I would like to see a more critical reflection on the limited scope of this study, including a critical reflection on the theoretical model applied. *Yes, we agree. A paragraph has been added accordingly (p. 23).*
20. Please, give some more info on the ambiguous loss theory. Without doing so the reader is not able to understand its relevance here. *More information has been added accordingly (p. 21).*
21. What is the meaning of the "categorization" of diversity in the sample? (p. 20) Why should that be done? *We agree. It is an expression that may mislead the reader. It has been modified accordingly (p. 21).*
22. Although announced in the Abstract it is completely unclear what implications the study findings do have for further research, policy and practice. The claim that the results contribute to "the design of educational interventions in this area..."(p. 20) is very vague. Please, make this more concrete. *A new paragraph has been added accordingly (p. 23).*
23. The reference list should be checked cf. APA. *It has been checked.*

- The article has been revised by a native professional translator as suggested.

REVIEWER 4

This paper appears to address an important and under-researched area: that of the value of education to young people growing up in care. More could have been said in the introduction about the non-academic and academic benefits to adolescent development and adult outcomes, and why this is particularly significant for those in residential care. *It has been developed accordingly (p. 2).*

The methods gloss over the measurement strategy and participants and more is needed here. *More information has been added accordingly (pp. 4-6).*

By contrast, the results provide an overly detailed description of individual item responses, and it seems that a very slim measurement set has been stretched to the limit to report something of interest. Because of the lack of specific information in the methods, it is difficult to know what analysis is realistically possible but I would encourage the authors away from single item analysis except for illustrative purposes, and suggest the regression, if used at all, is more theoretically driven. *Yes, we agree. The regression model is explained in the data analysis section and the results can be observed in tables 4 and 5.*

The lack of a control group means that some assertions are de-contextualised. For example, appearance concerns play an important role, but it is quite likely that this is typical to all young people, not just those in residential care. *It has been included as a limitation of our research (p. 23).*

Some specific points:

- More comparative information about the samples from each country, especially for the young people: gender split, age range and SD would be useful for establishing

equivalence. *More information about the characteristics of the sample has been added (pp 4-5) However, the aim of the study was not to compare data across countries. It has also been clarified in the title, objectives and method sections.*

- The measures description was a little ambiguous – was the final measure a bespoke measure for this study or a previously validated measure? *It has been added more information regarding measures in pages 5 and 6.*

- It isn't clear whether the study was subjected to independent ethical review prior to implementation. Please provide more details about this. *It has been added some more information (p. 6).*

- Internal consistency of the measure when translated into different languages – more information needed to ensure item equivalence between languages. This should be considered as a potential confounding variable along with demographics. *More information about the translation procedure has been added (p. 5). The potential confusion due to language differences has been included as a limitation of the study (p. 22).*

- P7 – explain what FPI is. *Sorry, it has been removed (p. 9 and tables 2 and 4).*

- In table D, what are the means of? *It has been clarified as a note under the table 4 (p. 16).*

- P15. Was the first set of linear regression(s) simple, multiple, hierarchical? Causality is attributed here, based on a cross-sectional survey and caution should be taken about over-interpreting apparent associations that may be driven by unexamined underlying variables. For example, the logic that better physical health explains school satisfaction is not clear, and it seems more likely that young people who are functioning well in one

area of their life are also functioning well in another, without there being a uni-directional causal relationship between these two areas.

Following these comments, we have revised Table 5 and we have rearranged the results. First appear the results for the simple regressions models for each variable, and then we present the results for the multiple regressions.

- I agree with the authors that the most significant finding is the comparatively negative assessment by adults, but the ensuing assertions about inclusive education seem to reach too far beyond the findings (even if I do agree). *We agree. We have presented these assertions as a theoretical hypothesis and not a certainty (page 20).*

REVIEWER 5

An interesting and well-written article which approaches the intractable problem of low attainment by young people in Out of Home Care in an innovative way.

- High drop-out rates, mentioned as a problem in the abstract, are not referred to in the article. *Yes, it is true. It has been removed in the abstract.*

- Cross-national studies can be very illuminating but this dimension is excluded altogether from the article, with no explanation. *The main objective was not the comparison between countries and it has been clarified in the methods. However, due to the importance of this dimension, new reflections and thoughts have been added in the discussion section.*

- I spotted a very minor error: on p.18, the reference should be Cameron, Jackson and Connelly, i.e. not in the order given. *Thank you very much, it has been changed (p. 20, and in the bibliographical references section).*

- The quite marked differences in perception between young people, caregivers and professionals in some areas, as set out and discussed in the article should provide a basis for productive future research with important implications for policy and practice. These could be discussed in more detail in the conclusion. *Yes, it is the point and a new paragraph has been added (p. 23).*
- The overall low level of satisfaction with living in a residential centre might be attributed to the restriction on liberty involved, or to the low quality of the provision. The lack of access to computers and the internet for young people of this age is shocking and obviously puts them at a serious disadvantage compared with their peers. This certainly merited more discussion. *It has been developed accordingly (p. 22).*
- The finding of 'professional pessimism', leading to low expectations, and presumably dampening of young peoples' aspirations is another important finding, supporting much previous research. *It has been developed in the discussion section.*

REVIEWER 6

The focus on School Satisfaction of Young People in Residential Care is very interesting for the journal and the article is well structured and easy to read.

However some minor revisions are needed before publication.

- Since the article is proposed in the title as a comparative study, there is the expectation that some comparison would be made by the authors. Instead, neither in the introduction, nor in the data analysis, nor in discussion any comparison is presented. The authors are invited to introduce such issues, that could increase the value of the article. *The main objective was not the comparison between countries and it has been clarified accordingly: some changes haven been made in the title, the objectives and the method sections. However, due to the importance of this dimension, new reflections and*

thoughts have been added in the discussion section as well as in the limitations (p. 22-23).

- Data suggest interesting scenario for practice, but they are not included in the article. I suggest adding a final paragraph with "implications for practice". *Thank you very much, we missed it and now a new paragraph in the discussion section has been added accordingly (p. 23).*

- Finally, the authors introduce the "Ambiguous Loss Theory" as explanation of the differences between youngsters' and professionals' points of view. It would be better if the author add more explanation of this interpretation. *It has been developed accordingly (p. 21).*

- Moreover, I am not a English native speaking, but I think that some English proof reading is needed. *It has been revised by a native professional translator.*

REVIEWER 7

This is a strong paper reporting on data from young people, caregivers and teachers on young people's satisfaction from school. Data is reported statistically and while I am not expert in these procedures it give a convincing argument on a) differences between the three groups and b) the importance of social relationships for school success. I have a few minor comments and three more major points.

Minor points

1. When reporting academic 'results', there was a difference of view between respondent types. From an Anglophone perspective, 'results' refers to external examinations and so a difference of view would not be possible. Maybe better to refer to school-based assessments or teacher assessments or some other phrasing.

Thank you very much. It has been replaced by “academic performance” or “perceived academic performance”

2. Access to internet - does this refer to any access (eg personal data usage), or just institutional access? *It is referred to any access to the Internet (both personal and institutional). It has been clarified accordingly (p. 9).*

3. Reference to Cameron, Connolly and Jackson (2015) has the authors listed in wrong order - p10 and in bibliography. *Sorry, it has been changed accordingly.*

Major points

1. How can caregivers and teachers 'assume satisfaction' of the young person? How was the question asked and who was their target young person? Were they asked to reflect on all young people in care or those in their class/care at that moment or a particular young person who was also taking part in the study? The conceptualisation of 'satisfaction' (inherently subjective) is at odds with the presentation of the results (attributing satisfaction to others). Some explanation is needed. *Yes, it is an important point and it has been explained in more detail in page 3, opening a new section (named “1.1 School satisfaction”).*

2. What is the relevance of the five countries? What is the benefit of having data from five countries with different contexts and policies to address these questions? There is no mention of the cross-national dimension beyond the data sources. I suspect the data was taken from a larger study but there is no reference to this. Possibly the numbers involved would make the analyses impossible on a country basis, but again there is no mention. What would be investigated or analysed differently another time? *The main objective was not the comparison between countries and it has been clarified: some changes haven been made in the title, the objectives and the method sections. However,*

due to the importance of this dimension, new reflections and thoughts have been added in the discussion section as well as in the limitations (p. 22-23).

3. While the results show a difference of perspective between young people and professionals, reflecting perhaps a 'professional pessimism' that is not shared with young people there is no attempt at an explanation for this or an attempt at situating these young people within optimism of young people as a whole. Why is there a discrepancy when (presumably) caregivers and teachers work closely with these young people? Don't young people in general feel more optimistic? The conclusions could include a speculative / situated explanation - is it generational/institutionalised/professionalised discrimination? *It is a main point and we tried to explain it in more detail. So, a wider reflection has been developed accordingly (p. 19).*

6.2 Study 2: The role of mentoring in the schooling of children in residential care.

The role of mentoring in the schooling of children in residential care

Children in care, especially those living in residential centres, are much less likely to gain access to postsecondary education than their non-in-care peers. Mentoring programmes seem to have promising results at facing this challenge, although important research gaps still exist. This study explores the role of mentoring within the complex network of institutions and stakeholders involved in the schooling of children in residential care. Qualitative data were collected from a school-focused mentoring programme implemented in five European countries. A total of 853 observation forms completed by 62 mentors were analysed, and 16 focus groups (with 16 mentors, 16 residential centre staff, 13 children and 2 teachers) were conducted. Data were qualitatively coded using thematic analysis. Findings suggest that mentors play a supplemental role towards the academic achievement of children in residential care. Additionally, mentors have emerged as an advantageous figure in the face of the limitations posed by institutional settings. According to the results, providing supportive, caring, trustful and steady relationships, mentoring programmes may create an opportunity for the well-being and resilience of children in residential care as well as promote their social capital.

Keywords: mentoring, residential care, education, qualitative research

Introduction

Children in care are much less likely to gain access to postsecondary education than their non-in-care peers, especially those in residential care. In a large study carried out in Europe (see Jackson & Cameron, 2014), data showed that the proportion of young

people from a public care background in higher education was from one to six per cent among EU countries, while the mean of young people enrolled in tertiary education in the EU was at least 40 %. In Spain and Hungary, where the percentage of children placed in residential care was higher, the results showed lower achievements for them than for children in family foster care. In Canada, Flynn et al. (2013) found similar results: young people in foster and kinship care had better educational outcomes than those in group homes.

For children in care, formal education can constitute a protective factor for overcoming traumatic experiences and an opportunity for their personal and social development (Höjer & Johansson, 2013; Montserrat & Casas, 2018a). Although concern and efforts to face this challenge have grown, few studies have rigorously evaluated potential interventions. According to Forsman and Vinnerljung (2012), tutoring projects seem to have the best empirical support from evaluations with rigorous designs. Additionally, a recent systematic review carried out by Lou, Taylor and Di Folco (2018) on resilience in children in residential care, found that the main protective factors were related to promoting interpersonal relationships and developing a future focus and motivation; objectives that may be achieved by mentoring programmes.

In the last decade, mentoring programmes for youth have proliferated as an intervention strategy in diverse spheres, including education. In these programmes, a youngster is typically paired with a volunteer from the community with the aim of cultivating a relationship that will foster the young person's positive development and well-being (DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011). Children from vulnerable backgrounds appeared most likely to benefit from participating in mentoring programmes, including children in care (DuBois et al., 2011).

Programmes and practices tailored for this population have only been recently developed and research in this field, despite its rapid increase, is limited (Britner et al.,

2014). According to the most relevant studies, children in care may benefit in a large range of domains, especially in promoting favourable psychosocial outcomes, incrementing their social capital and reducing risk behaviours and its consequences (Ahrens et al., 2011; Duke et al., 2017; Munson & McMillen, 2009; Taussig & Culhane, 2010). In regard of the cognitive development, some studies show a positive impact in sentence comprehension and maths skills (Flynn, Marquis, Paquet, Peeke, & Aubry, 2012) and improvements in reading, spelling and vocabulary (Harper & Schmidt, 2012; Olisa et al., 2001).

However, enthusiasm for the possible benefits of mentoring must be tempered by concerns about the risk of failed mentoring relationships among the in-care population and their potential negative impacts on children (Britner et al., 2014; Spencer et al., 2010). Furthermore, very little is known about the underlying processes by which mentor relationships affect children's academic outcomes (Rhodes et al., 2000) and their benefits in the long-term (Larose & Tarabulsy, 2005). Moreover, some of the most rigorous evaluations in this field showed modest or even no improvements in the educational outcomes of children in care (Mark E. Courtney et al., 2008; Staub & Lenz, 2000; Zinn & Courtney, 2014).

Neither study research nor assessment on mentoring programmes focused on academic outcomes specifically targeting children in residential care were found, while this is a population that may be both particularly vulnerable and likely to benefit from mentoring relationships. Therefore, more research in this field is needed, facing specific challenges, theoretical and practical questions and many non-proven hypotheses.

In order to fill this gap, research was designed to explore the potential of mentoring relationships in providing resources to children in care in the areas of academic success and personal development. The theoretical perspective was two-fold. On the one hand, the social capital theory (Avery & Freundlich, 2009; Coleman, 1988),

has been used to understand that one of the difficulties faced by children in care is their lack of quality support and trust relationships, which can help them achieve particular improvements at school. On the other hand, Keller's contextual mentoring model (Keller, 2005), based on Ecological Systems theories, has been taken as a reference. According to this model, in order to understand the place of mentorship in helping children in residential care, it is important to consider the implications of and for their complex network of relationships systems.

Within this theoretical frame, we have hypothesised that mentorship may compensate social capital deficits and play a complementary and at the same time irreplaceable role within the existing network of supportive adults for children in residential care in order to help them reach better academic achievements.

Objectives

The main objective of this study was to explore how mentoring fits into the network of services and stakeholders that deal with the schooling of children in residential care.

The specific objectives were:

- (1) To define the role of the mentor, detecting the differences that distinguish mentors from other supportive adults.
- (2) To analyse the main contributions and obstacles of the intervention of a new stakeholder (mentor) in the education of children in residential care.

Method

The evaluation of a pilot project was carried out within the framework of a European social mentoring project to enhance the educational outcomes of children in residential care. It was an Erasmus+ K102 project carried out by five organizations in Austria, Croatia, France, Germany and Spain, specialized in social mentoring and/or in the education of children in residential care, and one university in charge of the evaluation

of the pilot study. It was a community-based, school-focused and one-to-one mentoring programme provided by volunteers acting as mentors. The programme required weekly meetings of 1.5 - 2 hours between the mentor and mentee. The evaluation had a mixed design and the qualitative part is presented in this article.

Participants

A total of 75 young people, 75 caregivers, 69 teachers and 62 mentors took part in the pilot project in the five countries. The selection criteria were as follows: 15 youngsters per country, all of them in residential care, aged between 12 and 17 years old, studying compulsory secondary education and willing to participate voluntarily in the mentoring programme. Their key caregivers and teachers were included in the project. In parallel, after the training course for mentors, the child-mentor matching process was carried out. Two data sources were used for data collection:

- The analysis of 853 monthly reports completed by the 62 mentors from the five countries
- The 16 focus groups that were conducted in Spain with the participation of 16 mentors, 16 caregivers, 13 children and 2 teachers.

The average age of the 62 mentors was 34.2 years and 76% were females. Ten were from Austria, 14 from Croatia, 11 from France, 11 from Germany, and 16 from Spain.

Of the 16 Spanish mentors who participated in the focus groups, 11 were females (68.8%) and 5 males (31.2%), and their average age was 38.1, with an age range between 25 and 74 years old. The 16 members of the residential centre staff who participated in the focus groups consisted of 9 caregivers and 7 directors. Eight were males and eight females and their average age was 34.8. Of the 13 children (81.3% of the total number of participants in Spain), 6 were girls (46.2%) and 7 boys (53.8%), and they were aged between 13 and 17 (average age 14.5). The two teachers were females and were 47 and 62 years old.

Instruments

We aimed to further our understanding of the mentor's role from a qualitative approach based on reflections made by the stakeholders not only to identify the limitations but also the advantages of incorporating this intermediate figure between the education and child protection system. Hence, we opted for two qualitative data instruments: on the one hand, the systematic and regular observation of the mentors, and on the other, discussion among the stakeholders to capture and contrast the different points of view. Consequently, an observation form was designed (called "monthly report"), which the mentor had to complete in free text for each meeting with the mentee according to a series of evaluation items: activity data, location and description; general assessment of the activity; description of concerns or difficulties encountered; next meeting plan.

At the same time, nine focus groups were conducted with the children (1.5-hour duration), three with the mentors, three with the caregivers and teachers, jointly, and one with residential centre directors (2-hour duration each). The script adapted to each group was aimed at discussing the situation of children in residential care in relation to their schooling, and specifically, to the facilitators and obstacles to their academic achievement; the contributions of the mentoring project in this field; and the experience of each of the stakeholders throughout the project.

Procedure and ethical considerations

The monthly report forms had to be submitted each month by the mentor. They were translated into English by the person in charge of each country's project and sent to the project evaluation coordinators.

The discussion groups were digitally-recorded and transcribed. A respectful environment was ensured when conducting them with the voluntary and free

participation of the stakeholders, who could refuse to answer any of the questions or discontinue their participation.

All information was gathered with the participant's informed consent and the authorization of the child protection authorities. Confidentiality and anonymity were guaranteed in the handling of data in accordance with the current data protection legislation in each country. The participants did not receive any financial compensation for their participation in the project evaluation activities.

Data analysis

Both the monthly reports and focus group tape scripts were analysed following an inductive strategy. Theoretical Thematic Analysis was used (Braun & Clarke, 2006), which enables patterns and themes to be identified and facilitates the interpretation of qualitative data. The procedure entailed incident-by-incident coding followed by a focused coding process in which each code was re-read and analysed to identify broader themes (Charmaz, 2006). The process was reviewed by the researchers and co-authors of this article following an inter-rater reliability procedure. Finally, the themes in line with the article's objectives were selected. The themes were selected for their salience and relevance to practice, rather than just their frequency.

Results

The results are shown based on the thematic classification of the qualitative data obtained from the mentors' monthly reports and the focus group discussions (Table 1).

Table 1. Categories and sub-categories

Categories	Sub-categories
<p>1. A new external role model</p>	<p>1.1 Main benefits</p> <ul style="list-style-type: none"> • Positive adult role models with diverse backgrounds, worldviews, values and professional profiles • Untainted vision, unbiased • Greater social awareness and knowledge about children in residential care and their school situation <p>1.2 Main drawbacks</p> <ul style="list-style-type: none"> • Need for pedagogical/psychological expertise • Lack of knowledge of the situation of children in residential care • Social and cultural barriers
<p>2. The mentoring relationship</p>	<p>2.1 Characteristics</p> <ul style="list-style-type: none"> • The bond in the centre • Gratuity and horizontality • Mutual commitment and respect, supportive relationship <p>2.2 Main benefits</p> <ul style="list-style-type: none"> • Increase in the youngster's well-being <p>2.3 Main drawbacks</p> <ul style="list-style-type: none"> • Loss of interest (child or mentor) • Lack of commitment and or continuity (mentor)
<p>3. Improving educational outcomes</p>	<p>3.1 Main benefits</p> <ul style="list-style-type: none"> • Improvement in future academic aspirations • Improvement in cross-cutting or global aspects of learning <p>3.2 Main drawbacks</p> <ul style="list-style-type: none"> • Children's attitude/difficulties • Difficulties in maintaining the focus of the mentorship

	<ul style="list-style-type: none"> • Coordination and disagreement between stakeholders • Programme duration
<p>4. The residential and in-care context</p>	<p>4.1 Main benefits</p> <ul style="list-style-type: none"> • Offsets some of the limitations of the residential care context • Improved coordination between the residential centre and the school • Greater attention paid by the residential centres towards school issues <p>4.2 Main drawbacks</p> <ul style="list-style-type: none"> • Instability and uncertainty in the children’s lives • Lack of time for mentor-caregiver coordination • Interferences or negative attitudes towards mentoring (caregivers) • Deficiencies in coordination between caregivers • Lack of a person of reference in the residential centre

A new external role model

Caregivers, children, mentors and teachers agreed that it was difficult for them to define what mentors were, and their role as supportive adults in the field of learning. It was an unknown concept for the majority, playing a complex role and they had many points in common with other supportive adults, such as caregivers, therapists, support teachers and alternative parental figures.

'[...] and highlight the fact that he wanted a more easily "understandable" description of WHAT I WAS: a teacher? A social educator? A therapist? A friend? The answers were all NO and he was a bit taken aback.' (Mentor, female, monthly report)

The different stakeholders highlighted several advantages and drawbacks of the "new" and "external" position of mentors. Firstly, caregivers highly valued the contact with positive adult models outside the residential centre with different backgrounds, worldviews and values.

'The truth is it's a really beautiful relationship, and they've had, because they've had huge clashes... but at the end she sees her as an adult, as a role model. And she's a super good role model because she's got studies, I don't know what... things other people can't give her.' (Caregiver, female)

The mentors' diverse professional profile was also highly valued by the residential centre professionals. However, both mentors and caregivers missed the mentors' lack of pedagogical or psychological expertise in some delicate or difficult situations, or in cases of children with behavioural problems, mental health issues or intellectual disabilities.

Secondly, as an external figure, the mentors did not have all the child's academic, personal and/or family information. The relationship was, therefore, untainted and unbiased, differentiating it from relationships with other adults in their environment.

'I find it interesting to look at them a little with clear eyes [...] In the end, they're kids whose information is known by everyone... In the mentor they're looking for someone who doesn't judge them and pre-judge them.' (Director, male)

Thirdly, the entrance of mentors in a “different” and “unknown” reality, served to raise social awareness and increase knowledge about children in residential care and their school situation. However, the majority of them had doubts and uncertainties regarding their lack of knowledge about the real situation of children in residential care and how the protection system and residential facilities worked. In some cases, there was a “clash” between the mentor’s and mentee’s cultural and family environments.

'... when I was with the girl and thought about what happened in my home, with my daughter of the same age... of course, it was like a culture clash, and in every way, because it's so different.' (Mentor, female)

The crucial importance of the bond

When trying to define what is and what is not a mentor, all the stakeholders agreed in placing the relationship in the centre, as a condition for the role of the mentor to be able to develop and produce changes in the child’s life, including in the sphere of education.

'[Being a mentor] is the connection with a person that has certain characteristics, characteristics of age, of I don't know, of needs... and the effort both sides have to make to come to an understanding, to be able to talk and have a conversation. And begin to build new things from then on.' (Mentor, male).

According to the different stakeholders, the mentoring relationship is marked by a series of characteristics that differentiate the mentor from other supportive adults: gratuity and horizontality. On the one hand, the mentors' motivations are not in fact economic, but stem from a vocation for service and to help. On the other hand, the mentor cannot decide on the children's lives nor dictate the consequences for their actions.

'[the difference between a mentor and other adult role models] *And that it's vocational: you're there because you want to be. That's something that really grabs their [children's] attention. I've decided to spend my time doing this [...] "Ok, cool, you're here because you want."* [...] *It happens a bit to all of us, doesn't it? Knowing that we mean something for somebody...*' (Mentor, female)

Furthermore, all the stakeholders described the mentoring relationship as a relationship of mutual commitment and respect. For some of them it could even be compared to a friendship, so children saw their mentor as a person of trust with whom they could speak and turn to when they had a problem.

Mentors and caregivers emphasized the positive influence of such relationship on the child's general well-being in such a way that the mentoring relationship was linked to the opportunity to act differently in relation to other contexts, and to a feeling of 'relaxation' and 'evasion' for the children when they were with their mentor.

'[...] *for him mentoring is a parallel experience to everything that might be going on in his life and I also think it's interesting that you don't poke around, he finds that everywhere, at school, at the centre, everyone already knows... it's like he [the mentee] can switch off during this time.*' (Mentor, female).

However, some mentors stated that to build the mentoring relationship had its ups and downs and was not always satisfactory. Sometimes the child lost interest in the relationship because h/she had other priorities or mentoring didn't match with h/her expectations. At other times, the mentors lost interest in the relationship because they could not see any effect on the adolescent, or they received no sign of gratitude, or did not feel 'useful'.

Finally, constancy and time devoted to the relationship were variables that the different stakeholders associated with better quality mentoring and having greater benefits. Accordingly, some caregivers warned that the lack of commitment or continuity on the part of the mentor could have detrimental effects on the child.

'[These kids], *who already have high levels of frustration, then this* [the mentor cancelling the meeting] *upset the boy.*' (Director, male)

Improving educational outcomes

Some of the most important benefits highlighted by caregivers and mentors in this regard were the improvement in the children's future academic aspirations, the importance they gave to education, and the motivation to continue studying. All of these were linked to greater empowerment, awareness and self-reflection by the youngsters towards their own academic careers.

'*He's helped me study more, get better grades and continue studying. Because before I had a mentor, I showed absolutely no interest. I didn't want to study.*' (Child, female)

'In the same way, if you don't make an effort or you're really bad at the subject, even if you have a mentor, you won't pass.' (Child, male)

Regarding academic support, the stakeholders agreed that mentoring represented a positive contribution in cross-cutting issues, such as the children's self-confidence and self-esteem, and motivation towards learning. It also helped break with a negative school identity, and enhanced organization skills and work habits and responsibility towards school work.

'Now, she [the mentee] comes and says to you "I took such and such with me today because I've got homework for such and such an exam..." And the first day she said that I had tears in my eyes...!' (Mentor, female).

However, few caregivers or mentors referred to improvements in academic outcomes, and for them this was one of the main limitations of mentoring, taking into account that the mentoring programme was school-focused and aimed at improving the academic achievements of children in residential care.

'At school level, the truth is there's been no impact. It's more about being there for them, doing things outside the centre individually. I think, in that sense, everything's fine.' (Director, female)

Mentors recognized their own limitations in this regard and indicated that the main obstacles were the children's attitude towards, or difficulties with, school work, a lack of study habits and basic learning skills and the failure to take responsibility for their own education.

Another obstacle pointed out by most caregivers and mentors was the difficulty in keeping mentoring focused on school learning. Some of them recognized the importance of keeping focused so that the mentoring relationship did not lose its meaning. Others had doubts about putting schooling first when the youngster had important personal and/or family problems.

'[...] and I don't know if it's better to go for a walk and chat or sit down and say «gosh, tomorrow you've got Maths», you know? And I'm at that point... I can see he's torn between two things at the moment because he's really close to, to passing, if he changes his attitude he's got lots of potential... and at the same time his head is full of really important personal stuff.' (Mentor, female)

Difficulties in coordination among the stakeholders were also identified as an obstacle as well as disagreements on the child's academic situation between institutions (school and residential centre), especially in cases of difficult adjustment to the formal education system (children with behavioural problems, mental health disorders or intellectual disability). In many cases there had been no contact between the mentor and the teacher. This resulted in greater disorientation, more insecurity and a feeling on the part of the mentors that they were on their own when carrying out their task.

'There's no way I can arrange an interview with the school tutor and we're not making any headway with the boy's educational support. I don't know what to do with him, what his level is, and I don't want to use the wrong strategy.' (Mentor, female, monthly report)

Finally, caregivers and mentors attributed the modest contributions of mentoring at academic level to the fact that the programme was very short (a school year). More relevant results were expected to be seen in the long-term.

‘You can’t see the results straight away, so I think it’s also nice to see the evolution. And I think we can all take part in this, can’t we? Having put... having sown something and then seeing it grow.’ (Mentor, female)

The residential and in-care context

According to the different stakeholders, one of the most cited external variables that could have a negative effect on the mentoring relationship was instability and uncertainty in the children’s lives. On the one hand, as a result of the instability inherent to the protection system, reflected in changes in residential homes and/or the caregiver of reference. On the other hand, as a result of visits with the child’s biological family, when they were inconsistent, unstable and generated false expectations or frustration in the child.

Caregivers highlighted that these changes had a huge effect on the children’s attitude and ability to relate with adults in their environment, inside and outside the residential home (such as mentors).

‘When you meet a child who’s already had seven tutors... you’re the 8th, then ok, start creating a bond. With someone who’s already... maybe just a bit tired of starting over again and again and again... it becomes more like a superficial presentation, just to be got over with, but you end up not fully bonding...’ (Caregiver, male)

Mentors agreed and complained about a lack of information regarding these changes, the effect on the mentees' emotional state and the effect on the mentoring relationship. In some cases, these changes resulted in the premature ending of the mentoring relationship.

In this regard, caregivers highlighted the contribution of the mentor in providing a stable relationship to children in residential care. They also highlighted the contribution of the mentor in providing compensatory support given other limitations that the residential centre context may have, especially regarding the exclusive and individualized attention provided by the mentoring relationship.

‘[what I would highlight about the project is] *this exclusive care for the child, who often asks for it, but it's difficult for caregivers at a centre to provide. And being a person who he [the mentee] can see every Monday or every Thursday...*’ (Caregiver, male)

Also highlighted was the freedom of action and movement and the possibility to improvise as opposed to the more structured, regulated environment at the residential centre. Taking a break from the routine and the residential centre environment was one of the most valued aspects for the children.

‘*So you go with him, he'll help you do your homework, do better and have fun and... you can do whatever you want... you can go out, you don't have to be stuck at the centre getting bored.*’ (Child, female).

Some directors of Residential Centres said that the incorporation of the mentor had had a positive impact regarding their coordination with schools: it increased coordination

frequency and contributed to focusing on school issues rather than on the youngster's personal and family situation. In addition, some directors recognised that the incorporation of a mentor also contributed to increasing the attention they paid towards aspects of schooling for some of the children.

Finally, establishing a good, fluent and cooperative relationship between volunteers and professionals within the residential context was highly valued from both the mentors and the residential centre staff: they could agree on mentorship goals, transfer important information about the child, give professional advice to the mentor, and make the mentors feel more secure, welcome and valued. Accordingly, some caregivers and residential home directors underlined a lack of time for mentor-caregiver coordination. For their part, mentors occasionally complained about interferences or negative attitudes on the part of the caregivers towards mentoring, some deficiencies in coordination between caregivers and/or a lack of a person of reference with whom the mentor could communicate.

'I've found myself in a situation where the educators haven't passed on the information and maybe M [mentee] was waiting for me for a while building up her expectations, which I really regretted. In addition, I'm still waiting to know who'll be M's [mentee] new tutor/person of reference.' (Mentor, female, monthly report)

Discussion

According to the results, the mentor plays a specific and unique role within the existing network of supportive adults for children in residential care. In fact, despite the coincidences and similarities between the mentor and other supportive adults in the child's environment, a series of specific characteristics have been detected regarding the relationship and bond established, and the work of the mentor in the sphere of

education. Thus, from an ecological perspective (Keller, 2005), the main findings suggest that mentors occupy a new place in the youth's system, which opens up new possibilities for these youngsters at the level of both school and residential care, and for their life in general.

On the one hand, the gratuitous and horizontal terms under which the mentoring relationship is established distinguishes it from other relationships that the youngsters may have with the adults who have taken on a substitutive caring function and a supportive relationship in their environment. These differential characteristics were highly valued by children in this study, and may help to compensate for bonding difficulties associated with the preceding relationship's history of abuse or neglect (Ahrens et al., 2011; Britner & Kraimer-Rickaby, 2005), and contribute to the construction of a relationship of trust, esteem and proximity with the mentor.

On the other hand, the diverse mentor profile and the mentor's global outlook on learning means that their work is focused on education in a broad, vital sense, unlike the focus of other supportive adults (both at school and the residential centre), which is far more restricted. In this respect, not only the mentor appears as a supplemental figure but also plays a compensatory role within the framework of residential care, focused on behavioural stabilization and compliance instead of a cultural-based approach (Gharabaghi, 2012). The main benefits detected in this respect were individualized attention, increased freedom of action and movement, and contact with different world views and life experiences. However, more research is needed on the compensatory role of the mentor in order to explore and exploit its potential.

The results also showed how mentoring programmes can help offset the lack of social capital in the children-in-residential-care population. Accordingly, the main contribution of the mentor found in this study was that the child was provided with a supportive, caring, trustful and steady relationship, outside the residential and family

context (Ahrens et al., 2011; Coleman, 1988). Not only did this new relationship bring benefits in terms of the mentees' future opportunities, but it increased their well-being and resilience in the present, providing them with the possibility to have a 'reliable' friend, and a feeling of relaxation and safety in the mentoring relationship. According to the hypothesis put forward by Lou, Taylor & Di Folco (2018), mentoring may become an opportunity to foster resilience and growth among children in residential care.

Indeed, as Rhodes and colleagues (2006) established in their conceptual model for the influence of mentoring relationships on child development, a trust-based, close relationship between mentor and mentee is the premise that determines the achievement of positive outcomes at all levels in the sphere of education. The results of this study have shown that, in order to be able to build a quality relationship and, therefore, a more effective mentoring programme, constancy and time are needed. These two elements were highlighted by the participants in this study and are in line with other research in this field (Clayden & Stein, 2005; Higley, Walker, Bishop, & Fritz, 2016).

It is also important to highlight an ethical reflection. As research literature in this field shows, the premature ending of the mentoring relationship can have a negative and harmful impact on these vulnerable children which may override the potential positive impacts of the mentoring programme (Grossman & Rhodes, 2002; Herrera et al., 2013). To avoid these negative impacts on children, the results of this study highlighted the need for not only maintaining the commitment to the programme's frequency and duration requirements, but also for clarifying the objectives of mentoring and not generating unrealistic expectations. In this regard, the institutions that carry out the support and monitoring of these programmes have a great responsibility, especially when targeted towards young people in care or other vulnerable groups, as other researches states (Higley et al., 2016; Spencer et al., 2010).

The results of the study do not allow us to affirm that a positive impact on academic performance is achieved. This finding coincides with benchmark studies indicating that the effects of mentoring on the enhancement of the school performance of children in care are modest, or even non-existent (Harper & Schmidt, 2012; Spencer et al., 2010; Staub & Lenz, 2000; Zinn & Courtney, 2014). Accordingly, it should be noted that the obstacles found in this study included aspects related not only to the attitude or difficulties the children may have, but also to the institutions and professionals who take care of them, the coordination and level of agreement between them, and aspects related to the mentoring programme itself, such as its duration. More research is needed to explore the aspects mentioned.

Another particularly notable result were the difficulties, contradictions and resistance found by mentors when trying to keep the focus of mentoring on school learning. The debate on whether or not to give priority to school issues in the face of the psychological and emotional needs of children in residential care is also reflected in the literature on mentoring targeting vulnerable children. As a synthesis, some authors claim that the best option is a mix between a developmental relationship (focus on the relationship) and a prescriptive relationship (goal-directed) (Larose et al., 2010).

On the other hand, the results did show improvements in aspects such as self-confidence, motivation, school identity, work habits, awareness and empowerment with regard to education pathways and responsibility towards school work. These aspects coincided with the main obstacles found by mentors when it came to achieving improvements in academic progress. This would suggest that these aspects should be given centre stage in mentoring programmes for vulnerable children, rather than focusing on improving academic outcomes *per se*, as corroborated by other studies in this field (Welbourne & Leeson, 2013b).

Especially noteworthy was the positive impact that mentoring had in relation to enhanced future academic projections and the motivation to continue studying. This could be related to the mentor's role as an external role model, with an 'untainted', unbiased vision and, therefore, without barriers when it comes to contemplating the academic expectations of these children. These findings coincide with studies highlighting the crucial role played by adults' expectations in the academic performance and achievement of children in care (Bentley, 2013; Melkman et al., 2016).

The results of this qualitative analysis cannot be applied indiscriminately nor can comparisons with other in-care populations be drawn. In addition, the low teacher participation in this research must be taken into account; they may have felt that the programme did not address them directly, or the conditions to facilitate their participation have been insufficient, leading to a poor representation of their perspective in the results and conclusions.

Despite these limitations, the in-depth analysis of the contributions made by the different stakeholders has enabled us to conclude that mentors play a supplemental role towards the academic achievement of children in residential care, especially in overcoming some of the limitations posed by institutional settings. However, by providing supportive, caring, trustful and steady relationships, mentoring programmes may create an opportunity for promoting the well-being and resilience of children in residential care as well as their social capital.

In keeping with these results, possible lines of research to enhance mentoring programmes for young people in residential care have emerged: (1) the importance of adopting a systemic approach in programme evaluation and implementation; (2) The study of the contribution of mentoring to resilience-related factors, children's well-being and social capital; (3) The need for an in-depth analysis of the limitations and obstacles facing mentoring programmes in relation to improving academic performance.

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6.2.1 Reviewers' corrections and responses

We appreciate the time and detail provided by each reviewer and we have incorporated the suggested changes into the manuscript. The paper has certainly benefited from these insightful revision suggestions. You may see the answers in red and the changes are highlighted in yellow through the manuscript. The number of page is taken from the anonymised version of the article.

Peer Reviewer: 1

The hypothesis on which this article is based, that mentorship may compensate social capital deficits and play a complementary role within the existing network of supportive adults for children in residential care in order to help them reach better academic achievements, is an interesting one certainly addresses a gap in the literature and research.

I would suggest that the article needs considerable development at a number of levels including engagement with

(i) the literature on children in residential care and education, in particular the really poor educational engagement and outcomes for children in residential care. *It has been developed accordingly adding more information (pp. 1-2).*

(ii) mentoring for children and young people more generally. *It has been developed accordingly adding more explanations and references (p. 2) .*

and (iii) mentoring for children in care specifically. *It has also been developed accordingly, adding more explanations and references (pp. 2-3).*

The article could be contextualised further with much more detail on the European pilot project – how did this come about, how was it funded etc?? *This information has been added (p. 5).*

The article needs more discussion of the research instruments – both the mentor observations and the focus groups. *It has been added (p. 6).*

Furthermore, how were participants selected? *The selection criteria have been explained in more detail (p. 5).*

It is unclear as to how the observations were used in the article as it appears that the quotes supporting key findings are from the focus groups. *In this modified version, quotes supporting key findings are from the focus groups and also from monthly reports (see “results” pp 8-16).*

Also, the data presented while interesting requires further detail and elaboration. Just two examples are:

P. 15 Line 27: ‘Few caregivers or mentors referred to improvements in academic outcomes, and for them this was one of the main limitations of mentoring’. *It has been added further detail (pp. 12-13).*

P. 16 Line 47: 'On the other hand, there were others who had doubts about putting schooling first when the youngster had important personal and/or family problems' *It has been elaborated accordingly (p. 13).*

The article lacks a conclusion other than some suggestions for future research. *We missed it and now a conclusion has been added (pp. 20-21).*

Peer Reviewer: 2

Comments to the Author. I have enjoyed reading this paper and think it raises some interesting points regarding the role of mentoring in residential care. The authors have carried out some empirical work which they have used to underpin the arguments presented. I do have some fundamental and minor remarks, mostly related to the focus on 'mentoring', the presentation of the data and the evaluation of the project as a whole.

1. One could say the focus of this article is more in the domain of educational sciences. However, I feel like to topic is relevant for social work but the focus on 'mentoring' needs to be clarified (p.2) .."objectives that may be achieved by mentoring programmes..." What about other options or ways to achieve these goals. Why is, in other words, mentoring today a hot topic? Or how does literature define this concept?

2. In this vein, I also wonder if the authors could try to discuss the link to 'regular care' more explicitly. *We have modified and included further detail, defining the concepts more clearly (pp. 2-3).*

3. It's state that there were 16 focus groups in Spain, is that correct? *Yes, it is correct.*

Furthermore; could you add some details concerning the selection process of the participants. *It has been added accordingly (p. 5).*

4. Language wise: some errors (mainly in the quotations) + this journal requires you to write in British English. *It has been revised by a native and professional translator.*

5. I miss a discussion or section on the relationship between professionals and volunteers. Their status in care is very different which makes some things (im)possible. *It has been added accordingly (p. 16).*

6. On p. 9 the authors claim: this relationship is "free from prejudice", I understand what you mean but the statement in itself is off course incorrect. *It has been replaced with "unbiased" (pp. 9, 20 and table 1).*

7. In the way the results are currently presented 'the other adults' appear to be a heterogeneous group? *Yes, it has been clarified accordingly (p. 8).*

8. I wouldn't speak of 'impact' in presenting your qualitative data. Qualitative research aims to gain insight and does not 'measure' as quantitative research does. *It has been modified accordingly (objectives, section's titles, table 1).*

9. in this vein, p12 for example the authors speak of 'had an impact', in line with my former comment: this doesn't say much due to the nature of the research. Try to find concepts that indicate a direction of content in relation to what you presume to have had 'impact'. My suggestion would be to divide/organise the results in 'fields of tension' instead of positive and negative results, because often they interrelate. *The result section*

has been reorganized accordingly. You can see this reorganisation from page 8 to 16. Thank for the observation because now we agree that this section has improved a lot. Table number 1 has been modified too.

10. I would like to read an ethical reflection on what it means or can mean to start and end such a mentoring relationship with this group of children in relation to the possible gains of the project? (cf. p 17 relationship of trust). *A reflection has been added accordingly (pp. 18-19).*

11. The discussion and conclusion section don't not to be split up but as far as I'm concerned the discussion part can raise some more critical questions (see suggestions). *Finally, the discussion section has been reviewed accordingly (pp 17-21).*

Good luck and best wishes. *Thank you.*

6.3 Study 3: Benefits, positive factors and difficulties perceived by mentors participating in a mentoring programme aimed at youth in residential care.

Title

Benefits, positive factors and difficulties perceived by mentors participating in a mentoring programme aimed at youth in residential care

Abstract

Young people in care may benefit especially from programmatically established mentoring relationships, but they may also be more prone to disruption as well as the harmful effects of such disruptions. Although research points to the importance of promoting long-term matches to achieve better quality mentoring programmes, little is known about how to retain mentors and help them overcome potential obstacles.

Within the framework of a pilot mentoring program aimed at youth in residential care carried out in five European countries, a two-phase study was designed to (a) explore positive factors and difficulties faced by mentors and (b) analyse their perceived benefits of participating in such a program. To this end, observation forms completed by 853 mentors were collected in the first phase, and 16 semi-structured, individual interviews were conducted with mentors in Spain at the end of the programme. Findings from the first phase suggested themes related to six categories that included facilitating and hindering factors: the mentoring relationship, mentee attributes, learning progress, past and present circumstances, mentoring activity, and project-related issues. According to the results of the second phase of the study, mentors shared benefits in the areas of knowledge, well-being, social awareness, personal growth and socialization.

Keywords: residential care, mentor, perceived benefits, qualitative research

1. Introduction

Over the past two decades, mentoring programmes have generated remarkably high levels of support and interest in the practice, policy and research domains (DuBois & Karcher, 2014). According to the most relevant studies, children in care may benefit in a large range of domains from participating in such programmes, especially in promoting favourable psychosocial outcomes (Munson & McMillen, 2009; Taussig & Culhane, 2010), enhancing their social capital (Ahrens et al., 2011), reducing risk behaviours and their consequences (Duke et al., 2017) and improving their school performance (Robert J. Flynn et al., 2012; Harper & Schmidt, 2012). However, youth in care may also be more prone to disruption from programmatically established mentoring relationships, as well as suffer the harmful effects of such disruptions (Britner, Randall, & Ahrens, 2014; Kupersmidt, Stump, Stelter, & Rhodes, 2017; Spencer, Collins, Ward, & Smashnaya, 2010).

According to research on mentoring youth with different risk profiles, mentor abandonment is one considerable contributor to early match endings as a consequence of mentors feeling overwhelmed or burned out (Freedman, 1993; Hamilton & Hamilton, 1990; Styles & Morrow, 1992), unnecessary (Herrera et al., 2013), not connected with the young partner (Britner & Kraimer-Rickaby, 2005), or due to the mentors' unfulfilled expectations (Spencer, 2007).

Some difficulties facing mentors are common in mentoring young people at risk, and include the youth's interpersonal history, age (adolescence), cultural divides, interference from the mentee's family, unmatched expectations, a perceived lack of mentee motivation, the ambiguous role of the mentor, and inadequate agency support (e.g. Grossman & Rhodes, 2002; Spencer, 2007). On the other hand, some difficulties are related specifically to the in-care experience, such as non-satisfactory relationships

with caring adults, logistical considerations (e.g. placement instability), and the youth's fear of disappointing adults (Ahrens et al., 2011; Britner et al., 2014). As far as mentoring programmes focused on academic performance are concerned, some hypothetical difficulties facing mentors include the mentees' lack of interest and motivation in academic issues; the mentors' frustration with the lack of perceived positive outcomes in the academic domain despite the mentoring intervention; and the prioritization of achieving programme goals over establishing a relationship of trust, which may lead to the mentee losing interest in the mentorship (Kupersmidt et al., 2017).

Despite being one of the main challenges currently in the field of mentoring, little is known about how to retain mentors and help them overcome these potential obstacles (Britner et al., 2014; Higley, Walker, Bishop, & Fritz, 2016). Moreover, while a large body of research literature has focused on benefits for youth participating in mentoring programmes, only a few studies have explored the potential benefits such programmes may have for mentors.

In rigorous research carried out by Taussig & Culhane (2010) into a mentoring programme aimed at foster youth, mentors (graduate students in social work) reported the programme to have provided helpful training in working within communities, with high-risk children and families, and with diverse cultures as well as in dealing with multiple systems, and other professionals. They also stated they had learned more about which skills they themselves had to further their professional development. For their part, Karcher et al., 2006, comparing mentors engaged in developmental and instrumental activities, found that those mentors engaged in developmental activities may experience enhanced self-esteem, assistance with their own problems, greater understanding of other people and the world, and opportunities to express important values and to meet social needs.

Given the importance of promoting long-term matches in order to achieve a better quality and more positive results in mentoring programmes for youth (Grossman & Rhodes, 2002), more research focused on factors that might serve to keep them involved (or lead them to terminate a relationship) is needed to provide a better basis for identifying, recruiting, and sustaining mentors (Stukas et al., 2014).

This study is aimed at helping to fill this research gap focusing on the mentors' perspective and its goals are: (1) to explore the key positive factors and the main difficulties that mentors face during a mentoring programme aimed at young people in care, and (2) to analyse the perceived benefits for mentors from participating in such a programme.

2. Method

2.1. Design and sample

The exploratory nature of this study and its focus on the interpretation of subjective meanings makes the qualitative research approach particularly relevant (Denzin & Lincoln, 2000). Data were gathered from 62 volunteer mentors that took part in a social mentoring pilot project carried out in Austria, Croatia, France, Germany and Spain aimed at enhancing the educational outcomes of children in residential care. Two data sources were used for data collection according to the specific research objectives:

- For objective 1: the analysis of all the 853 observation forms (called 'monthly reports') completed by 62 mentors from the five countries.
- For objective 2: the analysis of 16 interviews with mentors from Spain.

The average age of the 62 mentors was 34.2 years ($SD = 13.384$) and 76% were females. Ten (16.1%) were from Austria, 14 (22.6%) from Croatia, 11 from France (17.7%), 11 (17.7%) from Germany, and 16 (25.8%) from Spain. Of the 16 Spanish mentors who were interviewed, 11 were females (68.8%) and 5 males (31.2%), and their average age was 38.1, with an age range between 25 and 74 years old.

One third of the mentors were living with their partner (30.5%), followed by those who were living alone (27.1%). The majority had a higher education degree (88.1%) and 66.1% worked full-time. Twenty-five mentors had been involved in other volunteering activities. Half of them had also had experience with children in residential care, but only 16.9% had had previous mentoring experience.

At the end of the pilot project, mentors rated positively their satisfaction with the mentoring experience ($M = 7.19$ out of 10, $SD = 2.713$), and 94.9% of them stated that they would recommend being a mentor to a child in residential care to someone they knew.

The matched mentees were youngsters aged 12 to 17 years old at the beginning of the programme ($M = 15.5$), enrolled voluntarily in the mentoring pilot project. Sixty percent of them were born outside the country where the programme was being carried out and the majority were boys (78.7%), since participants in Austria, Croatia and France lived in centres mainly for boys. The size of the residential centres varied significantly according to the country: all youngsters in Australia and 70.6% of youngsters in Germany lived in centres of up to 10 places, while in Croatia they lived in homes with more than 30 places. In France, the residential centres ranged from 21 to 30 places and the number of places varied greatly in Spain.

2.2. Recruitment and data collection

Mentors were recruited through the five non-profit agencies responsible for the mentoring project in each country. Mentors had to be over 18 years old, provide proof of a satisfactory criminal record check for volunteers in contact with children according to each country's legislation, and show a solid commitment to stay in the project for the entire academic year. No former experience and training as mentors, or in the field of education or psychology, were required. After the volunteers were selected and validated, they participated in a two-day training programme organized by each agency following a similar transnational structure. Mentors were matched with their mentees and the mentoring intervention began in July/September 2017 (depending on the country) with a frequency of one 90-minute meeting per week (generally speaking). The participation of the mentors in the evaluation activities of the pilot project (including monthly reports and interviews) was compulsory and not remunerated.

Data collection from the monthly reports took place during the pilot project (July 2017 – May 2018). The monthly report forms had to be submitted each month by the mentor. They were translated into English by the person in charge of each country's project and sent to the project evaluation coordinators, who centralized the data in a joint database for subsequent data analysis. Interviews were conducted face-to-face in May 2018. Each interview lasted approximately 60 minutes. All the interviews took place at the Spanish agency office and were conducted in each participant's mother tongue (Catalan or Spanish) by the same researcher (member of the evaluation team and coordinator of the project in Spain). All the interviews were digitally-recorded and transcribed and then checked against the audio recording for accuracy by the same researcher who conducted the interviews.

All information was gathered with the participant's informed consent. Confidentiality and anonymity were guaranteed in the handling of data in accordance with current data protection legislation in each country.

2.3. Instruments

The 'monthly report' was an observation form designed especially for the pilot project for the purpose of evaluation. The mentor had to complete the form in free text for each meeting with the mentee according to a series of items: activity data, location and description; general assessment of the activity; description of concerns or difficulties encountered, and next meeting plan.

Interviews were conducted using a semi-structured script as a guide, allowing the interviewer to follow the participant's narratives. Interview questions covered the following topics: evolution of the mentoring relationship; evaluation of mentoring activities; meeting frequency and place; initial expectations, objectives and final outcomes of the mentoring intervention; communication and coordination with the residential centre and the school; assessment of the project's coordinating team; personal aspects that may influence the mentorship; impact of the project on the mentors themselves and on their environment; satisfaction with the mentoring experience, and future participation in further editions of the project. For this paper, we only analysed questions related to the personal mentoring experience and its perceived benefits, in accordance with objective 2 (see section 2.1).

2.4. Data analysis

Both the monthly reports and interview tape scripts were analysed following an inductive strategy. Theoretical Thematic Analysis was used (Braun & Clarke, 2006), which enables patterns and themes to be identified and facilitates the interpretation of

qualitative data. The procedure entailed incident-by-incident coding followed by a focused coding process in which each code was re-read and analysed to identify broader themes (Charmaz, 2006). The number of incidents in each category was recorded to establish the frequency of appearance. The process was reviewed by the researchers and co-authors of this article. Finally, the themes in line with the article's objectives were selected and organized in tables accordingly.

3. Results

Results are shown based on the classification of the qualitative data obtained from the mentors' monthly reports (MR) (Figure 1 and Table 1) and the in-depth interviews with mentors in Spain (IN) (Table 2).

3.1 Key positive factors and main difficulties facing mentors during the mentoring program

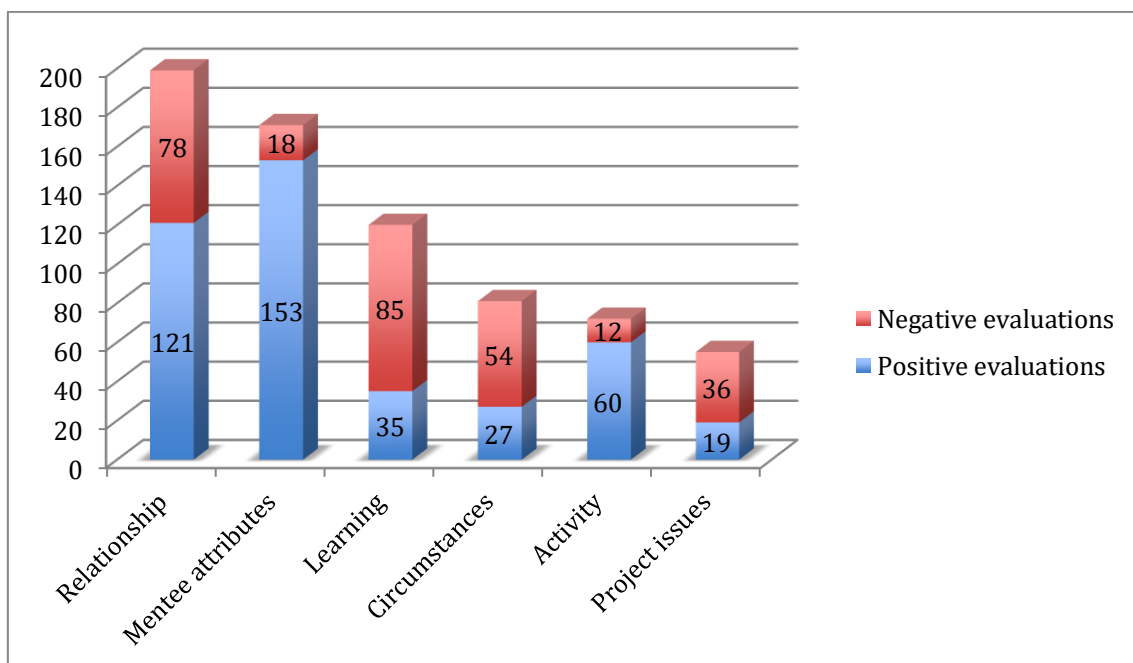
As shown in Figure 1, the categories from the thematic analysis of the monthly reports were (in order of frequency from more to less mentioned):

- The main characteristics and the development of the mentor-mentee relationship;
- Mentee attributes that facilitated or otherwise obstructed the mentors' intervention (including the mentee's attitude, behaviour, personality and skills);
- "Learning", a category specifically focused on the mentees' attitude towards academic goal activities and their learning progress and outcomes during the meetings;

- Circumstances that influenced the meeting, whether related to the residential centre environment, school or family events, or the inclusion of other people in the meeting;
- The activity itself (including its outcomes, environment and who decided it);
- General project-related issues linked with the organization and development of the mentoring programme and the coordination and support among stakeholders.

Mentee attributes, the mentoring relationship and the activity itself had more positive than negative evaluations. Conversely, learning issues, circumstances surrounding the meeting, and project-related aspects were the issues in which mentors showed greater concerns and faced more difficulties.

Figure 1. Number of positive and negative evaluations for each category, from the mentors' monthly reports (MR)



A summary of evaluations, both positive and negative, is shown for each category in Table 1. The categories will be presented and exemplified with mentors' quotations below.

Table 1. Positive factors and detected difficulties according to categories extracted from the mentors' monthly reports (MR).

Categories	Sub-categories by themes	
	Positive factors	Difficulties identified
Relationship	<ul style="list-style-type: none"> - Close and deep relationship, relationship of trust - Acceptance and respect - Supportive relationship - Reconciliation, rapprochement 	<ul style="list-style-type: none"> - Lack of time - Mentee's reluctance - Mentee loses interest in the project - Mentee has other priorities (adolescence) - Difficult to find a common interest
Mentee's attitude, behaviour, personality and skills	<ul style="list-style-type: none"> - Communicative attitude - Predisposition towards mentoring - Grateful - Positive personality traits - Cognitive, social, sports or artistic skills - Positive emotional state 	<ul style="list-style-type: none"> - Aggressive or provocative behaviour - Demanding attitude - Mentee tells lies to the mentor - Mentee takes advantage of the mentoring session to do something that is forbidden by the RC - Negative emotional state
Learning	<ul style="list-style-type: none"> - Academic progress - Academic outcomes - Mentee's attitude to work 	<ul style="list-style-type: none"> - Mentee's lack of interest, demotivation - Deficiencies in mentee's attitude to

	<ul style="list-style-type: none"> - Increased motivation 	<ul style="list-style-type: none"> work and work habits - Mentee has learning difficulties - Mentee feels frustrated, bad marks - Mentee doesn't feel comfortable talking about school - Lack of self-confidence - Lack of school material
Circumstances	<ul style="list-style-type: none"> - One-to-one relationship - Relationships with other people - Mentee's good personal/family situation - Good week at school; good adaptation to the new residential centre 	<ul style="list-style-type: none"> - Difficulties related to residential centres: other children interfere, instability - Distractions - Mentee has relevant family or personal problems
Activity	<ul style="list-style-type: none"> - Relaxed place - Going outside the residential centre - Chosen by the mentee 	<ul style="list-style-type: none"> - Difficult to find or agree on a convenient place - Timeline not very convenient - Changes in the activity - Logistics or bureaucratic problems
Project issues	<ul style="list-style-type: none"> - Coordination with caregiver - Agreed mentoring or work plan - Good match 	<ul style="list-style-type: none"> - Problems to contact caregivers - Lack of coordination with teachers - Lack of information about mentee's situation - Mentor does not feel supported by caregivers - Mentor feels insecure

The most frequently evaluated theme was the **mentor-mentee relationship**, with a majority of positive evaluations, although the number of difficulties related by mentors was also relevant (Figure 1). On a positive note, mentors highlighted close and deep relationships, and the relationships of trust, acceptance and respect that were established. Mentors used expressions such as “friends” or “special bond” to refer to the supportive relationship established with their mentees.

We have a special bond. He likes to talk to me and hang out with me. He is happy and proud to have a mentor. (Mentor, MR, Croatia)

Mentors also gave a positive rating when the relationship improved or a crisis period was overcome. Conversely, mentors gave a negative rating when mentees showed a reluctant attitude towards the mentoring relationship, when they perceived a lack of interest in the project on the part of the mentee, or when it was difficult to find some common interest. Yet, the most frequently mentioned difficulty in this category were problems derived from having no (or not enough) time to forge a consistent relationship. Sometimes the mentee was “very busy” due to other activities inside or outside the residential centre, family meetings, or appointments with other supportive adults.

It's not easy for my mentee to have contact with all the people who want to help him in his special situation with his family. So I have to accept, that I can't see him as often as I would like to. (Mentor, MR, Austria)

Other times the mentee had other priorities, associated with age.

The mentee has been busy, he is more interested in doing activities with his friends. Usually he goes out with his friends during the holidays and at the weekend. He doesn't have a lot of time for mentoring [...]. Mentoring a teenager is more complicated, they want to have more autonomy and prefer not to have the constraint of mentoring.

(Mentor, MR, France)

In some cases, it was the mentor who was occupied – workload, family responsibilities, other volunteering activities, etc., or had difficult personal circumstances, such as pregnancy.

The second most frequently mentioned subject was the **mentee's attitude, behaviour, personality, and skills**, with far more positive than negative evaluations (Figure 1). The most positively valued aspect by mentors was the mentee's communicative attitude and his/her good predisposition towards the mentoring relationship and mentoring activities. Along the same lines, showing gratitude was also evaluated positively.

The mentee is open with me and he talks to me about his sorrows and fears (school, contact with father and mother, adventures in XXX or in the school) [...] happily he thanked me for this day. (Mentor, MR, Austria)

At the same time, some of the most mentioned difficulties were related to the mentee's behaviour, which was at times aggressive, provocative or too demanding (and

ungrateful). In some cases, mentors complained about mentees telling lies, or taking advantage of mentoring to do something forbidden by the residential centre.

His clothes weren't appropriate, he was quiet in the tram, he wanted to smoke outside, and he didn't thank me in the end. (Mentor, MR, Croatia)

The mentee's personality was another area to highlight. On a positive note, mentors employed adjectives such as "cheerful", "empathetic", "mature", "diligent", "polite", "self-aware", "optimistic", "honest", "generous", "patient", and "self-confident", among others. Mentors also highlighted the mentees' cognitive, social, sports and artistic skills. Finally, the mentee's emotional state was valued both positively and negatively. It was rated negatively if the mentee was feeling "tired", "sick", "angry", "upset", "nervous", "anxious", "scared" (about his/her future) or, simply, "in a bad mood". In contrast, an emotional state such as "being relaxed" or "happy" during the meeting was positively evaluated by the mentors,

I left feeling surprised as I'd been told so many times that he's very nervous, over-excited, or having a bad week, because my feeling is totally the opposite. I guess it's an activity he feels like doing, with someone who pays attention to him, something different [...] When he's with me seems happy and relaxed. (Mentor, MR, Spain)

Another category was the evaluation of the **mentee's learning progress**; the category with the most negative assessments in the mentors' monthly reports (Figure 1). The main set of difficulties was related to the mentees' reluctance to learn and their lack of interest and motivation towards learning.

When I told him he had to change something in his essay, he scoffed and said he'd finished, and it was all the same to him. (Mentor, MR, Spain).

Mentors also highlighted deficiencies in the mentees' attitude to work, such as a lack of work habits, a lack of focus, and the search for immediate results. Learning difficulties, frustrations and bad marks were also detected as important obstacles for reaching the mentoring programme goals.

We did the homework together, so the subject of school came up. It was necessary for me to show the Mentee, that he doesn't have to be ashamed because of his grades. At the start, the Mentee was very motivated to do his homework fast. But after a while, he got frustrated [...]. (Mentor, MR, Austria)

Feeling uncomfortable talking about school and a lack of self-confidence on the part of the mentee were also considered an obstacle to reaching the programme's goals. Finally, also mentioned as a difficulty was lack of school material, such as schoolbooks, PCs or calculators.

On the other hand, the majority of positive assessments were related more to the mentee's academic progress than to formal academic outcomes (marks, test scores), although mentors also rated them positively.

It was a productive meeting because she hadn't quite understood basic first-degree equations and after our session she had no problem doing all the exercises [...] [The mentee] *was proud of herself in this session because she'd just grasped how to solve equations. (Mentor, MR, Spain)*

Another area was related to the **circumstances surrounding the meetings**, also with far more negative assessments than positive ones (Figure 1). The main set of difficulties was related to the mentee's residential centre. Firstly, the presence of other children occasionally resulted in unsuccessful mentoring. Either the mentee was jealous because the mentor focused on other children, or there were conflicts and continuous interruptions. Secondly, difficulties related to residential homes included placement changes and frequent changes in caregivers, leading, in some cases, to the lack of a clearly-defined key person for the mentee.

If there is something to improve, I would say that it is the residential care [...] I perceived some changes which didn't seem very adequate to me, especially for people that need stability. In fact, it does not seem sensible for the key adults to be changed so often. (Mentor, MR, France)

Distractions also posed a problem. On the one hand, mobile phones, access to social media, TV and so on, and on the other, activities programmed at the same time and place, or when mentees met their friends at the library during the meeting, for example.

[The mentee] was particularly uncommunicative, especially when we went inside the bar, which has Wi-Fi. Very hooked to social media messages. (Mentor, MR, Spain)

Family and personal problems were also identified by mentors as obstacles for developing mentoring programme goals.

Demotivated in work, depressed because he spent the weekend at home, and his father drinks. (Mentor, MR, Croatia)

At the same time, according to some mentors, the mentee's good family/personal situation or good school and residential centre situation were circumstances that could have a positive impact on meetings. Also on a positive note, some mentors positively rated the opportunity to establish relationships with others through mentoring, either inside or outside the centre, with adults or children, family or friends, although the majority of mentors preferred one-to-one meetings.

Socializing is very beneficial for our relationships, as well as stories that I tell [the mentee] about my own life (some of my experiences, etc.). He is a lot more relaxed, especially on his own territory [...]. (Mentor, MR, Croatia)

In the category including issues related to **the activity itself**, the number of positive evaluations greatly exceeded the negative ones (Figure 1). Mentors highlighted the relaxed atmosphere of the place where the meeting took place as a positive aspect, as well as being outside the residential centre. The fact that the mentee had chosen the activity was also positively valued by mentors in particular.

Very, very positive evaluation. It's an activity that the mentee proposed after talking about landmarks and historic places in the city. As she said she had gone to a similar place as a child, it was very motivating for her. (Mentor, MR, Spain)

On a negative note, some found it difficult to find or agree on a convenient place for the meeting, some complained about having arranged a not very convenient time or having

to change the activity for different reasons, such as the weather. Others complained about having logistic or bureaucratic problems.

From the start, the main difficulty I've found has been schedule compatibility to establish regular meetings. Also logistical obstacles are worth highlighting, since we were explicitly asked to do activities outside the residential centre area and, to do so I have to get an authorisation document to allow me to transport the young girl in my private car. (Mentor, MR, Spain)

Finally, a bloc of mainly negative comments relating to **project-related issues** were identified (Figure 1). Mentors were especially concerned about difficulties in contacting the mentee's caregiver. In some cases, mentors felt a lack of support from caregivers or felt that they obstructed their task.

I believe that the child and I have good communication and the child is willing to spend time with me. However, every week when it's a male caregiver's shift, he's always trying to shorten our socializing time, despite the willingness of the child to stay a lot of the time we've agreed to. (Mentor, MR, Croatia).

Also reported were difficulties in coordinating with teachers. Moreover, some mentors reported having no (or not enough, or incorrect) information about the mentee's family, school or personal situation, or about the care placement and its changes, making them feel insecure about mentoring. Indeed, some mentors mentioned feeling insecure about their role due to these or other reasons. For example, they were unsure what activities

they could or could not do, or who had to pay for the activity. Another issue was how to respond appropriately to the disclosure of personal information by mentees.

At the end of this meeting I encountered a problem in which she [the mentee] explained to me that she'd been moved to another floor [group in the residential centre]. I asked her how she felt and she was a little nervous. At first I didn't know how to direct the conversation because I could provide emotional support in various ways, but I tried not to go into it too deeply by asking questions because her educator hadn't mentioned anything about it to me. (Mentor, MR, Spain)

Mentors also identified some positive aspects in this area, in particular a good coordination with the caregiver and, when possible, agreement on a mentoring plan, were both positively rated.

Very good. This meeting was useful to redirect the project's objectives and start working with the mentee on the academic area. Talking to the teacher was really helpful. (Mentor, MR, Spain)

It was also positively highlighted by mentors when the Project coordinators made successful mentor-mentee matches.

3.2 Benefits for mentors

In this section, the results show data exclusively from the in-depth interviews carried out with mentors in Spain.

As shown in Table 2, the mentoring experience had a positive contribution for mentors in different domains: knowledge, well-being, awareness, personal growth and

socialization.

Table 2. Benefits reported by mentors in Spain (in-depth interviews, IN)

Categories	Subcategories
Knowledge	<ul style="list-style-type: none"> - Professional experience, new career perspectives - The child welfare system - How to deal with adolescents - How to deal with difficult/challenging relationships
Well-being	<ul style="list-style-type: none"> - Feeling good, feeling fulfilled - Feeling useful - Being recognized / valued
Awareness / life lesson	<ul style="list-style-type: none"> - Giving importance to things they didn't appreciate before - Being aware of how lucky they are (and making other people aware) - Minimizing their own (and other people's) problems - Resilience of young people in care
Personal growth	<ul style="list-style-type: none"> - Being more patient - Enriching experience - Reconnecting with their own adolescence
Socialization	<ul style="list-style-type: none"> - New relationships with different people - Friendship

On the one hand, the main set of benefits reported by the mentors was related to increasing their knowledge. For some of them, participating in the mentoring project widened their professional experience and opened new career perspectives.

Others reported having learned about the child welfare system (types of fostering and how residential centres function), unknown to them before becoming mentors.

And so it's gone really well for me, of course. Now when a child says they're from a CRAE [Residential Centre for Educational Action], I know what a CRAE is, I've seen one. I guess there are bigger or smaller ones... but I can imagine what it's like. I know the people they have in the CRAE, who are on their side, who look out for them... I had no idea.... perhaps I had what I call a very Dickensian idea, all very sad, right?
(Mentor, IN, Spain)

Also highlighted by mentors was the acquisition of new skills for dealing with adolescents and with difficult/challenging relationships in general.

Mentors also reported an increase in their well-being due to their participation in the mentoring project, which made them feel “good” and/or “fulfilled”. For them, feeling “useful”, recognized and valued had a positive impact on their well-being.

The expectations I had were to be useful... and I found that besides being useful, not only with A [mentee], but with the others there [at the CRAE], I felt most welcome and respected. But not respected in the sense 'this guy's old and we respect him', no, no! They got close to me.... I mean that... it was very fulfilling for me... I expected to be useful and I found I was useful and fulfilled. Useful and fulfilled. (Mentor, IN, Spain)

For some mentors, being in contact with young people in residential care had been a “life lesson”. They especially appreciated the resilience of these youngsters. Some reported that, since their experience as mentors, they had given more importance to things they had not appreciated before. They were much more aware how fortunate they were in life (and they raised awareness of this in others), and they minimized their own (and other people's) problems.

Well, for me... a lot. I see a lot of things that I didn't see before and I give importance to things that I didn't before... and my children... for example, my son, who's at the learning-to-read-and-write stage, and all that... 'I help you every evening, don't I?' I say to him, 'well, there are people who don't [get this help]' [...]. (Mentor, IN, Spain)

Other benefits reported by mentors were associated with their personal growth. Some of them coincided in describing mentoring as an “enriching” experience. More concretely, some mentors stated they had a greater understanding of other people and points of view and they learned how to be (even) more patient, and they had reconnected with their own adolescence.

Not only does it keep you active, but you get in touch with a person, you see you can help, or try to help a person... you understand different problems, and you see things from a different viewpoint. All that is so enriching...and how! That's the positive part these things have... (Mentor, IN, Spain)

Finally, some mentors highlighted the social dimension of the volunteering experience. Not only did they mention the “special bond” established with their young partner but also the opportunity to meet people, such as other mentors, caregivers, teachers and other people involved in the project.

I'm satisfied with how it works and all that. I've met a child, I've got to know other problems. I've met caregivers, directors, teachers... other mentors... Well, I've got to know something different. A social activity I'd never had and which also seems important to me... (Mentor, IN, Spain)

4. Discussion

Results revealed key issues that should be taken into account when developing mentoring programmes aimed at young people in residential care in order to help mentors overcome potential difficulties and have a better mentoring experience: the development of the mentoring relationship; good mentee attributes; learning progress issues; past and present circumstances surrounding meetings; the mentoring activity itself, and project-related issues. Moreover, the results showed that mentors participating in programmes tailored to young people in residential care shared benefits in the areas of knowledge, well-being, social awareness, personal growth and socialization; aspects that may have a key role in recruiting suitable volunteers, retaining mentors, promoting longer-term matches and, thus, assuring positive mentoring outcomes for young people in care (Grossman & Rhodes, 2002).

The mentors' assessments were mainly focused on the relationship they established with the mentee in line with research studies in this field that place the mentor-mentee relationship at the centre of mentoring (Rhodes, Spencer, Keller, Liang, & Noam, 2006). This suggests that, despite being goal-directed, interpersonal aspects play a key role in mentoring and, therefore, it is necessary to take care of them and give time to forging deep and close relationships. As Larose, Cyrenne, Garceau, Brodeur, and Tarabulsky (2010) concluded, a good balance between a developmental (focused on the relationship itself) and instrumental (goal-centred) approach is needed in order to promote both a quality mentoring bond and mentee development.

In fact, the lack of time dedicated to the relationship was highlighted by mentors in this study as a relevant factor, often associated with young people being "very busy" as a consequence of "support overload", which according to some research is frequent within the in-care population and should be avoided (Britner et al., 2014). In line with other research, "age" was also considered an obstacle, given that the priorities of

adolescents (extracurricular activities, peer and romantic relationships, entry into the labour market, etc.) may interfere with maintaining a mentoring relationship (Grossman & Rhodes, 2002; Kupersmidt et al., 2017).

It is worth highlighting that mentors in this study evaluated the mentee's attitude, behaviour, personality, and skills mainly in a positive sense. This suggests that they had an unconditional acceptance of, and positive outlook on, the mentees, which contrasts with the prejudices and low expectations professionals usually tend to show towards the in-care population (Bentley, 2013; Martín et al., 2012).

For mentors, the mentees' predisposition and motivation towards the mentoring programme were seen as positive factors. These results are quite in line with current research on the importance of engaging young people in care in planning and decision-making regarding their own lives to avoid secondary victimization (Greeson & Thompson, 2016; Leeson, 2007).

The results also showed that another area with a relevant number of evaluations - this time more negative than positive - was the mentee's learning process, being not only the main goal of the mentoring programme but also one of the main challenges and obstacles that mentors faced. On the one hand, mentors perceived that youngsters were not comfortable in their learning process and they were usually reluctant to engage in learning activities, as frequently happens with young people with negative subjective school experiences and identity (Van Praag et al., 2018). On the other hand, results suggested that there was still room for improvement if mentors focused on enhancing the mentees' motivation and interest in learning; setting smaller goals depending on the mentee's starting point; and reinforcing achievement positively. These aspects could be considered the main objectives and assessment items for evaluating the effectiveness of mentoring programmes aimed at improving the academic achievement of children in care, taking into account that often young people in care do not fail to progress but have

difficulty making up prior deficits, which often leaves them unrewarded for the work they do (Welbourne & Leeson, 2013a).

Results also showed the great impact that external factors had on the mentoring programme, such as the residential centre, the school and the family context, and the network of relationships established by the youngsters within them. One highlighted factor was instability and changes of caregivers in the residential centres where mentees lived, as clearly proven in research (Author, Llosada-Gistau, Casas, & Sitjes, 2019). This was seen as an obstacle for mentors in this study when it came to bonding with the mentee and developing their work. The way this inevitable instability is managed requires further research, especially concerning how mentors can support these young people in the emotional processes linked to these changes, what information is needed and how it should be transmitted from the institutions to the mentors so that this support can be effective.

Also highlighted in the results of this study were the distractions that may interfere with the mentoring meetings, mainly due to the use of new technologies and the social networks. These aspects should be taken into account in future research in this field, given the increasing importance they have in our society, in order to change them, if possible, into a facilitating factor when it comes to developing mentoring programmes with young people.

Regarding the mentoring activity itself, results revealed that several key factors, easily controllable by mentors, should be considered in order to make a meeting successful: an appropriate place – quiet – outside the residential centre; a suitable schedule, and the mentee's involvement when choosing the activity. Conversely, external non-controllable factors could have a negative impact, such as bureaucratic issues (for example, requests for authorizations) and interferences from others, requiring a high degree of flexibility on the part of the mentor and the ability to react. In order to

help mentors, the training, monitoring and support processes based on empirically proven ‘best practices’, such as, perhaps, those mentioned above, are essential to significantly enhance the beneficial effects of these programmes, while avoiding the potentially harmful ones (DuBois, Holloway, Valentine, & Cooper, 2002; Spencer et al., 2010).

Results also showed that coordination, collaboration and information transfer with the rest of agents involved in the mentoring programmes (caregivers, teachers) was very important for mentors. In particular, coordination with the key caregiver appeared as a relevant factor that could facilitate and, at the same time, hinder the volunteer’s work, as other research has noted (Keller & Blakeslee, 2014). As these authors suggested, more research is needed to analyse the mechanisms that promote this collaborative work in programmes with young people in residential care, exploring the key role of those responsible for monitoring them.

The mentors’ own perceived positive outcomes included such diverse domains as knowledge, well-being, increased social awareness, personal growth, and socialization.

Concerning the domain of knowledge, mentors highlighted a deeper understanding of the youth-in-care environment. Similarly, other research has found that site-based programmes afforded mentors more opportunities to become familiar with the culture, context and organizations in the youth’s community and promoted their involvement in improving such contexts (Keller, Blakeslee, 2014).

As far as well-being is concerned, being recognized and valued in their volunteer work was one of the highlighted elements that made the mentor feel “good” and “fulfilled”. According to other research in this field, supporting mentors by showing them respect is identified as a promoter of their “pride” as mentors and, thus, contributes to mentor retention (Stukas et al., 2014). As suggested in the results, it

would be interesting for further research on social awareness and personal growth to explore how the mentoring experience can trigger the volunteers' personal development, such as becoming aware of other people's problems (and thus, relativizing one's own), reconnecting with their own past personal experiences, and developing personal skills, such as patience.

According to the results in this study, the social dimension appeared to be one of the objectives mentors pursued, not only at the level of the mentoring relationship itself, but also concerning the other participants in the project (volunteers, agency staff, etc.). This points to the importance of making mentors involved in a 'community', transcending the individual dimension of the mentoring one-to-one relationship (Herrera et al., 2013).

It is important to note the limitations of the study. On the one hand, the heterogeneity of the sample made up of people from different countries is complex and can lead to reducing nuances, or misunderstandings in the translation process and, therefore, to a reduction in the internal consistency of the measure (monthly reports). On the other hand, carrying out the interviews only in Spain reduced the participants to a small and unique sample and, although it permitted in-depth analysis, it limited the generalizability of the findings. Finally, it is worth highlighting that the interviewer was, at the same time, a member of the coordinator team in Spain, which might have led to bias in the mentors' responses. However, the role of the interviewer as a researcher was positive since she had a deep knowledge of all the mentoring intervention process and the relationship with mentors was close throughout the entire programme, allowing us to personalize the conversations and conduct more in-depth interviews.

Despite these limitations, the results of this study raise several questions for future research in this field. How to boost the positive impacts mentoring programmes have on mentors? How to turn the mentor into a catalyst of this experience for the rest

of society? And more generally, how to reinforce the ties between the residential centres and the community, and how this network of social relationships can contribute to improving the situation of these young people and their well-being?

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6.3.1 Reviewers' corrections and responses

We appreciate the time and detail provided by each reviewer and we have incorporated the suggested changes into the manuscript. The paper has certainly benefited from these insightful revision suggestions. You may see the answers in red and the changes are highlighted in yellow through the manuscript. The number of page is taken from the anonymised version of the article.

Reviewer 1

Review of the content for the author:

It is a very interesting article as there are no many research pieces about mentoring from a long evaluation of the practice as this paper presents. It is an interesting contribution in this field, and the method is correct as a qualitative study. However I think that there is a lack of information about the mentees: how was the method of selection for them? in which kind of facilities were they placed? etc. Some more information about young people is necessary to understand this research and a description of the sample is necessary. *Information about the mentees and the residential homes in which they lived has been provided accordingly (p. 5).*

Reviewer 2

Review of the content for the author:

This paper focuses on a very important issue- of mentors' experiences with youth in residential care. While many studies focused on the benefits of mentoring to the mentees this study explored the benefits to the mentors, while also exploring the positive and negative aspects of mentoring from their perspective. The study used a wide data set of a pilot program, which strengthen these study findings. However, some

issue should be addressed in order to consider the publication of this paper:

Abstract

The method in the abstract should appear more clearly, as a two-phases study. The findings from these phases should be clearly differentiated. *The two phases of the study have been clearly differentiated in the abstract as suggested.*

Introduction

The introduction provides a short but comprehensive review of the existing literature in the field and justifies the importance of the current study. The following sentence, p.2, is not clear: “According to research in this field, mentor abandonment is one considerable contributor to early match endings with youth with different risk profiles”. *The mentioned sentence in the introduction (p.2) has been rewritten.*

Method

Please provide the standard deviation of the mentors’ age. *The SD of the mentors' age has been provided (p.5).*

There is a need to indicate more clearly whether all the monthly reports from this pilot project were analyzed for this paper or only a sample. *All the monthly reports from the pilot were analysed for this paper. It has been clearly specified in page 4.*

What do you mean by “an inter-rater reliability procedure” and what is the reference for this method to achieve reliability? *The cited sentence related to the data analysis process (in p. 8) has been erased, as it was confusing.*

Results

Table 1: Why some points are in different bullets and the others are not (e.g regarding the Mentee's attitude)? *In table 1, some points are in the same bullet because they are equivalents or have similar meanings (e.g. "Mentee's lack of interest, demotivation" in the category "Learning") or because they are part of the same category (e.g. "Difficulties related to residential centres" in "circumstances"). We agree that it was not the case of the mentioned example ("mentee's attitude") and we have changed accordingly.*

The first paragraph of the result provides a list of categories which is a repetition of table 1 without any elaborations and explanations of the term presented. It is important to make the terms/categories from the table clearer as well as to indicate that the categories will be further presented and exemplified. *A brief description of each category has been provided accordingly (in the first paragraph of the "results" section). We have presented each category in a different bullet in order to be easier to read. Besides, a sentence has been added to indicate that the categories will be further presented and exemplified, as suggested (p.8-9).*

Generally speaking, in chapter 3.1, the authors present a wide analysis without enough support from the data (quotes), which appear only rarely against what is needed to achieve validity in qualitative studies (see for example page 12). *We have added six new quotations to support and exemplify the findings, as suggested (from page 12 to 17).* In addition, it is very hard to follow the order of the categories and it seems that there are many repetitions between the themes. *We have revised and modified the overall section (3.1 and Table 1) accordingly. The title of each category has been emphasised in bold in order to make it easier for the reader.* For example, the issue of the (challenging) relationships with the caregivers appeared more than once (page 12 and page 15). *We have unified in an unique section the evaluations related to caregivers (p. 15-17).*

Discussion

One significant limitation of this study is that the interviewer was the coordinator of the project in Spain, which might lead to bias in the responses (e.g. how the mentor should provide “assessment of the project’s coordinating team” to the researcher as his/her boss). It needs to be mentioned as well as what were the means to deal with it. *The role of the interviewer has mentioned as a limitation of the study (p. 24), as suggested, but also it has been highlighted some positive aspects about it.*

7. Discussion on the key findings

7.1 School satisfaction and subjective well-being. Variables and correlations.

1. A positive correlation existed between youngsters' Subjective Well-Being (SWB) and their School Satisfaction (SS). These findings are consistent with recent research on this subject (Llosada-Gistau, 2017; Llosada-Gistau et al., 2015) and corroborate the thesis that school failure and dropout not only limit future opportunities for children and adolescents, but also affect their current well-being and quality of life (Casas, 2011). Thus, school satisfaction has been proved to be an important component of SWB among children in residential care, as it is in the general population and, especially, among vulnerable children (Montserrat, Casas, et al., 2019).

2. All the stakeholders agreed that satisfaction with social relationships was the SWB variable which had greater influence on the school satisfaction of children in this study. Positive relationships with peers and teachers in school have consistently been related to higher SS levels among children in residential care, especially for the youngsters themselves. Taking care of relational and emotional aspects at school, and establishing a stable, trusting teacher-student bond have been widely developed by research and identified with "successful" learning pathways among children in care (Berridge, 2017; Brodie, 2009; Montserrat, Casas, et al., 2019) as well as for other at-risk children populations (Demanet & Van Houtte, 2019; Reay, 2018; Tarabini et al., 2018). However, research targeted at children in residential care has suggested the existence of some social integration difficulties related to stigmatization (Martín et al., 2008; Martín & Muñoz, 2009; Torralba, 2006).

3. Children in this study were not satisfied with their access to personal computers or tablets or to the Internet in the residential centre, in line with other research (Llosada-Gistau, 2017). As a hypothesis, we suggest that the need to be connected in today's society puts a strain on residential care settings, conditioned to a large extent by regulations and restrictions

that swing from protection to control; an issue which should be further explored. Lack of access to computers and the Internet may put children in residential care at a serious disadvantage in both educational and social fields compared with their peers, not only at access level, but also at a skills level, as happens with children from other vulnerable backgrounds (OECD, 2015).

4. Youngsters were quite satisfied with the things they learned but not with their grades. Two possible explanations, suggested by other research, may be (1) their efforts and positive progress do not always translate into better outcomes given the accumulation of delays and difficulties in their education (Forrester, 2008; Gaskell, 2010; Harker et al., 2004; Heath et al., 1994); (2) educational interventions carried out within the framework of inclusive education do not always focus on the enhancement of academic outcomes (equity) or on the recognition of motivation and learning, but rather on the integration and control of the most disadvantaged students (Ball et al., 2013; Feito, 2003).

5. Satisfaction with their lives in the residential centre and the degree of freedom they had were rated lowest by the youngsters. Although these results can be attributed in part to age (12–17 years), this finding opens up the debate on the restrictive position adopted by residential homes (Jones & Lansdverk, 2006) and their limitations in providing a “democratic” environment which provides opportunities for children to participate (Baker, 2007), which has not yet been consistently proved by research. Similarly, the low level of satisfaction with the residential home expressed by the youngsters might suggest the need to reflect on the quality and the opportunities offered by residential programmes (Del Valle & Bravo, 2007) as well as the adjustment and suitability of the measure for each child (Arteaga & del Valle, 2009; Mollidor & Berridge, 2017).

Supporting these results, Llosada-Gistau (2017) found that children in family foster care, especially those in kinship care, were much more satisfied with their placement than children in residential care. This would also suggest that stability (much higher in family

placements) as well as identity and boundary issues may play a determining role in placement satisfaction.

7.2 School satisfaction and subjective well-being. Differences among the stakeholders' perceptions.

1. School satisfaction expressed by youngsters was significantly higher than that attributed to them by teachers and caregivers. Caregivers and teachers also attributed significantly lower well-being (life satisfaction in all the evaluated items) to children. Similarly, aspirations to continue formal education after compulsory secondary school were higher among youngsters than those attributed to them by their caregivers and teachers. These findings are in line with research reporting a certain “professional pessimism” and low educational expectations projected towards children in care with negative consequences on children’s self-image, self-esteem, expectations and academic outcomes (Bentley, 2013; Davidson-Arad, 2005, 2009; Martín et al., 2012; Martín & Muñoz, 2009; Melkman et al., 2016). As suggested by Montserrat and colleagues (2019), the less adults know these children, due to shift changes in residential centres or the diluted role of individual tutoring in secondary education, the more likely stereotypes and prejudices will proliferate. Particularly in the case of caregivers, this “pessimism” can be reinforced by their lower levels of job satisfaction (Montserrat, Llosada-Gistau, et al., 2019). However, it is also worth asking if these differences may respond to the generally more optimistic outlook on life among children (compared to adults), or to their lack of self-consciousness and awareness regarding their school situation, possibly leading to more optimistic evaluations.

2. Caregivers and teachers sustained a more instrumental approach when identifying the factors that determined children’s school satisfaction. They highlighted aspects related to the youngsters' identity as students, their participation in school and, in particular, their academic performance. In contrast, relational aspects were central for children (especially their relationships with classmates), in line with other research (Montserrat, Casas, et al., 2019). Furthermore, for youngsters appearance was an important influential factor in their school satisfaction levels (but not for teachers and caregivers). In this regard, other research has

shown that for adolescents in care, recognition as an equal or as a “normal kid”, escaping from the “child in care” label, acquires great relevance and acts as a motivating factor for academic achievement (Jackson & Cameron, 2014). These findings may suggest that caregivers and teachers are not (sufficiently) aware of the relevance of socio-emotional aspects in determining the SS of children in RC.

3. Children and professionals held radically opposing views on satisfaction with the birth family: while caregivers and teachers placed this item last, the youngsters did just the contrary. On the one hand, the youngsters’ positive perception of their birth families could be directly related to their low satisfaction with the care placement, supported by the hypothesis that residential centres are unable to provide a consistent alternative home and promote a sense of belonging (Garcia-Molsosa, 2016). On the other hand, these findings are in line with the Ambiguous Loss Theory (see Boss, 2007; Mitchell, 2016) in the sense that, although the ties children in care have with their birth families may have been severed, they have not completely ceased to exist and this may lead to confusion among these children regarding family roles and boundaries. Indeed, although their families may be unable to take care of, or support, them, they form part of their identity, and are often the object of their desire. Do caregivers and social workers understand the value and influence of birth families? Do they know what the children in their care think about them?

7.3. Mentoring children in residential care. The role of the mentor

1. Mentors play a specific and unique role within the existing network of supportive adults for children in residential care. Their main particularities are: (1) the mentoring relationship is gratuitous and horizontal; and (2) the mentors' work is focused on education in a broad, vital sense. On the one hand, their role is similar to that of a reliable friend, different from other supportive adults, and this was highly valued by youngsters in our study. On the other hand, the mentor's global outlook on learning differentiates him/her from other supportive adults, both at school and the residential centre, which has a far more restricted approach. Mentoring may help to provide a cultural-based approach instead of one of behaviour stabilisation and compliance, which, according to Gharabaghi (2012), residential centres are focused on.

2. Mentors play a compensatory role within the framework of residential care in terms of individualised attention, increased freedom of action and movement, and contact with different world views and life experiences. These findings suggest that mentoring may help to overcome some of the limitations posed by institutional settings, focused on risk-adverse practices rather than on promoting wider socioemotional networks and cultural and educational experiences (Gharabaghi, 2012; Jones & Lansdverk, 2006; Lou et al., 2018).

7.4. Mentoring children in residential care. Main benefits

1. The child is provided with a supportive, caring, trusting and steady relationship, outside the residential and family context. These findings are based on the hypothesis that mentoring can help offset the lack of social capital among the children-in-residential-care population and may become an opportunity to foster resilience and well-being among these children (Lou et al., 2018). Furthermore, such a relationship may help to compensate for bonding difficulties associated with the preceding relationship's history of abuse or neglect (Ahrens et al., 2011; Britner & Kraimer-Rickaby, 2005).

2. Youngsters' future academic projections and the motivation to continue studying were enhanced, as expected by Lou and colleagues (2018). Our analyses suggest that it could have been related to the 'untainted', unbiased vision of the mentor (as an external role model), without prejudices when it came to contemplating the academic expectations of children in residential care. These findings coincided with studies highlighting the crucial role played by adults' expectations for the academic performance and achievement of children in residential care, which are usually low among those adults who assume the parental role and are directly responsible for their education: teachers and caregivers (Martín & Muñoz, 2009; Melkman et al., 2016; Montserrat, Llosada-Gistau, et al., 2019).

3. Mentors participating in the Sapere Aude programme perceived some benefits, reporting a certain sense of "payback" and life satisfaction related to their voluntary task, in line with other research focused on voluntary work (Dávila de León & Díaz Morales, 2005). On the one hand, being recognized and valued in their volunteer work makes the mentor feel "good" and "fulfilled". According to other research in this field, supporting mentors by showing them respect is identified as promoting their "pride" in being mentors and, thus, contributing to mentor retention (Stukas et al., 2014). On the other hand, the social dimension appears to be one of the objectives mentors pursue, not only at the level of the mentoring relationship itself, but also concerning the other participants in the project (volunteers, agency staff, etc.). These

results points to the importance of making mentors become involved in a 'community', transcending the individual dimension of the one-to-one mentoring relationship (Herrera et al., 2013).

4. In our study, the mentor acquired greater social awareness and deeper understanding of the youth-in-residential-care environment. In this sense, and in accordance with other research in the field, site-based programmes afford mentors more opportunities to become familiar with the culture, context and organizations in the youth's community and promote their involvement in improving such contexts (Keller & Blakeslee, 2014). Our findings suggest that these benefits can be extended to other community members (e.g. mentors' family, workmates, and teachers) through mentors.

7.5. Mentoring children in residential care. Main limitations and obstacles

1. Mentoring had a modest or unperceived impact on the youth's school attainment (grades, test scores), in accordance with the results of other studies on mentoring programmes aimed at enhancing the educational performance of children in care (Harper & Schmidt, 2012; Spencer et al., 2010; Staub & Lenz, 2000; Zinn & Courtney, 2014). However, mentored children in this study showed improvements in self-confidence, motivation, school identity, work habits, awareness and empowerment with regard to education pathways, and responsibility towards school work. These aspects coincided with the main obstacles found by mentors when it came to achieving improvements in academic progress. These findings suggest the importance of focusing on the cross-cutting aspects of learning. However, the importance of academic outcomes should not be underestimated since, according to research in this field, formal qualifications are the strongest predictor of better opportunities, social integration and quality of life for these young people in the future (Jackson & Simon, 2006; Sebba et al., 2015).

2. Mentors found difficulties, contradictions and resistance when trying to keep the focus of mentoring on school learning. On the one hand, according to the results, they found it difficult to balance the pursuit of learning objectives with developing a supportive relationship. On the other, mentors found it challenging to cope with the youngsters' reluctance to engage in learning activities. The debate on whether or not to give priority to school issues in the face of the psychological and emotional needs of children in residential care is also reflected in the literature on social mentoring targeting vulnerable children overall (Larose et al., 2010). Regarding the education of children in care, Welbourne and Leeson (2013) reached the conclusion that both, emotional and educational support, needed to be provided at the same time. Similarly, Larose, Cyrenne, Garceau, Brodeur, and Tarabulsy (2010) concluded, that the "best option" for mentoring programmes was a good balance between a developmental (focused on the relationship itself) and instrumental (goal-centred) approach in order to promote both a quality mentoring bond and mentee development.

3. Difficulties in developing and maintaining the mentoring relationship. The results of this study showed that, in order to be able to build such a relationship and, thus, a more effective mentoring programme, constancy and time were needed, as research in youth mentoring unanimously agree (Clayden & Stein, 2005; Higley et al., 2016). Based on our findings, three difficulties could be identified in this respect. Firstly, the lack of time dedicated to the relationship, often associated with children being “very busy” as a consequence of “support overload”, which according to some research is frequent within the in-care population and should be avoided (Britner et al., 2014). Secondly, the mentees’ age may interfere, given that the mentoring relationship and the mentoring programme’s goals may be far from the priorities of adolescents : extracurricular activities, peer and romantic relationships, entry into the labour market, etc. (Grossman & Rhodes, 2002; Kupersmidt et al., 2017). Finally, there is the issue of instability related to changes in placements and caregivers in the residential centres, which can be an obstacle for mentors when it comes to bonding with the mentee, establishing a strong collaboration with professionals in the RC, and developing the mentoring plan and activities to reach the aims of the programme. The negative effects of placement and school instability on the educational pathways of children in care (especially relevant for children in residential care) have been clearly proven in research (e.g.. Montserrat & Casas, 2017; Sebba et al., 2015).

4. Coordination difficulties among stakeholders. On the one hand, according to our results, a lack of (or insufficient or troubled) coordination with the key caregiver can hinder the volunteer’s work. On the other hand, the lack of coordination with teachers can soften the project’s targets and contribute to disorientation on the part of the mentor in terms of establishing learning goals and activities. Accordingly, a broad consensus exists among research that the lack of coordination and collaboration between education and welfare systems, institutions and professionals can be identified as a determining factor in explaining the difficulties in the educational pathways of children in care (Ferguson & Wolkow, 2012; O’Higgins et al., 2017; Trout et al., 2012).

8. Conclusions

In this chapter the main conclusions are drawn from the findings of this research and the answers to the research questions (Chapter 8.1). The findings have interesting implications for social work and education policies and practice. Accordingly, we have suggested some recommendations derived from this research (Chapter 8.2). Finally, the research limitations are presented (Chapter 8.3) as well as specific questions emerging from this Thesis that might be worthy of further research (Chapter 8.4).

8.1 Final conclusions

In line with the research problem upon which this Thesis is based (the high risk of school failure and drop out among children in residential care), the general aim of this research was to contribute to better understanding the factors that shape the school experience of children in residential care and to analyse how it can be enhanced by mentoring programmes. Based on these aims, three studies using quantitative and qualitative methods were designed and carried out in the framework of a European mentoring programme aimed at enhancing the school performance of children in residential care. The findings are expected to contribute to knowledge and also to have relevance for policy and practice in social work and education to, ultimately, help promote a better quality of life and opportunities for children in residential care.

At this point, an important consideration must be made: the fact that this Thesis is focused on children in residential care does not mean that we are not aware of the limitations and potential negative effects of this protection measure. Overall, and according to research in this field, residential care is not the best option for many children in care who may be better off living in a family environment. We consider that when children can no longer live with their families, either family-oriented centres or the different range of existing family-based

measures (including kinship and non-kinship foster care) should be promoted, and the latter should be prioritized for as many children as possible instead of institutionalization.

Once this consideration has been set forth and the findings of the three studies have been discussed, we can finally address our research questions to suggest concise answers, in accordance with the objectives of this Thesis

What are the key issues influencing the school experience of children in residential care?

According to the results of Study 1, **satisfactory relationships inside and outside the school context are the strongest predictor of higher school satisfaction levels** among children in residential care. This was corroborated by caregivers, teachers and, especially, by the children themselves.

Besides, other factors were underlined by children in our study that need to be further explored, discussed and analysed as key issues that may determine their school experience. Firstly, the fact that children are quite satisfied with their learning but not with their grades. Secondly, the children' low scores in satisfaction with life in the residential centre and in the degree of freedom they have as well as in their limited access to the Internet and personal computers and/or tablets. Thirdly, satisfaction with the birth family, which seems to play a predominant role in the lives of children in residential care in terms of their emotional and affective well-being and sense of identity. A final issue is the children' satisfaction with their appearance, which could be linked to their need to be identified as "normal kids", thus escaping from the "child-in-care" label.

The results from Study 1 also show that **the answers to research questions on satisfaction given by children and professionals differed significantly**. Although teachers and caregivers agreed in giving special relevance to relationships, they tended to have a more "instrumental" approach and linked children' school satisfaction to their identity as students, their participation in school and, in particular, their academic performance. The differences between the responses of the children and the professionals involved in their education lead

us to suggest that the latter might not be (sufficiently) aware of the relevance of socio-emotional and procedural aspects in determining the school satisfaction of children in residential care, as well as those factors contributing to normalization. Moreover, they may be underestimating the value and influence of birth families in these children' lives.

Regarding the different evaluations of the stakeholders, our findings have contributed to demonstrating **“professional pessimism” among caregivers and teachers and their low expectations for the educational achievements of children in residential care.** They attributed lower levels of school satisfaction, well-being and aspirations to continue formal education to the children than those expressed by the children themselves. This pessimism can play an important role in the school experience of these children, since it may imply a negative impact on the children's self-image, self-esteem, expectations and, ultimately, on their academic outcomes. However, not enough evidence has been collected in this research to be able to analyse the causes of this pessimism and low expectations, and so to evaluate their consequences and suggest possible ways of addressing them.

Finally, this Thesis corroborates that **school satisfaction is an important component of the subjective well-being of children in care,** as it is in the general population and, especially, among vulnerable children. From this perspective, it has proved that for children in residential care, for whom school is the main normalized social context where they spend many hours a day, school is one of the most important things in their lives, especially regarding their relationships with peers and teachers. As research in the field indicates, residential centres have important limitations in providing a “normalized” environment, in establishing connections with the community and, as the children in this study pointed out, in providing freedom to organize their own leisure time and, for example, to go out with friends. Therefore, school might provide these children with a wider social network if attention paid to these issues were central, instability in the welfare system were redressed, and targeted interventions were carried out.

How can mentoring help to enhance the school experience of these children?

According to the results of Study 2, **by providing supportive, caring, trustful and steady relationships, mentoring programmes may create an opportunity for promoting the well-being and resilience of children in care as well as their social capital.** The characteristics of such relationships, highlighted by the participants in the study, are similar to those valued most by children in relation to other significant adults (e.g. caregivers, teachers): consistency and longevity; personalization; genuine interest towards the child; positive outlook and expectations, and personal commitment and involvement beyond the task itself (Hiles et al., 2013). Thus, mentoring programmes may be an additional way of providing a new and positive relationship, which is the most strongly and consistently linked factor to the school satisfaction of children in residential care according to results in Study 1.

In this regard, our findings support the positive contribution of the mentor-mentee relationship in the lives of children in residential care and the importance of developing, taking care of and maintaining such relationships over time. What specific conditions are needed for such relationships to flourish, be consistent and last longer has not been answered in this research. However, in this sense, Study 3 found some benefits for mentors, which can be promoted by the agencies responsible for mentoring programmes so that these volunteers can be retained. These positive outcomes are related to knowledge, well-being, social awareness, personal growth, and socialization.

According to the findings, mentoring relationships have some specific characteristics (gratuitousness, horizontality) that differentiate them from relationships with other supportive adults. Mentoring also has another educational task approach (determined by a global outlook towards learning). **These particularities lead mentors to play a specific and unique role within the existing network of supportive adults of children in residential care.** Thus, mentors occupy a new and complementary place in the youth's system instead of overlapping other supportive figures, as could be feared. Concretely, regarding the residential care context, this Thesis has suggested that mentoring may play a supplementary role which cannot replace the

daily educational intervention from the residential care settings, but can help overcome some of their limitations in terms of individualized attention, increased freedom of action and movement, and contact with different world views and life experiences. In this sense, mentorship may even help enhance the satisfaction of children towards the residential setting, which, according to the conclusions drawn in Study 1, was very low.

Regarding the benefits of mentoring in the learning domain, the results of Study 2 showed a modest or unperceived impact on the youth's school attainment (grades, test scores), but improvements in children's self-confidence, motivation, school identity, work habits, awareness and empowerment concerning education pathways and responsibility towards school work. In the light of these results, two aspects should be highlighted. On the one hand, due to the mentors' "fresh", positive outlook, free of prejudices towards these children, mentoring can contribute to fighting the "professional pessimism" reported in Study 1, and encourage children's "optimism" towards their educational pathways. On the other hand, these results suggest the importance of cross-cutting or global aspects of learning in helping children in residential care to improve their school experience and progress in learning. However, as suggested in Study 1, learning progress and attainment are not always developed on equal terms and children may not have a good school experience unless their efforts are rewarded with better marks. Practitioners and researchers should not forget that they may compromise children's access to formal qualifications and, thus, better opportunities later in life.

Furthermore, our findings, in line with other research, suggest that **mentoring programmes have a great potential since they have many points in common with interventions with the best empirical support and rigorous designs**, such as "tutoring" (direct instruction), and can easily incorporate components from other "promising interventions" such as one-to-one tuition, reading encouragement, community support or strategic coordination among stakeholders and institutions. This is not to say that these programmes can replace the daily educational task of residential centres, which is crucial since it integrates

living and learning as organic and natural processes, but they do add more resources in this direction, which has been proved totally necessary by research to help children in residential care fulfil their potential.

However, the results of Studies 2 and 3 suggest that **some relevant obstacles exist when developing mentoring programmes to enhance the school experience of children in residential care**, which could have an impact on the development of the mentoring relationship and on potential benefits in the learning domain. These include aspects related not only to the attitude or difficulties the children may have (e.g. reluctance to engage in learning activities), but also to the institutions and professionals who take care of them (e.g. instability in the care placement, coordination and collaboration among stakeholders, low participation of teachers), and to the mentoring programme itself (e.g. limited duration). Thus, it seems that mentoring programmes can be improved if such contextual barriers are reduced.

Finally, a more general reflection emerges from the results of this Thesis and its theoretical framework. **The mentoring intervention has an individualistic approach (very much focused on the mentor-mentee relationship and children's attitudes towards learning and their skills, as shown in Study 2), which does not counter-balance the structural inequalities associated with the social and family backgrounds of children in residential care.** Besides, it does not involve transformations in in-care institutions and public services policy, such as instability in the care placement and school. According to Cameron (2018), an individualistic trend is taking place in advanced neo-liberal societies in which children are increasingly positioned as entrepreneurial subjects and as participants in constructing and constituting their achievements and wellbeing, in ways that are amenable to measurement (e.g. examination certificates). This perspective does not take into account material disadvantage or structural barriers in individual "choices" and educational (and life) pathways. Such an individualistic perspective, from our point of view, is intrinsic to mentoring programmes and should be considered one of its main limitations, since the reasons for low

attainment among children in care are related to fundamental social inequalities, difficult to remedy simply through individual engagement. However, in Study 3 mentors stated that, at the end of the project, they had a deeper understanding of the youth-in-residential-care environment and that they had become more aware of other people's problems, which would suggest that community commitment in addressing children's school situation could be improved from a broader point of view thanks to community-based mentoring programmes.

8.2 Implications and recommendations for policy and practice

As an intended contribution to knowledge, our findings are also relevant for policy and practice in social work and education. Next, these findings are summarized and some recommendations for the provision of schools and residential centres and for implementing mentoring programmes are suggested.

Schools and residential centres

1. It is crucial to give centre stage to the education of children in residential care both in residential placements and schools. Although many other aspects are important in these children's lives, which must be taken into account by practitioners in this field (e.g. the bond with birth families, psychological and psychiatric consequences of abuse and neglect, material conditions and resources), it is no longer feasible to neglect their learning for the sake of other issues. Moreover, specific programmes aimed at enhancing their schooling need to be developed as a complement to the daily educational task in residential centres and schools. Our positive findings related to the benefits of mentoring support researchers in this field who have claimed that children in care can improve their school performance if provided with tangible support.

2. A more positive attitude should be encouraged and promoted among caregivers and teacher staff teams. Some concrete recommendations in this direction would be: (1) the dissemination of positive research outcomes of interventions aimed at improving the school performance of children in care; (2) a focus on promoting resilience in both educational and care services, which assumes a more positive outlook on their potential; (3) more support and promotion for the education of children in residential care delivered by local authorities, encouraging teachers and caregivers to continue with their educational task, and (4) the collaboration and incorporation of new stakeholders from outside the school and residential

care context, such as mentors, with a positive and fresh outlook on these children, able to counter “professional pessimism” and play the role of advocate regarding children’s educational pathways.

3. Both schools and residential centres should adopt a child-centred approach when providing learning support. This perspective promotes academic progress from a procedural perspective and an enabling approach that rewards the efforts and progress made rather than academic outcomes. At the same time, adopting such a perspective should offer a quality environment which is democratic and encourages participation, helping children to become co-responsible for, and more aware of their own learning pathways. Finally, the differences between the qualified or professional adult perspective and that of the child must be acknowledged and discussed when providing services and interventions aimed at meeting children’s needs. Children’s voices should be considered and recognized as valid and valuable opinions.

4. Taking care of the relational aspects in high schools should be a priority. The bonds with peers and teachers should be encouraged from both secondary schools and residential centres. A stronger community-focused approach should be adopted by schools (as proposed by the “caring schools” concept), and residential centres should make it easier for children to meet friends from school (maybe relaxing the conditions and providing more freedom). Moreover, if social integration in the school context is to be improved, stigma and labels associated with the in-care population have to be fought, promoting a better knowledge of the residential care context among other children and teachers, and encouraging greater awareness of in-care children or children. Nevertheless, none of this is possible without a more stable context concerning children’s care plans and their reference caregivers.

5. A need also exists to reflect on the quality of care and the opportunities offered by residential centres. Residential programmes must promote a high quality and rich educational environment in the children's daily lives and prioritize educational issues. Dealing with the adolescents' wish for freedom should be on the agenda in residential settings. Also, the access of children to personal computers/tablets and the Internet should be improved. From our point of view, these factors would help to normalize their lives as adolescents, which they deeply desire. At the same time, an intervention conducted by a psychological expert would be needed in residential centres to help professionals and children deal with attachment difficulties and the psychological consequences of abuse or neglect. Finally, residential centres should provide a more consistent "alternative" to family models for children in terms of affectivity and identity when they cannot be settled in a family-based out-of-home placement. To this end, we would suggest ensuring a "family approach" in residential centres (small, vertical, with a stable workforce) as well as guaranteeing the stability of care pathways.

6. It would be positive to involve, when possible, birth families as active agents in promoting better achievements for children in residential care. The level of responsibility would depend on the situation, skills and predisposition of each family but some concrete recommendations in this direction could be: (1) involving them in designing individual learning plans and goals; (2) sharing with them the responsibility for school monitoring assumed by caregivers (e.g. meetings with teachers, signing the qualifications report, etc.); (3) providing them with support, training and material resources to enhance their abilities and skills when helping their children do school tasks or encouraging them to read, and (4) offering them opportunities to participate in cultural, artistic or other formative experiences together with their children during their visits.

Designing and implementing mentoring programmes aimed at enhancing the educational performance of children in residential care

1. When implementing mentoring programmes within the residential context, **practitioners and technicians should incorporate the new mentoring role within the complex network of supportive adults and services involved avoiding the possible “overlapping” of roles or functions.** In order to do so, extended and exhaustive information, training, and monitoring before, during and after the mentoring intervention are needed not only to clarify and assess the mentors’ role but also that of the other stakeholders involved (caregivers, children, and teachers), and to ensure and promote good coordination and fluent collaboration between stakeholders during all the mentoring intervention to specify and discuss the roles and tasks of each stakeholder.

2. **It is crucial to give time to the development of mentoring relationships.** Thus, a developmental and instrumental mixed approach to mentoring should be adopted, based on alternating learning and leisure activities in a balanced way, giving centre stage to socio-emotional issues without forgetting the learning goals of the programme. Besides, ensuring the mentors’ (volunteers) longer-term commitment is of great importance. Some concrete recommendations in this direction would be: (1) promoting the recognition of the mentors’ role and a sense of pride in being a mentor, and (2) bringing the mentors’ intervention into the community, and framing it within community involvement, transcending the individual dimension of one-to-one meetings. Thus, intensive support, on-going training, assessment feedback, group activities, informative community events and official recognition should be provided to mentors by the agencies responsible for the implementation of mentoring programmes.

3. **Regarding the learning domain, our findings suggest that mentoring programmes can still be improved to increase the benefits in this area** if mentors (1) focus on enhancing the mentees' motivation and interest in learning; (2) prioritize the cross-cutting or global aspects of learning (in which children seem to have greater difficulties) rather than grades or test scores, and (3) set smaller goals depending on the mentee's starting point and reinforce achievement positively, adopting a procedural approach. Furthermore, we suggest exploring the ways in which mentoring programmes can incorporate components identified by research as "promising interventions" in this domain for children in care, such as direct instruction, one-to-one tuition, reading encouragement, community support or strategic coordination among stakeholders and institutions.

4. Finally, we would like to suggest three general recommendations when developing new interventions (mentoring-based or others). On the one hand, from our point of view and as claimed by researchers in this field, **it is important to incorporate programme components that have already received good empirical support**. Thus, it is necessary to establish rigorous programme assessment, discuss and disseminate the results in both practice and research contexts, and link these two domains (research and practice) when designing and providing new interventions. On the other hand, **asking children, professionals and other stakeholders involved about their desired outcomes, and/or involving them in the development of the design are also essential** in order to avoid frustrations and to ensure that the efforts of developing a new intervention are in line with the needs and aims of the stakeholders involved. Finally, **interventions need to consider structural inequalities and other broader aspects linked to policy and services provision** given that enhancing the school experience of children in care is a complex issue that involves multiple domains, and is linked to vulnerability, poverty and marginalization.

8.3 Limitations

The main limitations of this research are related to the small sample size and its heterogeneity, determined by the project aims in the framework of which it was carried out: sample representation was not sought in the design, but instead the objective was to launch a pilot project in five countries at the same time in which participants had similar characteristics in terms of numbers, age and placement type (residential care). This implied a deliberately limited sample.

The sample characteristics prevented cross-national comparative analysis, although efforts made to carry out such a project on a European scale could have benefited from more fruitful results if a larger sample had been gathered. Besides, the small sample size did not allow us to compare the results of school satisfaction and well-being (Study 1) in terms of the children's school and placement situation. Neither could we compare demographic variables such as age, gender or place of birth, aspects of great interest for research in this field due to the differences that exist in this population group not only between countries, but also within the protection system and the school context.

Working with a sample made up of people from different countries is complex since not only does it involve dealing with different languages but also with different sociocultural and political realities and backgrounds. On the one hand, language differences in our research may have led to confusion in the translation of the questions in the equivalent questionnaires for the five countries (Study 1) as well as in the translation of the mentors' reports carried out by non-professional translators (Study 2 and 3). Therefore, it may have led to a reduction in the internal consistency of these instruments and a loss of nuances for the qualitative analysis. On the other hand, the structure of child protection systems and residential centres, education systems and schools, and the way they work in different countries is not comparable and could have had an impact upon programme implementation and results, which have not been assessed in this research.

It is also important to highlight that this research does not include the results of the pre- and post-test comparative data from the evaluation of the mentoring programme, which could have complemented qualitative data in Study 2 to answer our research question, as set out previously. Thus, a quantitative analysis of the impact of the mentoring intervention on the school satisfaction and well-being of children, and a comparison with the other stakeholders' perceptions, which would have given more consistency to the results and conclusions of this Thesis, could not be carried out. The decision not to include these results was taken due to a loss of data in the post-test stage as a consequence of unforeseen circumstances outside the control of the project evaluators. It is worth highlighting that doing research with the care population (and concretely, with the residential care population) involves a certain risk due to the instability in their lives and in the in-care system itself.

Notwithstanding its potential, methodologically the pre- and post-test design had a clear limitation: the results obtained could not be attributed only to programme development, since other factors could have been involved in the changes that occurred, which might have gone unnoticed by the evaluation. However, using control groups (inside and/or outside the residential care environment) to address this possible bias and to analyse whether the results were typical of adolescents in general, or specific to children in residential care, had the limitation of being controversial on an ethical level in this social area since the intervention was randomly denied to children that could have benefited from it.

Another limitation of this Thesis was that the in-depth qualitative research was only carried out in Spain (Studies 2 and 3) and not in the other countries involved since it was designed for the purpose of this Thesis and not as a part of the programme evaluation. This was due to the resources available for the programme evaluation (limited to funding from the European Erasmus+ and FI grants) and the limited possibilities of some of the organizations involved (small organizations, with small workforces, low incomes, etc.). Carrying out the focus groups and interviews only in Spain reduced the number of participants to a small and unique national sample and, although it permitted in-depth analysis, it limited the generalizability of

the findings. We think it would have been interesting to implement the same qualitative study in the five countries participating in the project in order to complement the qualitative data gathered in the mentors' reports and to include the voice of the other stakeholders involved, including children from all the countries.

Finally, regarding the participation of the different stakeholders in the research, **we need to consider the low participation of teachers as an important limitation of this research**, especially in the national sample of the qualitative research carried out in Spain, but also in the questionnaire answers, leading to poor representation of their perspective in the results and conclusions of this Thesis. They may have felt that the programme did not address them directly, or they did not consider the research meaningful or useful enough to devote their time to it, or the conditions to facilitate their participation were inappropriate. From our experience, engaging teachers in research activities "outside the classroom" is a challenge for researchers, especially in the field of vulnerable children such as children in care, not only to assess the possible "bias" in the results in favour of the care context, but also to involve teachers (and schools) in finding ways to enhance the schooling of these children as active agents.

8.4 Future research

Finally, this chapter develops some specific questions that have emerged from this Thesis, which might be worthy of further research.

Theoretical and conceptual questions

From our point of view, a need exists to involve more disciplines than social work (e.g. sociology, anthropology, psychology) in the analysis and discussion of the findings in this field of research. Otherwise, researchers in this field run the risk of becoming partial in their analysis, and restricting the issue of school drop out and failure to this population. In this sense, we coincided with other researchers (Sebba et al., 2015; Brodie, 2009) in highlighting the need to develop a comprehensive “conceptual model” to have a particular theoretical framework in which to locate the research findings in this field, which allows comparisons with other at-risk populations and links with broader theories from diverse disciplines that contribute to a better and deeper understanding of the research outcomes. We have attempted to advance in this direction in Chapter 2.1 of this Thesis, but more theoretical discussion and research contributions are needed.

Concretely, **the components of the subjective school experience of children in residential care and their relation with attainment and progress should not only be more deeply discussed** at a theoretical level, but also supported or contrasted by research. In this way, a more complex picture of the educational pathways of children in care could be obtained and socio-emotional elements, difficult to identify from other approaches, could be brought to the surface. In this respect and in accordance with the conceptual model proposed in this Thesis (Chapter 2.1.2), it is worth highlighting that many other aspects (not explored in our research) could have an influence on the school experience of children in residential care, such as family background, reasons for admission, age on entering care and time spent in out-of-home placement, relationship with birth parents, stability in the residential centre and at

school, residential centre and school characteristics, and leisure time activities. We think that these aspects should be taken into account in further research in this field.

School experience, school satisfaction and well-being

The concept of “school experience”, its measurability and its links with subjective well-being, modestly and partially explored in this Thesis, **should be further developed by research** comparing the results with those of other in-care or vulnerable children populations, as a few other research studies in Spain have attempted to do (e.g. Llosada-Gistau, 2017; Montserrat et al., 2019). Concretely, more discussion is needed to check the suitability of “school satisfaction” scales for quantifying the school subjective experience of children in residential care and the influence on them of different variables, as undertaken in Study 1. Whether school experience can actually be quantified at all also needs to be discussed. We are aware that casual relationships cannot be assumed by statistical analysis and, in this sense, we would suggest that more in-depth and qualitative data are needed to complement and contrast the findings of such studies. Also, since children in RC make up a very heterogeneous group of population and the current world’s political, socioeconomic and demographical circumstances have an evident impact on protection systems all over the European continent, detailed studies on specific groups, such as unaccompanied migrant children, should be considered.

Multi-source and European samples

Differences in the evaluations of school satisfaction between children and the professionals responsible for their education need to be analysed in future research, as we lack sufficient elements to know the causes, evaluate the consequences and suggest possible ways to address these differences. Concretely, it is of great importance to involve children in research and make professionals aware of their answers, as well as to organize joint working groups co-participated by professionals and children. This would help, on the one hand, to promote more in-depth knowledge among children and professionals responsible for their care and

education. On the other, multi-source research may help provide data to address the possible bias of professionals and, by extension, policy makers, when designing and implementing programmes aimed at this population, and prevent wasting efforts trying to meet children's needs more closely. Finally, children participating in research can increase their self-awareness regarding their school situation since this implies self-reflection and contrasting other perspectives.

Research based on European (or cross-national) samples increases the complexity of study designs, data analysis and the interpretation of results. However, it can help bring together the efforts of researchers in this field and collect bigger samples, which allow for comparison through demographic, in-care and educational variables. Besides, it may help gain a broader perspective of the research problem, which is common and similar throughout Western societies, as we have seen (Chapter 2.1.1), and contribute to exchanging knowledge in this field among different research teams. At the same time, cross-national samples may allow us to compare factors associated with the provision of political, welfare and education systems, and different socioeconomic and cultural realities, which may provide clues for improving the education of children in residential care.

Mentoring intervention evaluation – Methodological and conceptual questions

A need exists to continue developing mixed designs (such as this Thesis) that combine both quantitative and qualitative methods to provide the best evidence of which interventions are effective (or not) for children in residential care as far as their school experience is concerned. From our perspective, randomized designs could be adopted in evaluating mentoring programmes targeted towards this population to provide stronger evidence for their outcomes, as suggested by other researchers (e.g. Dill et al., 2012; Evans et al., 2017; Sanders et al., 2020), as long as the ethical considerations of developing such methods are taken into account. In this sense, to prevent the potential harmful effects of such designs, these studies should guarantee a certain commitment that, if proved beneficial, the

intervention would be accessible for children who were not able to benefit from the pilot-trial stage.

Furthermore, we coincide with researchers in the field of mentoring who support applying **longer-term and follow-up methodologies**, which provide evidence of the development of mentoring programmes over time and the mid- and/or long-term effects of mentoring interventions, especially when the focus is on such a complex issue as enhancing the school experience of children in residential care.

Finally, we would recommend taking into account the following issues when designing the evaluation of mentoring programmes: (1) the importance of adopting a systemic approach to programme implementation and evaluation; (2) the exploration of mentoring contributions in enhancing resilience-related factors, children's well-being and social capital; (3) An in-depth analysis of the limitations and obstacles that mentoring programmes face in relation to improving academic performance; (4) the impact of mentoring on cross-cutting aspects of learning and progress rather than on academic outcomes, and (5) the influence of mentoring on the satisfaction (or dissatisfaction) of children towards the residential placement.

However, **the importance of academic outcomes should not be underestimated** since, according to research in this field, formal qualifications are the strongest predictor of better opportunities and quality of life for these children in the future. Although it is beyond the aims of this Thesis, it would be crucial to elucidate how these cross-cutting or global aspects of learning can be transformed into better academic outcomes and, particularly, how mentoring programmes may become a catalyst for this.

Involving teachers and schools in research

We agree with Brodie (2009) that **a need exists for research to involve schools rather than relying exclusively on the social work experience**, since they play an important role in the educational pathways of children in residential care and their perspective is usually forgotten by research in this field. We are aware that the residential care population is a very low

percentage of the total number of students in a school and also that teachers are in some ways overwhelmed and have many requirements in their work that lead them not to be readily willing to participate voluntarily in research of this kind. Moreover, the education of this population is usually seen as the responsibility of the residential centres and their professionals, who have assumed both the parental and educational function and are the “experts” in this field; not the teachers and schools, who may feel less prepared and engaged with these children’s education. However, we know that a concern exists about how to help these students and some teachers demonstrate great commitment and willingness to improve in this sense. Thus, we think there is room for improvement in involving teachers in research. Some concrete proposals for further research to take into consideration are: (1) involving teachers from the very outset, providing them with information on the research and the expected results and application; (2) involving head teachers, directors, inspectors, and experts in education in order to provide a technical and organizational point of view; (3) adapting the timeline and calendar to their possibilities and ensuring that not too much “extra time” is needed to participate in the research; (4) linking the utility of this research to other children at risk of school failure and drop out, showing the possible generalization of the findings to these children also “in need”, who represent a great percentage of the school population, and (5) providing work incentives as recognition for their participation in research, such as training credits, for example.

The community dimension of mentoring

This Thesis is just a contribution to the research on mentoring programmes aimed at enhancing the school experience of children in RC. The impact these programmes have on mentors and, by extension, on society, has only been timidly explored in Study 3. It would be interesting for further research on social awareness and personal growth to explore how the mentoring experience can trigger the personal development of volunteers as well as raising

social awareness and commitment not only among mentors, but also among other members of society. Moreover, further research is needed to focus on **how community involvement can help improve the residential and school contexts regarding the education of children in care**, as suggested in some research (Keller, Blakeslee, 2014). Some questions worth exploring in future research in this respect are: (1) How can the positive impacts that mentoring programmes have on mentors be boosted? (2) How can the mentor become a catalyst of the mentoring experience for the rest of society? And more generally, (3) how can the ties between the residential centres and the community be reinforced? And, finally, (4) how can these ties contribute to improving the situation of children in residential care and their well-being?

9. References

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10. Annexes

1. Sapere Aude pre-test questionnaires (Catalan version)

Sapere Aude pre-test questionnaire for caregivers



CATALUNYA: Educadors (SAPERE AUDE)

Aquest és un projecte dut a terme en 5 països que té com a objectiu conèixer com la mentoria pot influir en la situació escolar dels infants i adolescents que estan en centres residencials. Les vostres opinions ens ajudaran a conèixer si el programa funciona o bé si caldrà modificar-lo.

Les preguntes que trobaràs a continuació fan referència a un nen o nena concret que està participant en el projecte i del qual tu n'ets el seu educador. Nosaltres estem interessats en conèixer les teves opinions i valoracions sobre aquest infant i el treball que duu a terme en el centre.

El qüestionari és confidencial i no has d'escriure cap nom. L'equip del projecte et proporcionarà el codi de l'infant. No has de contestar les preguntes que no vulguis. La informació que ens proporcionis serà tractada de manera estrictament confidencial i utilitzada només per l'equip del projecte.

Si tens algun dubte, pots adreçar-te a Irene: idea@plataformaeducativa.org

Gràcies per la teva col·laboració!!

*** Obligatòria**

Codi de l'infant *

.....

Informació sobre l'infant

1. L'infant va arribar al teu centre residencial l'any:

Trieu una opció ▼

2. Fins que va entrar al centre, havia viscut:

	Sí	No
Havia viscut amb la seva mare o pare o ambdós	<input type="radio"/>	<input type="radio"/>
En acolliment en família aliena	<input type="radio"/>	<input type="radio"/>
En acolliment en família extensa	<input type="radio"/>	<input type="radio"/>
En acolliment en un altre centre (residencial o d'acollida)	<input type="radio"/>	<input type="radio"/>
En adopció	<input type="radio"/>	<input type="radio"/>
Va entrar al país com a MENA	<input type="radio"/>	<input type="radio"/>

3. La previsió de futur referent a l'infant comunicada al vostre equip és:

	Sí	No
Romandre al centre fins la majoria d'edat i ser derivat a l'ASJTET	<input type="radio"/>	<input type="radio"/>
Romandre al centre fins la majoria d'edat i retornar amb la família d'origen	<input type="radio"/>	<input type="radio"/>
Retornar amb la família biològica abans de la majoria d'edat	<input type="radio"/>	<input type="radio"/>
Ser adoptat	<input type="radio"/>	<input type="radio"/>
Ser acollit per família extensa	<input type="radio"/>	<input type="radio"/>
Ser acollit per família aliena	<input type="radio"/>	<input type="radio"/>
Sense previsió	<input type="radio"/>	<input type="radio"/>
Ser acollit en un centre residencial especialitzat	<input type="radio"/>	<input type="radio"/>
Retornar al país d'origen	<input type="radio"/>	<input type="radio"/>

4. Valora, si us plau, com li van les següents matèries a l'escola

	Sovint treu bones notes	A vegades suspèn i a vegades aprova	Acostuma a suspendre
Matemàtiques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Llengua catalana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educació física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educació visual i plàstica (pot ser dibuix, pintura, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciències socials (pot ser geografia, història, economia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciències de la naturalesa (pot ser física, química, biologia, geologia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Fins a quin punt penses que l'infant està satisfet o satisfeta amb cadascuna d'aquestes coses de la seva escola?

5.1 Els companys de classe

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

5.2 Les coses que ha après

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

5.3 Les seves notes

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

5.4 La relació amb els seus professors

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

5.5 La seva vida com estudiant

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

5.6 L'escola, en general

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

6. Pensant en l'infant, en quina mesura estàs d'acord amb cadascuna d'aquestes frases?

	Gens d'acord	Poc d'acord	Més o menys d'acord	Bastant d'acord	Totalment d'acord
Generalment els companys de l'escola el tracten bé	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Els seus amics de l'escola i ell es porten bé	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alguns companys l'ajuden quan té un problema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té professors que l'escolten i tenen en compte el què diu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té professors que el tracten de manera justa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té professors que l'ajuden quan té un problema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Se sent segur/a a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Li agrada anar a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Durant l'últim mes, pensant en l'infant, quant sovint...

	Mai	A vegades	Sovint	Sempre
Li han fet bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha fet bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha presenciat situacions de bullying amb altres companys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Quant sovint, si és el cas, en els darrers mesos l'infant....

	Mai	A vegades	Sovint	Sempre
Ha arribat puntual a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha participat en les sortides o colònies organitzades per l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha participat a les festes i activitats que s'organitzen a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L'han vingut a veure els seus educadors a les festes escolars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha tingut el rol de delegat de classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat el responsable d'alguna tasca a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha tingut tots els llibres i material que es necessita a classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha fet faltes d'assistència injustificades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat avisat o sancionat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat expulsat de classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat expulsat de l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Què penses que li agradaria fer en acabar l'ensenyament obligatori?

	Sí	No
Batxillerat	<input type="radio"/>	<input type="radio"/>
Cicles formatius	<input type="radio"/>	<input type="radio"/>
PFI (Abans PQPI)	<input type="radio"/>	<input type="radio"/>
No estudiar més i buscar una feina	<input type="radio"/>	<input type="radio"/>

10. Al centre:

	Mai	A vegades	Sovint	Sempre
Se l'ajuda a fer els deures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té un educador per ell per fer els deures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un educador els ajuda a fer els deures en grup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ve un professor a donar classes particulars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L'ajuda un altre nen/a del centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Al centre, l'espai per fer els deures és:

	Sí	No
Un lloc tranquil	<input type="radio"/>	<input type="radio"/>
Un lloc només per ell/a	<input type="radio"/>	<input type="radio"/>
Un lloc compartir amb els altres nens/es	<input type="radio"/>	<input type="radio"/>
Un lloc normalment sorollós	<input type="radio"/>	<input type="radio"/>

12. Quines d'aquestes coses consideres que podrien ajudar a millorar els seus aprenentatges escolars?

	Yes	No
Tenir més ajuda per part dels professors de l'institut	<input type="radio"/>	<input type="radio"/>
Tenir més ajuda d'algun company de l'institut	<input type="radio"/>	<input type="radio"/>
Anar a una classe amb pocs alumnes	<input type="radio"/>	<input type="radio"/>
Fer un treball de classe diferent als altres	<input type="radio"/>	<input type="radio"/>
Tenir un lloc adequat al centre on fer els deures	<input type="radio"/>	<input type="radio"/>
Tenir algú al centre que l'ajudi a fer els deures	<input type="radio"/>	<input type="radio"/>
Canviar d'escola	<input type="radio"/>	<input type="radio"/>
Tenir més amics	<input type="radio"/>	<input type="radio"/>
Que se li tingui en compte la seva opinió	<input type="radio"/>	<input type="radio"/>
Més coordinació entre el seu educador i el seu professor	<input type="radio"/>	<input type="radio"/>

13. En quina d'aquestes activitats organitzades participa fora de l'horari escolar o en caps de setmana?

	Sí	No
Esport	<input type="radio"/>	<input type="radio"/>
Musica	<input type="radio"/>	<input type="radio"/>
Idiomes	<input type="radio"/>	<input type="radio"/>
Teatre	<input type="radio"/>	<input type="radio"/>
Dança	<input type="radio"/>	<input type="radio"/>
Centre Obert	<input type="radio"/>	<input type="radio"/>
Espali / cau / centre excursionista	<input type="radio"/>	<input type="radio"/>
Altres	<input type="radio"/>	<input type="radio"/>

14. Quins són els seus principals hobbies en el seu temps lliure?

	Sí	No
Pintar o dibuixar	<input type="radio"/>	<input type="radio"/>
Escriure	<input type="radio"/>	<input type="radio"/>
Llegir	<input type="radio"/>	<input type="radio"/>
Escollir música	<input type="radio"/>	<input type="radio"/>
Jugar amb videojocs	<input type="radio"/>	<input type="radio"/>
Mirar sèries	<input type="radio"/>	<input type="radio"/>
Navegar per les xarxes socials	<input type="radio"/>	<input type="radio"/>
Llegir les notícies	<input type="radio"/>	<input type="radio"/>
Jugar a jocs de taula	<input type="radio"/>	<input type="radio"/>
Sortir amb els amics	<input type="radio"/>	<input type="radio"/>
Anar al gimnàs	<input type="radio"/>	<input type="radio"/>
Córrer	<input type="radio"/>	<input type="radio"/>
Fer skate	<input type="radio"/>	<input type="radio"/>
Jugar als war-hammer o similar	<input type="radio"/>	<input type="radio"/>
Anar de compres	<input type="radio"/>	<input type="radio"/>
Tocar música, cantar o ballar amb els amics	<input type="radio"/>	<input type="radio"/>
Anar amb bicicleta	<input type="radio"/>	<input type="radio"/>
Mirar la TV	<input type="radio"/>	<input type="radio"/>

15. De les següents coses, de quines disposa?

	Mai	A vegades	Sovint	Sempre
Accés a internet en el centre residencial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El material o les coses que necessita per fer esport o altres activitats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telèfon mòbil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordinador, portàtil o tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Fins a quin punt penses que l'infant està satisfet o satisfeta amb cadascuna d'aquestes coses de la seva vida?

16.1 La seva salut

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

16.2 Les relacions amb les altres persones

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

16.3 La seva aparença

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

16.4 Com utilitza el temps

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

16.5 La seva família

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

16.6 El centre residencial on viu

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

16.7 La llibertat que té

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

16.8 Amb la seva vida, en general

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

17. Com penses que l'infant s'ha sentit durant les dues últimes setmanes?

17.1 Feliç

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

17.2 Trist/a

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

17.3 Calmat/da

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

17.4 Estressat/da

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

18. Què penses que li agradaria ser quan sigui gran?

.....

Sobre tú i el teu centre residencial

19. El teu any de naixement:

.....

20. Sexe:

Dona

Home

21. Perfil professional al centre

- Pedagoga/a
- Educador social
- Psicòleg
- Treballador social
- Pedagoga social (només Alemanya)
- Altres:

22. El centre residencial és:

- Només de noies
- Només de nois
- De nois i noies

23. La franja d'edat del centre residencial és:

3-18 anys

Altres:

24. El nombre total de places del centre residencial és:

.....

25. El nombre de llits a l'habitació on dorm l'infant és:

Trieu una opció ▼

26. Indica, si us plau, el teu grau de satisfacció amb la feina que desenvolupes com educador/a al centre residencial

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

Si vols, pots afegir algun comentari:

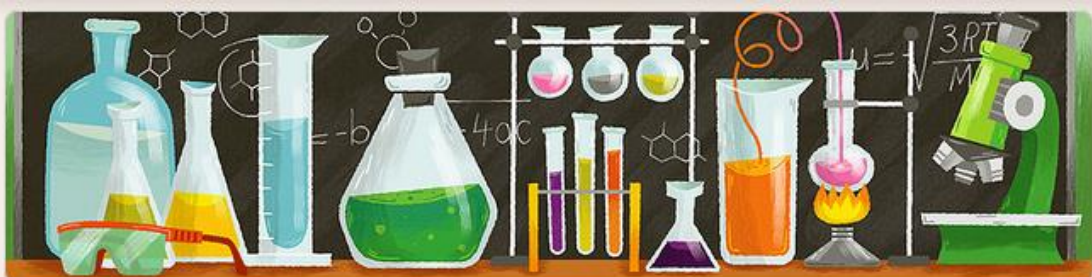
.....

Envia

No envieu mai contrasenyes a través de Formularis de Google.

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CATALUNYA: Professorat (SAPERE AUDE)

Aquest és un projecte dut a terme en 5 països europeus que té com a objectiu conèixer com la mentoria pot influir en la situació escolar dels infants i adolescents que estan en centres residencials. Les teves opinions ens ajudaran a conèixer si el programa funciona o bé si caldrà modificar-lo.

Les preguntes que trobaràs a continuació fan referència a un alumne concret que està participant en el projecte i del qual tu n'ets el seu professor tutor. Nosaltres estem interessats en conèixer les teves opinions i valoracions sobre aquest infant i el treball que dueu a terme en el centre educatiu.

El qüestionari és confidencial i no has d'escriure cap nom. L'equip del projecte et proporcionarà el codi de l'alumne. No has de contestar les preguntes que no vulguis. La informació que ens proporcionis serà tractada de manera estrictament confidencial i utilitzada només per l'equip del projecte.

Si tens algun dubte, pots adreçar-te a Irene: idea@plataformaeducativa.org

Gràcies per la teva col·laboració!!

*** Obligatòria**

Codi de l'alumne *

.....

Informació sobre l'alumne

1. L'alumne va entrar al vostre centre educatiu el curs:

Trieu una opció ▼

2. L'alumne està cursant:

- 1r d'educació primària
- 2n d'educació primària
- 3r d'educació primària
- 4t d'educació primària
- 5è d'educació primària
- 6è d'educació primària
- 1r d'ESO
- 2n d'ESO
- 3r d'ESO
- 4t d'ESO
- Altres:

3. És un alumne amb necessitats educatives específiques:

- Sí
- No

4. L'alumne:

- Fa temps complert a l'escola ordinària
- Fa temps complert a l'escola especial
- Fa escolarització compartida
- Altres:

5. A l'escola, l'alumne:

	Mai	A vegades	Sovint	Sempre
A classe fa el mateix que els altres alumnes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fa un treball diferent a classe (adaptació curricular)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Va a una classe amb un grup de pocs alumnes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té un reforç d'un professional per ell/a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Valora, si us plau, com li van les següents matèries a l'escola:

	Sovint treu bones notes	A vegades suspèn i a vegades aprova	Acostuma a suspendre
Matemàtiques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Llengua catalana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educació física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educació visual i plàstica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciències socials (pot ser geografia, història, economia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciències de la naturalesa (pot ser física, química, biologia, geologia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Pensant en l'infant, quin és el teu grau de satisfacció amb cadascun d'aquests aspectes?

7.1 La seva motivació pels estudis

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

7.2 Les seves habilitats i capacitats per seuir estudiant sense un suport específic

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

7.3 La integració en el grup-classe

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

7.4 La lectoescriptura

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

7.5 Les habilitats per memoritzar

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

7.6 La capacitat d'atenció i concentració

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

7.7 La facilitat pel càlcul

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

7.8 Com s'organitza les tasques escolars

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

8. Fins a quin punt penses que l'alumne està satisfet o satisfeta amb cadascuna d'aquestes coses de la seva escola o institut?

8.1 Els companys de classe

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

8.2 Les coses que ha après

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

8.3 Les seves notes

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

8.4 La relació amb els seus professors

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

8.5 La seva vida com estudiant

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

8.6 L'escola o institut, en general

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

9. Pensant en l'alumne, en quina mesura estàs d'acord amb cadascuna d'aquestes frases?

	Gens d'acord	Poc d'acord	Més o menys d'acord	Bastant d'acord	Totalment d'acord
Generalment els companys de l'escola el tracten bé	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Els seus amics de l'escola i ell es porten bé	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alguns companys l'ajuden quan té un problema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té professors que l'escolten i tenen en compte el què diu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té professors que el tracten de manera justa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Té professors que l'ajuden quan té un problema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Se sent segur/a a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Li agrada anar a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Durant l'últim mes, pensant en l'alumne, quant sovint ...

	Mai	A vegades	Sovint	Sempre
Li han fet bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha fet bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha presenciat situacions de bullying amb altres companys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Quant sovint, si és el cas, en els darrers mesos l'alumne....

	Mai	A vegades	Sovint	Sempre
Ha arribat puntual a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha participat en les sortides o colònies organitzades per l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha participat a les festes i activitats que s'organitzen a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L'han vingut a veure els seus educadors a les festes escolars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha tingut el rol de delegat de classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat el responsable d'alguna tasca a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha tingut tots els llibres i material que es necessita a classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha fet faltes d'assistència injustificades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat avisat o sancionat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat expulsat de classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ha estat expulsat de l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Què penses que li agradaria fer en acabar l'ensenyament obligatori?

	Sí	No
Batxillerat	<input type="radio"/>	<input type="radio"/>
Cicles Formatius	<input type="radio"/>	<input type="radio"/>
PFI (abans PQPI)	<input type="radio"/>	<input type="radio"/>
No estudiar més i buscar una feina	<input type="radio"/>	<input type="radio"/>

13. Quines d'aquestes coses consideres que podrien ajudar a millorar els aprenentatges escolars del jove?

	Sí	No
Tenir més ajuda per part dels professors de l'institut o escola	<input type="radio"/>	<input type="radio"/>
Tenir més ajuda d'algun company de classe	<input type="radio"/>	<input type="radio"/>
Anar a una classe amb pocs alumnes	<input type="radio"/>	<input type="radio"/>
Fer un treball de classe diferent als altres	<input type="radio"/>	<input type="radio"/>
Tenir un lloc adequat al centre on fer els deures	<input type="radio"/>	<input type="radio"/>
Tenir algú al centre que l'ajudi a fer els deures	<input type="radio"/>	<input type="radio"/>
Canviar d'escola	<input type="radio"/>	<input type="radio"/>
Tenir més amics	<input type="radio"/>	<input type="radio"/>
Que se li tingui en compte la seva opinió	<input type="radio"/>	<input type="radio"/>
Més coordinació entre el seu educador i el seu professor	<input type="radio"/>	<input type="radio"/>

14. Fins a quin punt penses que l'alumne està satisfet o satisfeta amb cadascuna d'aquestes coses de la seva vida?

14.1 La seva salut

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

14.2 Les relacions amb les altres persones

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

14.3 La seva aparença

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

14.4 Com utilitza el temps

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

14.5 La seva família

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

14.6 El centre residencial on viu

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

14.7 La llibertat que té

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

14.8 Amb la seva vida, en general

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

15. Com penses que l'alumne s'ha sentit durant les dues últimes setmanes?

15.1 Felïç

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

15.2 Trist/a

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

15.3 Calmat/da

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

15.4 Estressat/da

0 1 2 3 4 5 6 7 8 9 10

Gens Comple-tament

16. Què penses que li agradaria ser quan sigui gran?

.....

Sobre tú i el centre educatiu on treballes

17. El teu any de naixement:

.....

18. Sexe:

Dona

Home

19. El centre educatiu on treballes és:

Públic

Privat concertat

Privat

20. El centre educatiu és:

- Només d'educació infantil i primària
- Només d'educació secundària
- D'educació primària i secundària

21. Indica, si us plau, el teu grau de satisfacció amb la feina que desenvolupes com a docent al centre educatiu on treballes

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

Si vols, pots afegir algun comentari:

.....

Envia

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CATALUNYA: Infants (SAPERE AUDE)

Aquest és un projecte dut a terme en 5 països que té com a objectiu conèixer com les persones que fan de mentors poden influir en la situació escolar dels infants i adolescents que esteu en centres residencials. Les vostres opinions ens ajudaran a conèixer si el programa funciona o bé si caldrà modificar-lo. No hi ha respostes bones o dolentes, només ens interessen les teves opinions.

El qüestionari és confidencial i no has d'escriure el nom. El teu educador et proporcionarà el número de codi que has d'escriure a l'inici. No has de contestar les preguntes que no vulguis. Res del què escriguis serà passat a ningú més que et pogués identificar i no s'utilitzarà el teu nom en cap informe.

Si tens algun dubte, pots adreçar-te a Irene: idea@plataformaeducativa.org

Gràcies per la teva col·laboració!!

* Obligatòria

Escriu el teu codi *

1. Sóc:

Nena

Nen

2. Vaig néixer:

A Espanya

Altres:

3. El meu any de naixement va ser:

Trieu una opció ▼

4. Estic cursant:

- 1r d'educació primària
- 2n d'educació primària
- 3r d'educació primària
- 4t d'educació primària
- 5è d'educació primària
- 6è d'educació primària
- 1r d'ESO
- 2n d'ESO
- 3r d'ESO
- 4t d'ESO
- Altres:

5. A quantes escoles o instituts has anat des que tenies 6 anys, comptant la que estàs ara?

Trieu una opció ▼

6. Has repetit alguna vegada algun curs escolar?

- Sí
- No

7. Com et van les següents assignatures a l'escola?

	Sovint trec bones notes	A vegades suspenc i a vegades aprovo	Acostumo a suspendre
Matemàtiques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Llengua catalana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educació física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educació visual i plàstica (pot ser dibuix, pintura, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciències socials (pot ser geografia, història, economia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ciències de la naturalesa (pot ser física, química, biologia, geologia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. A la teva escola o institut:

	Mai	A vegades	Sovint	Sempre
A classe faig el mateix que els altres alumnes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A classe faig una feina diferent a la dels altres alumnes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaig a una altra classe amb pocs alumnes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinc un reforç d'un mestre només mi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Fins a quin punt estàs satisfet o satisfeta amb cadascuna d'aquestes coses de la teva escola o institut?

9.1 Els companys o companyes de classe

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

9.2 Les coses que he après

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

9.3 Les meves notes

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

9.4 La relació amb els meus professors

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

9.5 La meva vida d'estudiant

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

9.6 La meva escola o institut, en general

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

10. 9. En quina mesura estàs d'acord amb cadascuna d'aquestes frases?

	Gens d'acord	Poc d'acord	Més o menys d'acord	Bastant d'acord	Totalment d'acord
Generalment els companys de l'escola em tracten bé	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Els meus amics de l'escola i jo ens portem bé entre nosaltres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alguns companys m'ajuden quan tinc algun problema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinc professors que m'escolten i tenen en compte el que dic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinc professors que em tracten de manera justa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinc professors que m'ajuden quan tinc algun problema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Em sento segur o segura a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M'agrada anar a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Durant els darrers mesos, quant sovint:

	Mai	A vegades	Sovint	Sempre
T'han fet bullying a l'escola o institut?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has fet bullying a altres nens o nenes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has vist com altres companys feien bullying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Quant sovint, els darrers mesos, a l'escola o institut, has...

	Mai	A vegades	Sovint	Sempre
Has arribat puntual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has participat en les sortides o colònies organitzades per l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has participat a les festes i activitats que s'organitzen a l'escola	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T'ha vingut a veure algun dels teus educadors a les festes escolars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has sigut delegat de classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has estat el responsable d'alguna feina o activitat escolar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has tingut tots els llibres i material que es necessita a classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has fet faltes d'assistència injustificades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Has estat avisat o sancionat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Has estat expulsat de classe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Has estat expulsat de l'escola o institut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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13. Què t'agradaria fer en acabar l'ESO?

	Sí	No
Batxillerat	<input type="radio"/>	<input type="radio"/>
Cicles formatius	<input type="radio"/>	<input type="radio"/>
PFI (abans PQPI)	<input type="radio"/>	<input type="radio"/>
Deixar d'estudiar i buscar feina	<input type="radio"/>	<input type="radio"/>

14. Al centre:

	Mai	A vegades	Sovint	Sempre
Algú m'ajuda a fer els deures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinc un educador que m'ajuda a fer els deures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Un educador ens ajuda a fer els deures en grup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ve un professor a donar-me classes particulars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Altres nens o nenes del centre m'ajuden a fer els deures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Al centre, l'espai per fer els deures és:

	Sí	No
Un lloc tranquil	<input type="radio"/>	<input type="radio"/>
Un lloc on estic sol/a	<input type="radio"/>	<input type="radio"/>
Un lloc compartit amb els altres nens/es	<input type="radio"/>	<input type="radio"/>
Un lloc normalment sorollós	<input type="radio"/>	<input type="radio"/>

16. Quines d'aquestes coses consideres que et podrien ajudar a millorar els aprenentatges escolars?

	Sí	No
Tenir més ajuda per part dels professors de classe	<input type="radio"/>	<input type="radio"/>
Tenir més ajuda d'algun company de classe	<input type="radio"/>	<input type="radio"/>
Anar a una classe amb pocs alumnes	<input type="radio"/>	<input type="radio"/>
Fer un treball de classe diferent als altres	<input type="radio"/>	<input type="radio"/>
Tenir un lloc adequat al centre on fer els deures	<input type="radio"/>	<input type="radio"/>
Tenir algú al centre que m'ajudi a fer els deures	<input type="radio"/>	<input type="radio"/>
Canviar d'escola	<input type="radio"/>	<input type="radio"/>
Tenir més amics	<input type="radio"/>	<input type="radio"/>
Que se'm tingui en compte la meva opinió	<input type="radio"/>	<input type="radio"/>
Més coordinació entre el meu educador i el meu professor	<input type="radio"/>	<input type="radio"/>

17. En quina d'aquestes activitats organitzades participes com a extraescolar o els caps de setmana?

	Sí	No
Esports	<input type="radio"/>	<input type="radio"/>
Música	<input type="radio"/>	<input type="radio"/>
Aprendre idiomes (per exemple, l'anglès)	<input type="radio"/>	<input type="radio"/>
Teatre	<input type="radio"/>	<input type="radio"/>
Dança	<input type="radio"/>	<input type="radio"/>
Centre Obert	<input type="radio"/>	<input type="radio"/>
Esplai, cau o centre excursionista	<input type="radio"/>	<input type="radio"/>
Altres	<input type="radio"/>	<input type="radio"/>

18. Quins són els seus principals hobbies o aficions en el teu temps lliure?

	Sí	No
Pintar o dibuixar	<input type="radio"/>	<input type="radio"/>
Escriure	<input type="radio"/>	<input type="radio"/>
Llegir	<input type="radio"/>	<input type="radio"/>
Escoltar música	<input type="radio"/>	<input type="radio"/>
Jugar amb videojocs	<input type="radio"/>	<input type="radio"/>
Mirar sèries	<input type="radio"/>	<input type="radio"/>
Navegar per les xarxes socials (facebook, etc)	<input type="radio"/>	<input type="radio"/>
Llegir les notícies	<input type="radio"/>	<input type="radio"/>
Jugar a jocs de taula (cartes, etc.)	<input type="radio"/>	<input type="radio"/>
Sortir amb les amistats	<input type="radio"/>	<input type="radio"/>
Anar al gimnàs	<input type="radio"/>	<input type="radio"/>
Córrer	<input type="radio"/>	<input type="radio"/>
Anar amb monopatí o skate	<input type="radio"/>	<input type="radio"/>

Jugar amb els war-hammer o similar	<input type="radio"/>	<input type="radio"/>
Anar de compres	<input type="radio"/>	<input type="radio"/>
Tocar música, cantar o ballar amb els amics	<input type="radio"/>	<input type="radio"/>
Anar amb bicicleta	<input type="radio"/>	<input type="radio"/>
Mirar la TV	<input type="radio"/>	<input type="radio"/>

19. Quines de les següents coses tens?

	Mai	A vegades	Sovint	Sempre
Accés a internet en el centre residencial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El material o les coses que es necessita per fer esport o altres activitats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telèfon mòbil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordinador, portàtil o tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Fins a quin punt estàs satisfet o satisfeta amb cadascuna d'aquestes coses de la teva vida?

20.1 La teva salut

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.2 La confiança amb tu mateix/a

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.3 Les oportunitats que tens a la vida

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.4 El segur/a que et sents

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.5 El preparat/da que estàs pel futur

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.6 La teva relació amb les persones en general

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.7 El què fas en el teu temps lliure

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.8 La teva aparença física

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.9 La teva família

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.10 El centre on vius

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.11 La llibertat que tens

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.12 Com t'escolten els adults, en general?

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.13 Les teves amistats fora de l'escola

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.14 Com utilitzes el temps

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

20.15 La teva vida, en general

0 1 2 3 4 5 6 7 8 9 10

Gens satisfet/a Totalment satisfet/a

21. Com t'has sentit durant les dues últimes setmanes?

21.1 Feliç

	0	1	2	3	4	5	6	7	8	9	10	
Gens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tota l'estona

21.2 Trist o trista

	0	1	2	3	4	5	6	7	8	9	10	
Gens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tota l'estona

21.3 Calmat o calmada

	0	1	2	3	4	5	6	7	8	9	10	
Gens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tota l'estona

21.4 Estressat/da

	0	1	2	3	4	5	6	7	8	9	10	
Gens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tota l'estona

22. Què t'agradaria ser quan siguis gran?

.....

Si vols, pots afegir algun comentari

.....

Envia

No envieu mai contrasenyes a través de Formularis de Google.

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2. Monthly reports form

Name of mentor:

Mentee code:

Activity date:	Start time:	End time:	Activity location:
Activity description: e.g: We have gone to the cinema			
General assessment of the activity: e.g activity development/ relationship mentee-mentor			
Description of concerns or difficulties encountered:			
When is your next meeting planned?			

3. Focus groups scripts

Focus groups with caregivers and teachers

1r GRUP DE DISCUSSIÓ PROFESSIONALS

Data: inici del projecte

Horari: 20 a 21:30h.

Oficines Plataforma Educativa (C/ Garrotxa)

Moderadora: Marta Garcia Molsosa

Presentació del grup de discussió:

- Breu presentació Plataforma Educativa i projecte Sapere Aude
- Breu presentació temàtica

Objectius/continguts:

- 1) Reflexionar i debatre entorn a la situació educativa dels nois/es residents en CRAEs.
- 2) Compartir experiències professionals.
- 3) Conèixer les expectatives sobre el projecte de mentoria.

Elaboració, anàlisi i aplicabilitat dels continguts treballats:

- 1) Avaluació de la prova pilot.
- 2) Publicació revistes científiques sobre la temàtica (RECERCA)
- 3) Presentació dels resultats a nivell europeu (sócis projecte Erasmus+, generació document de referència per l'aplicació de projectes de mentoria en aquest àmbit) i nacional (professionals /

institucions participants, departament d'educació i departament de benestar i família).
(PRÀCTICA PROFESSIONAL / POLÍTiques).

Demandar permís per gravar la sessió.

Activitats i temporalització:

1. PRESENTACIÓ ASSISTENTS (10 minuts):

Nom, institució en la qual treballen, anys d'experiència professional, primer contacte amb nois/es de CRAE.

2. REFLEXIÓ I DEBAT (60 minuts)

Nivells d'anàlisi	
INDIVIDUAL/FAMILAR	Característiques personals del nen/a
	Família
	Xarxes de suport social (fora de la família)
INSTITUCIONAL/PROFESSIONAL	CRAE
	Professionals del CRAE
	Escola
	Professionals de l'escola
	Serveis de lleure/extraescolars
	Professionals dels serveis de lleure/extraescolars
POLÍTICA/SISTEMA DE BENESTAR	DGAIA
	EAIA
	Sistema educatiu espanyol/català

Pluja d'idees de tot el grup per detectar entre 1 i 5 aspectes afavoridors i entre 1 i 5 aspectes obstaculitzadors de cadascun d'aquests àmbits en relació a la trajectòria escolar i desenvolupament en els aprenentatges dels nois i noies que viuen en CRAEs. Es fa en petits grups de 2 o 3 persones.

Analitzar i debatre els ítems plantejats, amb tot el grup. Començar per l'àmbit institucional/professional.

3. PROJECTE DE MENTORIA - EXPECTATIVES (10 minuts):

Mural amb tres apartats diferenciats sota un gran títol: «PROJECTE DE MENTORIA SAPERE

AUDE»:

- Expectatives: què n'esperes? (en positiu)
- Pors, inquietuds: expectatives negatives, alguna cosa pot anar malament?
- Dubtes, incerteses: sobre el procediment, sobre els resultats, sobre els objectius

Cada participant escriu en un o més pos-its les seves expectatives, pors, inquietuds, dubtes i incerteses i les enganxa en l'apartat corresponent del mural.

Avaluació: (5 minuts)

Abans de marxar, cada professional escriu en un mural una resposta a aquestes dues preguntes:

- 1. Què t'ha semblat aquesta primera trobada de professionals?*
- 2. Algun aspecte a millorar de cara a la propera...*

Material necessari:

Pos-its de tres colors.

Mural i retolador per escriure-hi.

Paper i llapis per cada participant.

Gravadora

2n GRUP DE DISCUSSIÓ PROFESSIONALS

Data: durant la implementació del projecte

Horari: 10 a 12h.

Oficines Plataforma Educativa (C/ Garrotxa)

Moderadors: Marta Garcia Molsosa

Presentació del grup de discussió:

Objectius/continguts:

- 1) Reflexionar i debatre entorn a la situació educativa dels nois/es residents en CRAEs.
- 2) Compartir experiències professionals.
- 3) Reflexionar sobre l'impacte de la mentoria pels infants de CRAEs en l'àmbit acadèmic, el seu benestar, i les seves relacions.
- 4) Reflexionar sobre el rol del mentor/a, la coordinació amb la resta dels agents, el focus, les activitats i la relació de mentoria.

Elaboració, anàlisi i aplicabilitat dels continguts treballats:

- 1) Avaluació de la prova pilot.
- 2) Publicació revistes científiques sobre la temàtica (RECERCA)
- 3) Presentació dels resultats a nivell europeu (socis projecte Erasmus+, generació document de referència per l'aplicació de projectes de mentoria en aquest àmbit) i nacional (professionals / institucions participants, departament d'educació i departament de benestar i família). (PRÀCTICA PROFESSIONAL / POLÍTIQUES).

Demanar permís per gravar la sessió.

Activitats i temporalització:

1. PRESENTACIÓ ASSISTENTS (10 minuts):

Nom, institució en la qual treballen, anys d'experiència professional, primer contacte amb nois/es de CRAE.

2. REFLEXIÓ I DEBAT (45 minuts)

La moderadora planteja una per una la bateria de preguntes entorn als tres nivells treballats en la trobada anterior (v. pàgina següent). Es plantegen les preguntes de manera flexible, seguint el fil de la conversa, modificant-ne l'ordre, canviant-les i afegint-ne de noves quan sigui necessari per mantenir una conversa fluida.

NIVELL INDIVIDUAL/FAMILIAR	
El perfil dels nens de CRAE... són nens difícils? (quan arriben o s'hi tornen?)	
És possible des del CRAE/escola compensar el retard educatiu que porten aquests nens? Com?	
Fins a quin punt el progrés acadèmic depèn del propi nen/a (aptituds/actituds)? Fins on podem ajudar els professionals?	
Factors motivadors/no motivadors pel nen/a en l'àmbit escolar	
La família biològica pot ajudar? Interfereix?	
On fan els amics els nens/es del CRAE? Com es fomenten les relacions d'amistat? Hi ha entrebancs?	
Com es detecten i fomenten els talents dels nens/es del CRAE?	
NIVELL INSTITUCIONAL/PROFESSIONAL	
Importància del benestar i el sentit de pertinença al CRAE (acceptació per part de l'infant i la seva família). És important pel benestar del noi/a? Per què? Com es fomenta?	
Característiques diferencials del CRAE respecte una família i el seu impacte en l'àmbit escolar. Límits? Avantatges?	
Quins límits té la institució en quant al suport i seguiment escolar? (espai, temps, personal,...).	
Quin paper té l'escola en la construcció del fracàs escolar en el cas dels nois/es de CRAE?	
Les escoles, com veuen als nens/es del CRAE? S'etiqueta als nens/es de CRAE?	
Quins recursos posen les escoles en disposició d'aquests nens/es?	
Què es prioritza: comportament o aprenentatge? (al CRAE i a l'escola)	
La responsabilitat de progrés escolar dels nens/es de qui és? (centre o escola?)	
Fins a quin punt el progrés/benestar a l'escola depèn del mestre-tutor d'aula?	

L'estructura d'aula/metodologies... són determinants?	
Bons diagnòstics però poca traducció en la pràctica educativa? (un cop es té un diagnòstic què es fa?)	
Importància dels serveis de lleure... sempre són positius pel nen/a? Repercuteixen en la millora de la seva situació escolar? De quina manera?	
NIVELL DE LA POLÍTICA/SISTEMA EDUCATIU I DE BENESTAR	
S'activa de manera lenta? Els nens estan en situació "stand by" als centres? Poca concreció en l'evolució del cas?	
Recursos per la millora del rendiment escolar? (CRAE i escola)	
Traspàs entre l'antiga i nova escola. Quina informació arriba als CRAEs?	
Més recursos específics per infants del CRAE o més recursos en general?	
Què es pot fer des de DGAIA-EAIA que ajudi a l'èxit escolar dels menors?	

3. PROJECTE DE MENTORIA - REFLEXIONS (60 minuts):

Reflexions entorn al desenvolupament del projecte Sapere Aude, recuperant les respostes dels participants en el primer grup de discussió com a fil conductor (*expectatives, pors/inquietuds, dubtes / incerteses*). Les preguntes que guien la discussió són:

EXPECTATIVES	
Quines són les principals aportacions de la mentoria en l'entorn del noi/a, CRAE i escola?	
Quin(s) impacte(s) té la mentoria en el desenvolupament acadèmic del noi/a? (millores / límits identificats)	
Quin(s) impacte(s) té la mentoria en el benestar del noi/a? (millores/límits identificats)	
Quin(s) impacte(s) té la mentoria en les relacions del nois/a (a l'institut, al CRAE, amb la família...)?	
Quin(s) impacte(s) té la mentoria en les relacions entre institut i CRAE? I en l'atenció que es dona a l'educació d'aquest nois/es per part dels professionals d'ambdues institucions?	
PORS/INQUIETUDS	
La presència del mentor ajuda o obstaculitza la tasca que es fa des del CRAE i l'escola? De quina manera?	
Com és la relació entre el noi/a i el mentor/a? Interfereix en les relacions que té amb altres adults de suport (professora, educadora, psicòloga...)?	
Com viuen l'experiència els nois/es? Quina idea tenen de què és un mentor? Les seves expectatives són ajustades a la realitat?	
Els mentors/es han comprès quin és el seu rol? El desenvolupen de manera	

respectuosa i coordinada amb la resta d'adults de suport? Compleixen els compromisos establerts?	
S'han produït situacions de frustració, enuig, conflicte durant aquests mesos d'implementació de la mentoria? Quines?	
Quin impacte té la presència del mentor/a en els altres nois/es del CRAE? I en el centre en general?	
DUBTES/INCERTESES	
Com definiríeu la figura del mentor/a? Amb què es diferencia d'altres figures de suport (educadors, professors particulars, psicòlegs, amics,...)?	
On hi ha d'haver el focus: aprenentatges o benestar emocional (o tots dos)?	
De quina manera s'ha d'establir la coordinació professor-educador-mentor? Hi ha bona comunicació? Es dona aquesta coordinació?	
Quines activitats de mentoria es duen a terme? Com les valoreu?	
Com es desenvolupa la relació mentor-mentorat? S'han produït situacions de confusió de rols o falses expectatives? Quines?	

Avaluació: (5 minuts)

Abans de marxar, cada professional escriu en un mural una resposta a aquestes dues preguntes:

- 1. Què t'ha semblat aquesta primera trobada de professionals?*
- 2. Algun aspecte a millorar de cara a la propera...*

Material necessari:

Mural amb pos-its (1a sessió de grup de discussió).

Mural i retolador per escriure-hi.

Paper i llapis per cada participant.

Gravadora

3r GRUP DE DISCUSSIÓ PROFESSIONALS

Data: final del projecte

Horari: 10 a 12h.

Oficines Plataforma Educativa (C/ Garrotxa)

Moderadora: Marta Garcia Molsosa

Presentació del grup de discussió:

Objectius/continguts:

- 1) Reflexionar i debatre entorn a la situació educativa dels nois/es residents en CRAEs.
- 2) Compartir experiències professionals.
- 3) Valorar el projecte de mentoria. Realització de vídeo promocional.

Elaboració, anàlisi i aplicabilitat dels continguts treballats:

- 1) Avaluació de la prova pilot.
- 2) Publicació revistes científiques sobre la temàtica (RECERCA)
- 3) Presentació dels resultats a nivell europeu (socis projecte Erasmus+, generació document de referència per l'aplicació de projectes de mentoria en aquest àmbit) i nacional (professionals / institucions participants, departament d'educació i departament de benestar i família). (PRÀCTICA PROFESSIONAL / POLÍTIQUES).

Demanar permís per gravar la sessió. Demanar autorització pels drets d'imatge (gravació amb vídeo)

Activitats i temporalització:

1. PRESENTACIÓ ASSISTENTS (5 minuts):

Nom, institució en la qual treballen, anys d'experiència professional, primer contacte amb nois/es de CRAE.

2. REFLEXIÓ I DEBAT (45 minuts)

La moderadora va fent preguntes relatives als diferents nivells d'anàlisi i seguint el fil de la conversa. Es prenen com a referència els temes sorgits en les dues anteriors sessions dels grups de discussió buscant aprofundir i contrastar opinions.

Nivells d'anàlisi	
INDIVIDUAL/FAMILAR	Característiques personals del nen/a
	Família
	Xarxes de suport social (fora de la família)
INSTITUCIONAL/PROFESSIONAL	CRAE
	Professionals del CRAE
	Escola
	Professionals de l'escola
	Serveis de lleure/extraescolars
	Professionals dels serveis de lleure/extraescolars
POLÍTICA/SISTEMA DE BENESTAR	DGAIA
	EAIA

	Sistema educatiu espanyol/català
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3. PROJECTE DE MENTORIA - VALORACIÓ (50 minuts):

Es grava amb càmera per fer posteriorment un vídeo promocional de l'experiència a partir de fragments de la gravació. Grups de 2 o 3 professionals que dialoguen entre ells, la moderadora fa les preguntes. Es segueix el següent guió:

- *Què destacaries del projecte de mentoria SA?*
- *Què creus que aporta a les persones que hi participen?*
- *Com has viscut aquesta iniciativa?*
- *Apostaries per una nova edició del projecte?*
- *Com animaries a una persona ser mentor?*

Avaluació: (10 minuts)

Cada participant, abans de marxar contesta a les següents preguntes, en un full (anònim): *què t'han semblat les trobades? Què ha estat el més interessant per tu? Creus que t'ha ajudat en la teva pràctica professional? En cas afirmatiu, en quin/s aspecte/s? Quines millores creus que caldria aplicar en futures ocasions?*

Material necessari:

Gravadora

Càmera de vídeo i micròfons

Paper i llapis per cada participant

GRUP DE DISCUSSIÓ DIRECTORS CRAE

Data: final del projecte

Horari: 10-12:30h

Moderadora: Marta Garcia Molsosa

Objectiu: recollir les valoracions dels directors/es dels CRAE sobre els impactes del programa.

Guió:

1. *Què destacaríeu del projecte*
2. *Quin impacte creieu que ha tingut (centre, educadors, nois/es, situació escolar dels nois)*
3. *Les vostres expectatives en relació al programa s'han complert?*
4. *Limitacions, aspectes a millorar.*
5. *Algun impacte negatiu del programa de mentoria?*
6. *Com valoreu el procés de matching i les primeres trobades entre mentor-mentorat?*
7. *Com valoreu les trobades entre educadors? I dels nois/es?*
8. *Com valoreu la coordinació entre el mentor i el CRAE?*
9. *Com valoreu les reunions amb els instituts i el plantejament i desenvolupament del pla de mentoria?*
10. *Com valoreu el tancament mentoria (reunió CRAE, parelles pel seu compte)?*
11. *Com valoreu la trobada final del Sapere Aude?*
12. *Propostes de cara a noves edicions del projecte*

Material necessari:

Gravadora

Focus groups with youngsters

1r GRUP DE DISCUSSIÓ JOVES

Data: 3 dies diferents, un per cada grup

Horari: 18h-19:30h

Assistents:

GRUP 1: 3 noies, 1 noi

GRUP 2: 2 nois, 2 noies

GRUP 3: 3 nois, 2 noies

Conductora del grup: Marta Garcia Molsosa

Objectius/continguts:

- 1) Conèixer-nos, crear un ambient de confiança, distès i agradable.
- 2) Exposar els objectius i funcionament dels grups de discussió.
- 3) Detectar facilitadors/obstacles pel procés d'aprenentatge dins i fora de l'àmbit escolar.
- 4) Conversar i debatre sobre els elements detectats.
- 5) Recollir les experiències escolars dels membres del grup.

Activitats i temporalització:

INTRODUCCIÓ: 10 minuts

- 1) Presentació (educadora + coordinació del Sapere Aude + tesi doctoral)
- 2) Exposició dels objectius i funcionament del grup de discussió:

TEMA: compartim l'experiència escolar.

OBJECTIUS:

- Detectar elements que poden facilitar/difícultar l'èxit escolar dels nois/es acollits en CRAE.

- Plantejar millores en l'àmbit de l'escola i el CRAE.

(també fem grups de discussió amb educadors i professorat. La vostra opinió és important per ajudar a altres persones que es troben amb la mateixa situació).

FUNCIONAMENT: 3 trobades d'ara a final de curs. 1 hora i mitja de durada. Sempre el mateix grup de participants. Llegir normes que vam signar, confirmar que hi estem d'acord (afegir-ne, si cal). Consentiment de la gravació, anonimats.

DINÀMICA DE CONEIXENÇA: 15 minuts

Cadascú elabora el perfil del company/a en funció dels 4 quadrants en què es divideix el full. S'intercanvien els rols (entrevistat/entrevistador). El títol de cada apartat és: *1) quin és el teu primer record relacionat amb l'escola? 2) Com és l'institut on vas actualment? 3) què és el més important per a tu en la vida? 4) Com t'imagines als 30 anys?*

Cadascú presenta al seu company/a a la resta del grup.

DEBAT: 1 hora

Parlar entorn a les següents preguntes / temes... incorporar-ne de nous a mesura que vagin sorgint. Fer preguntes més concretes per motivar el debat i generar reflexió.

- *Quina importància tenen els estudis per la vida...*
- *Per què hi ha joves que no acaben l'ESO? Què poden fer en aquest cas?*
- *Què es necessita per poder aprovar l'ESO?*
- *Aspectes que personalment m'han ajudat en els estudis (FAMÍLIA, CRAE, INSTITUT, JO MATEIX/A)*
- *Aspectes que personalment no m'han ajudat en els estudis (FAMÍLIA, CRAE, INSTITUT, JO MATEIX/A)*

COMIAT, AGRAIMENT, FEINA PEL PROPER DIA I AVALUACIÓ:

- 1) Pel proper dia, cadascú explica una situació difícil amb què s'hagi trobat a l'institut, no cal que l'hagi viscut en primera persona (proposta: escrit a la llibreta de mentoria, si no, ho escriurem aquí abans de començar).
- 2) Cada noi/a respon a aquestes dues preguntes abans de marxar de manera anònima i individual darrera del seu full de perfil: *T'has sentit còmode amb el grup? Quin profit treus de la trobada? Tens ganes de participar a la següent trobada?*

Material necessari:

Un bolígraf per cada participant

Cartolines de colors

Gravadora

Quina importància tenen els estudis per la vida...

Per què hi ha joves que no acaben l'ESO? Què poden fer en aquest cas?

Què es necessita per poder aprovar l'ESO?

Aspectes que personalment m'han ajudat en els estudis (FAMÍLIA, CRAE, INSTITUT, JO MATEIX/A)

Aspectes que personalment no m'han ajudat en els estudis (FAMÍLIA, CRAE, INSTITUT, JO MATEIX/A)

Quin és el teu primer record relacionat amb l'escola?	Com és l'institut on vas actualment?	Què és per tu el més important en la vida?
Quin és el teu primer record relacionat amb l'escola?	Com és l'institut on vas actualment?	Què és per tu el més important en la vida?
Quin és el teu primer record relacionat amb l'escola?	Com és l'institut on vas actualment?	Què és per tu el més important en la vida?
Quin és el teu primer record relacionat amb l'escola?	Com és l'institut on vas actualment?	Què és per tu el més important en la vida?
Quin és el teu primer record relacionat amb l'escola?	Com és l'institut on vas actualment?	Què és per tu el més important en la vida?
Quin és el teu primer record relacionat amb l'escola?	Com és l'institut on vas actualment?	Què és per tu el més important en la vida?
Com t'imagines als 30 anys?	Com és l'institut on vas actualment?	Què és per tu el més important en la vida?
Com t'imagines als 30 anys?	Com t'imagines als 30 anys?	Com t'imagines als 30 anys?
Com t'imagines als 30 anys?	Com t'imagines als 30 anys?	Com t'imagines als 30 anys?
Com t'imagines als 30 anys?	Com t'imagines als 30 anys?	Com t'imagines als 30 anys?
Com t'imagines als 30 anys?	Com t'imagines als 30 anys?	Com t'imagines als 30 anys?

Com t'imagines als 30 anys?	Com t'imagines als 30 anys?	Com t'imagines als 30 anys?
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T'has sentit còmode amb el grup?

 SI NO

Quin profit treus de la trobada?

Tens ganes de participar a la següent trobada?

 SI NO

T'has sentit còmode amb el grup?

 SI NO

Quin profit treus de la trobada?

Tens ganes de participar a la següent trobada?

 SI NO

T'has sentit còmode amb el grup?

 SI NO

Quin profit treus de la trobada?

Tens ganes de participar a la següent trobada?

 SI NO

2n GRUP DE DISCUSSIÓ JOVES

Data: 3 dies diferents, un per cada grup.

Horari: 18h-19:30h

Assistents:

GRUP 1: 1 noia, 3 nois

GRUP 2: 3 noies

GRUP 3: 2 noies, 2 noies

Conductora del grup: Marta Garcia Molsosa

Objectius/continguts:

- 1) Mantenir un ambient de confiança, distès i agradable.
- 2) Recordar els objectius i funcionament dels grups de discussió.
- 3) Detectar facilitadors/obstacles pel procés d'aprenentatge dins i fora de l'àmbit escolar.
- 4) Conversar i debatre sobre els elements detectats.
- 5) Recollir les experiències escolars dels membres del grup.

Activitats i temporalització:

INTRODUCCIÓ: 5 minuts

- 1) Recordar els objectius i funcionament del grup de discussió:

TEMA: compartim l'experiència escolar.

OBJECTIUS:

- Detectar elements que poden facilitar/difícultar l'èxit escolar dels nois/es acollits en CRAE.

- Plantejar millores en l'àmbit de l'escola i el CRAE.

(també fem grups de discussió amb educadors i professorat. La vostra opinió és important per ajudar a altres persones que es troben amb la mateixa situació).

FUNCIONAMENT: 3 trobades d'ara a final de curs. 1 hora i mitja de durada. Sempre el mateix grup de participants. Llegir normes que vam signar, confirmar que hi estem d'acord (afegir-ne, si cal). Consentiment de la gravació, anonimata.

DINÀMICA DE CONEIXENÇA: 15 minuts

Cadascú es dibuixa en un paper amb 4 apartats. En cada apartat hi poden posar el que vulguin (escrit o amb dibuix). Han de ser coses que els defineixin. Ens movem per la sala i ensenyem el dibuix al company amb qui ens trobem. Expliquem el/els apartats pel/s qual/s el company s'interessi. Ho repetim fins que ens hem trobat a tots els companys.

DEBAT: 45 minuts

1) Preparació (**2 minuts per a cada apartat**): cadascú escriu un aspecte positiu i un negatiu en relació a l'èxit escolar en funció dels següents àmbits:

COM SÓC JO (PERSONA)

LES PERSONES (MANS):

ELS MEUS AMICS

LA MEVA FAMÍLIA

EDUCADORS DEL CRAE

PROFESSORS DE L'INSTITUT

EL MENTOR/A

ALTRES

LES INSTITUCIONS (CASES):

FUNCIONAMENT DEL CRAE

ORGANITZACIÓ DE L'INSTITUT

TERÀPIA, REFORÇ ESCOLAR,...

EXTRAESCOLARS

2) S'enganxen els pòsits en els apartats corresponents, en un mural.

3) Llegir cadascun dels pòsits i parlar/debatre entorn als temes que hagin sorgit

COMPARTIM EXPERIÈNCIES: 20 minuts

1) deixo a la vista les 5 cartolines amb imatges de diferents situacions escolars: avorriment, frustració/dificultat al fer les tasques, bullying, jugar amb el mòbil/distraccions, ràbia/violència.

2) Cadascú en pot escollir una i parlar d'una situació que hagi viscut en primera persona relacionada amb aquella imatge.

COMIAT, AGRAIMENT, FEINA PEL PROPER DIA I AVALUACIÓ: 5 minuts

1) Cada noi/a respon a aquestes dues preguntes abans de marxar de manera anònima i individual darrera del seu full de perfil: *T'has sentit còmode amb el grup? Quin profit treus de la trobada? Tens ganes de participar a la següent trobada?*

2) Pel proper dia, cadascú explica una situació difícil amb què s'hagi trobat a l'institut, no cal que l'hagi viscut en primera persona (proposta: escrit a la llibreta de mentoria, si no, ho escriurem aquí abans de començar).

Material necessari:

Un bolígraf per cada participant

Un llapis per cada participant

Llapis de colors

Cartolines i fulls de colors diferents

Cartolines amb les cinc imatges per la dinàmica “compartim experiències”

Cola, tisoires

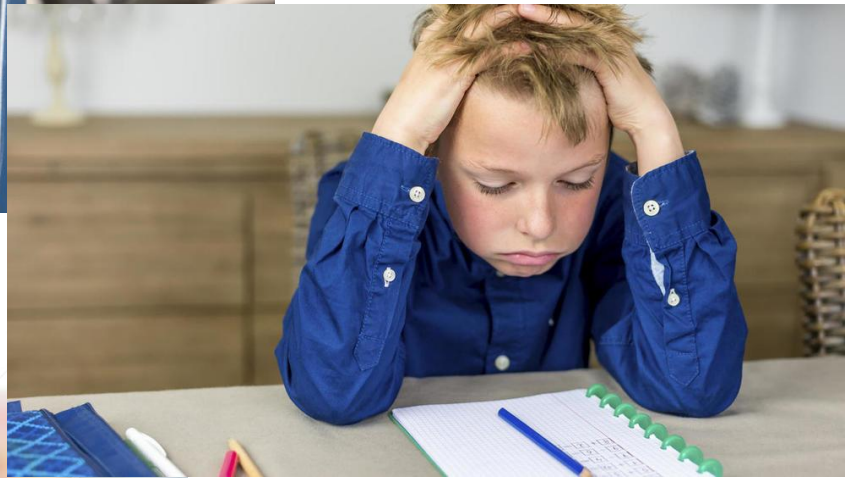
Full gran per fer el mural

Gravadora



Data: 2 dies diferents, un per cada

3r GRUP DE DISCUSSIÓ JOVES



grup.

Horari: 18h-19:30h

Assistents:

GRUP 1: 4 noies

GRUP 2: 3 noies, 1 noi

Conductora del grup: Marta Garcia Molsosa

Objectius/continguts:

- 1) Mantenir un ambient de confiança, distès i agradable.
- 2) Recordar els objectius i funcionament dels grups de discussió.
- 3) Detectar facilitadors/obstacles pel procés d'aprenentatge dins i fora de l'àmbit escolar.
- 4) Conversar i debatre sobre els elements detectats.
- 5) Recollir les experiències escolars dels membres del grup.

Activitats i temporalització:

INTRODUCCIÓ: 5 minuts

- 1) Recordar els objectius i funcionament del grup de discussió:

TEMA: compartim l'experiència escolar.

OBJECTIUS:

- Detectar elements que poden facilitar/difícultar l'èxit escolar dels nois/es acollits en CRAE.

- Plantejar millores en l'àmbit de l'escola i el CRAE.

(també fem grups de discussió amb educadors i professorat. La vostra opinió és important per ajudar a altres persones que es troben en la mateixa situació).

FUNCIONAMENT: 3 trobades d'ara a final de curs. 1 hora i mitja de durada. Sempre el mateix grup de participants. Llegir normes que vam signar, confirmar que hi estem d'acord (afegir-ne, si cal). Consentiment de la gravació, anonimats.

DINÀMICA DE CONEIXENÇA: 30 minuts

Cadascú té un paper amb un arbre dibuixat. S'anomena "l'arbre dels desitjos". Han de completar, escrivint, les següents frases:

1. *Desitjo tenir...*
2. *Desitjo ser...*
3. *Desitjo poder...*
4. *Em preocupa...*
5. *Per aconseguir els meus desitjos necessito...*
6. *Qui em pot ajudar...?*
7. *En què em poden ajudar?*
8. *Com em poden ajudar?*

Es posa en comú

COMPARTIM EXPERIÈNCIES/ROLE PLAYING: 30 minuts

1) deixo a la vista les 5 cartolines amb imatges de diferents situacions escolars: avorriments, frustració/dificultat al fer les tasques, bullying, jugar amb el mòbil/distraccions, ràbia/violència.

3) Role-playing diferents actituds vers el treball escolar/escola (activitats en parelles): cada grup té una imatge. Un membre del grup fa de nen/a, un altre fa d'adult que respon positivament. Després s'intercanvien els rols: un fa d'adult que respon negativament i l'altre de noi.

2) Cadascú en pot escollir una i parlar d'una situació que hagi viscut en primera persona relacionada amb aquella imatge.

VALORACIÓ CONJUNTA DE LA MENTORIA: 15 minuts

1) Plantejo les preguntes al grup i es responen conjuntament. Debat

PREGUNTES:

1. *Què creus que és el més important del projecte Sapere Aude?*
2. *Què creus que aporta a les persones que hi participen (mentors, nois, educadors, professors,...)*
3. *Com has viscut el projecte?*
4. *T'agradaria que es tornés a fer l'any vinent?*
5. *Com animaries a un altre noi/a a participar-hi?*

COMIAT, AGRAIMENT, FEINA PEL PROPER DIA I AVALUACIÓ: 5 minuts

- 3) Cada noi/a respon a aquestes dues preguntes abans de marxar de manera anònima i individual darrera del seu full de perfil: *T'has sentit còmode amb el grup? Quin profit treus de la trobada? Tens ganes de participar a la següent trobada? Què t'agradaria fer?*

Material necessari:

Un bolígraf per cada participant

Un paper a cada participant amb el dibuix de l'arbre

Cartolines amb les situacions escolars pel role-playing (doc. "2n grup de discussió joves")

Colors, retoladors, cartolines i papers de colors

Cola i tisoires

Gravadora



Focus groups with mentors

1r GRUP DE DISCUSSIÓ MENTORS/ES

Data: inici del projecte

Horari: 10-12h

Moderadora: Marta Garcia Molsosa

Objectius/continguts:

- 1) Expectatives de l'experiència de mentoria.
- 2) Compartir l'experiència viscuda en les primeres trobades i avaluar-ne el procediment.
- 3) Reflexionar entorn el rol del mentor/a.

Activitats i temporalització:

Demandar permís per gravar la sessió.

1) PRESENTACIÓ DELS PARTICIPANTS (15 minuts)

Tots els participants seuen en rotllana. Cadascú fa una breu presentació de si mateix i del seu mentorat: nom, professió/formació, motivacions per fer de mentor/a, breu descripció del noi/a amb qui ha establert la relació de mentoria.

2) EXPECTATIVES, DUBTES, PORS (15 minuts)

Mural amb tres apartats diferenciats sota un gran títol: «SER MENTOR O MENTORA»: «pors, inquietuds», «dubtes, incerteses», «expectatives, il·lusions».

Cada mentor/a escriu les severs pors, inquietuds, dubtes, incerteses i expectatives i il·lusions en pos-its i els enganxa en l'apartat corresponent del mural. En farà un resum a la segona trobada de mentors.

3) PRIMERES IMPRESSIONS (30 minuts)

En rotllana, compartir les primeres experiències, per torns, individualment a partir de les preguntes següents:

- *Com va anar la primera trobada amb el noi/a?*
- *A quins acords de mentoria heu arribat amb el noi/a? I amb els educadors/es?*
- *Quines activitats heu fet fins ara? Com han anat?*
- *Has tingut alguna dificultat? Quina?*

* * PAUSA – PISCOLABIS * *

4) EL ROL DEL MENTOR/A (45)

Visualització de tres petits fragments de la pel·lícula *El señor Ibrahim y las flores del Corán* (François Dupeyron, 2003), basada en la novel·la i obra de teatre homònima d'Éric-Emmanuel Schmitt, que mostra la relació entre un noi de 16 anys i un senyor àrab (turc) botiga, a París.

Discussió entorn a les tres preguntes següents:

- *Com definiries què és un mentor? (què NO és un mentor?)*
- *Quin és el rol del mentor/a en l'àmbit acadèmic? Amb què es diferencia amb altres figures de suport?*
- *Com "ha de ser" una relació de mentoria? De quina manera s'estableix? Quines estratègies es poden fer servir?*

Avaluació: (5 minuts)

Abans de marxar, cada mentor/a escriu en un mural una resposta a aquestes dues preguntes:

1. *Què t'ha semblat aquesta primera trobada de mentors/es?*
2. *Quins temes que t'agradaria tractar a les properes trobades de mentors/es?*

Material necessari:

Pos-its de tres colors.

Mural i retolador per escriure-hi

Canó i ordinador portàtil amb connexió a internet.

Fragments seleccionats de la pel·lícula: *El señor Ibrahim y las flores del Corán*

Piscolabis

Gravadora

2n GRUP DE DISCUSSIÓ MENTORS/ES

Data: durant el projecte. 2 dies, un per cada grup

Horari: 10-12h i 20-22h

Moderadora: Marta Garcia Molsosa

Objectius/continguts:

- 1) Reflexionar entorn de situacions complexes que es poden donar en les sessions de mentoria.
- 2) Compartir i valorar l'experiència de mentoria viscuda durant el primer trimestre.
- 3) Valorar el seguiment i suport rebut, recollir propostes de millora.

Activitats i temporalització:

Demanar permís per gravar la sessió.

1) TREBALL D'ANÀLISI DE CASOS (15 min + 30 min)

PER PARELLES: comentar què es podria fer en cada cas. Plantejar diferents respostes.

TOT EL GRUP: llegir el plantejament del cas, explicar les opcions plantejades, comentar inconvenients i avantatges de cadascuna d'elles. Comentar si algú s'hi ha trobat durant la mentoria.

CAS 1: Últimament l'Anna no té ganes de fer feina durant la mentoria. Em diu que no té deures, que ja els ha acabat o que li fa pal estudiar i que ja ho farà amb els educadors al centre. Sempre em demana per fer altres coses: anar al parc, connectar-se a l'ordinador, anar a berenar,... Quan ens posem a treballar de seguida se'n cansa o es distreu amb altres coses.

CAS 2: L'altre dia vaig proposar-li a en Miquel anar a visitar un museu que hi ha al centre de la ciutat, ell em va dir que d'acord però quan érem allà de seguida se'n va cansar i em va demanar d'anar al centre cívic que hi ha al costat. Allà es va trobar amb altres amics i va posar-se a xerrar i jugar amb ells.

CAS 3: Estàvem xerrant amb la Samantha sobre com li havia anat la setmana a l'institut. Em va explicar

que unes amigues seves li feien la vida impossible i que se sentia molt sola. Tornant de la trobada ho vaig comentar als educadors/es del centre i em van dir que aquella setmana la Samantha havia estat expulsada de l'institut per haver participat en una situació de bullying, juntament amb altres nois i noies de la classe, perseguint a una companya i tirant-li objectes al sortir de l'institut.

CAS 4: L'altre dia en Carles portava diners a l'hora de mentoria i em va dir que volia comprar-se un joc d'ordinador, que els educadors ja ho sabien i li havien donat permís. La setmana següent, el tutor del centre va voler parlar amb mi i em va demanar que no deixés comprar objectes al noi, que aquell joc d'ordinador li havien prohibit expressament de comprar-se'l i que havia aprofitat l'hora de mentoria per fer-ho. El noi havia explicat al centre que jo li havia donat els diners i no era cert.

CAS 5: Cada vegada tenim més confiança amb la Mònica, l'altre dia em va explicar com era la seva infància a casa i em va preguntar pels meus fills. Vam compartir experiències personals i xerrar durant molta estona. Al final, em va demanar si podria conèixer als meus fills i venir a casa a passar algun cap de setmana.

CAS 6: En Víctor està molt enfadat amb els educadors del centre, diu que no soporta viure allà i que tothom li fa la vida impossible. Ha canviat de tutora recentment i diu que ella no l'entén. M'explica que ell hauria de ser amb la seva mare i que no el deixen, injustament. Desitja anar a viure amb ella quan més abans millor i diu que potser es fugarà del centre. De fet, ja ho ha fet més d'una vegada.

* * * PAUSA (15 min) * * *

2) EXPERIÈNCIA DE MENTORIA (30 min)

En rotllana, compartir l'experiència de mentoria d'aquest primer trimestre des de la doble perspectiva de la relació i les activitats. Es fa per torns, individualment, a partir de les següents preguntes:

- *Com va el desenvolupament de la relació de mentoria amb el noi/a? (progressos, dificultats)*
- *Quines activitats heu realitzat fins ara (proporció d'activitats d'aprenentatge i de lleure)? Com han anat?*

3) SEGUIMENT (20 min)

- Valoració dels canals de comunicació i el traspàs d'informació amb el CRAE
- Valoració seguiment i suport SA: trucades, coordinacions amb el CRAE, altres...

Avaluació: (5 minuts)

Abans de marxar, cada mentor/a escriu en un mural una resposta a aquestes dues preguntes:

- 1. Què t'ha semblat aquesta trobada de mentors/es?*
- 2. Temes que t'agradaria tractar a les properes trobades de mentors/es?*

Material necessari:

Mural i retolador per escriure-hi.

Canó i ordinador portàtil amb connexió a internet.

Una còpia dels casos per cada grup.

Piscolabis

Gravadora

3r GRUP DE DISCUSSIÓ MENTORS/ES

Data: final del projecte, una sola convocatòria.

Horari: 20-22h

Moderadora: Marta Garcia Molsosa

Objectius/continguts:

- 1) Compartir la valoració individual de l'experiència i els plantejaments de futur.
- 2) Reflexionar entorn del rol del mentor/a.
- 3) Valorar el seguiment i suport rebut.

Activitats i temporalització:

Demanar permís per gravar la sessió.

- 1) ASSOLIMENT/NO ASSOLIMENT D'EXPECTATIVES (45 min)

Puntuar assoliment de les expectatives, individualment. Estaran escrites en un mural i es puntuaran de la següent manera (escala del 0 "gens assolit" - 4 "completament assolit").

EXPECTATIVES
<p><u>Quant a la relació:</u></p> <p>Establir una relació de confiança</p> <p>Bon <i>feeling</i> entre tots dos</p> <p>Que el noi/a vagi mantenint les ganes de trobar-se amb mi</p> <p>Que el noi/a segueixi engrescat amb el projecte</p> <p><u>Quant a l'impacte/resultats:</u></p> <p>Poder "ajudar"</p> <p>Que el M pueda mejorar en la escuela</p> <p>Ser un model i referent positiu en la vida del mentorat</p> <p>Incidir en el benestar del nen/a i millorar una mica la seva vida</p>

Tenir un impacte positiu que perduri en el futur

Quant a les activitats:

Fer que el noi s'ho passi el millor possible

Portar la nena a fer activitats diverses: cinema, parc d'atraccions,...

Quant a l'impacte en el mentor/a:

Adquirir eines per aplicar en la mentoria (i altres contextos)

Aplicar conceptes tan acadèmics com a nivell personal

Que sigui una experiència enriquidora

Que estigui content/a amb la feina que he fet

En gran grup, comentar ítem per ítem, des de l'experiència de cadascú.

* * **PAUSA** (15 min) * *

3) VALORACIÓ GLOBAL DE L'EXPERIÈNCIA (60)

Reflexionar entorn del rol del mentor/a (es fa en grups de 2 o 3 i l'entrevista es grava en vídeo per fer-ne un vídeo promocional amb alguns fragments).

- *Què vol dir ser un "mentor"? (quin és el teu rol, relació amb el noi/a, tasca...)*
- *Com valoraries l'experiència de mentoria?*
- *Què ha estat fàcil? Què ha estat difícil?*
- *Quin(s) impacte(s) creus que ha tingut la mentoria (en el noi/a, en el CRAE, en l'institut)?*
- *Què t'ha aportat fer de mentor/a a nivell personal?*
- *Quin impacte creus que la mentoria pot tenir a la societat?*

Material necessari:

Mural i retolador per escriure-hi

Gomets d'un color (1 paquet)

Canó i ordinador portàtil amb connexió a internet.

Piscolabis

Màquina de filmar

Gravadora

4. Interview script

ENTREVISTA VALORACIÓ DE L'EXPERIÈNCIA DE MENTORIA

Nom del mentor/a:

Data i hora entrevista:

Entrevistador/a

1. Evolució de la relació amb el noi/a.

- a) Creus que hi ha hagut un bon "matching"? (avinences i desavinences amb el menor, edat, aficions, compatibilitat de caràcters,...)
- b) Com vas establir la relació? Com ha evolucionat al llarg del curs? Com definiries la relació que teniu ara? (grau de coneixença, confiança, proximitat, mostres d'afecte...)
- c) Amb quines dificultats t'has trobat? Com les has resolt?

2. Tipologia de les activitats.

- a) Quin percentatge atribuiries a cada tipus d'activitat:
 - i. Suport acadèmic
 - ii. Exposició a noves experiències
 - iii. Activitats lúdiques.
- b) Descripció de les activitats de suport acadèmic / noves experiències / activitats lúdiques realitzades.
 - i. Limitacions i potencialitats de cada tipus d'activitat.
 - ii. Resposta del noi/a en cadascuna d'elles.
- c) Com s'han decidit les activitats de mentoria? Hi ha hagut canvis al llarg del curs? Per què? (participació dels diferents agents, recursos propis, negociació amb el noi/a...).
- d) D'on has tret els recursos per cada tipus d'activitats? (cost, contactes, CRAE o IES, internet, "maleta del mentor"...))

3. Freqüència i espai per les trobades.

- a) Pros i contres. Dificultats que t'has trobat i com les has resolt.
- b) Canvis? Per què? Impacte dels canvis en la relació

4. Expectatives i resultats de la mentoria

- a) Quines expectatives tenies i amb què t'has trobat?
- b) Diries que les teves expectatives coincidien amb les del noi/a? (relació i activitats)
- c) Quins objectius tenies per la mentoria? De quina manera els havies fixat? (participació dels diferents agents, negociació noi/a, pla de mentoria...)
- d) Quin creus que és el grau d'assoliment dels objectius de mentoria? Dificultats que t'has trobat. Aspectes de millora (què caldria per assolir aquests objectius).

5. Valoració CRAE

- a) Comunicació
 - b) Educador-tutor (grau d'implicació amb el projecte, esperit de col·laboració, relació amb el menor)
 - c) Aspectes que han obstaculitzat/facilitat la relació de mentoria
 - d) Aspectes que han obstaculitzat/facilitat el progrés acadèmic del menor
6. Valoració IES
- a) Comunicació
 - b) professor-tutor (grau d'implicació amb el projecte, esperit de col·laboració, relació amb el menor)
 - c) Treball conjunt: pla de mentoria
 - d) Aspectes que han obstaculitzat/facilitat el progrés acadèmic del menor
7. Valoració activitats de seguiment i avaluació de la prova pilot (utilitat, volum de feina, ajut...)
- a) Fulls de seguiment
 - b) Trobades de mentors
 - c) Pla de mentoria individual
 - d) Suport de l'equip de coordinació del projecte (trucades).
8. Aspectes personals
- a) Canvis personals/laborals rellevants durant el projecte i el seu impacte.
 - b) Repercussió personal/familiar de la teva participació en el projecte. Enriquiment personal? De quin tipus?
 - c) Has parlat del projecte amb altres persones? Qui? Quina reacció han tingut?
 - d) Grau de satisfacció de la teva participació en el projecte.
9. Plans de futur
- a) N'heu parlat amb el noi/a? Heu arribat a algun acord?
 - b) Desitges continuar amb la relació?
 - i. SI. De quina manera?
 - ii. NO. Per quins motius? (personals, professionals, altres...)
 - c) En cas que el noi/a no volgués continuar, voldries ser mentor/a d'un altre noi/a l'any vinent?
 - d) Plantejament última trobada (valoració mentoria E-M-N-C, acords pel curs vinent, acord activitat última mentoria M-M)
 - i. Possible data i hora (11-23 juny): _____
10. Altres qüestions, preguntes, observacions,...

5. Research stay certificates

Institute of Education



Professor David Voas
Department of Social Science
UCL Institute of Education
University College London
27-28 Woburn Square WC1H 0AA
Tel – 020 7612 6397
12 March 2020

Re: Certification of research stay at UCL IOE Department of Social Science

To whom it may concern,

I can confirm that between the dates of 12 February 2020 and 12 March 2020, Marta Garcia-Molsosa (PhD student at Universitat de Vic – Universitat Central de Catalunya) completed a pre-doctoral research stay under the supervision of Professor Claire Cameron at the Thomas Coram Research Unit (TCRU), Department of Social Science, University College London.

Professor David Voas
Head of Department of Social Science
UCL Institute of Education

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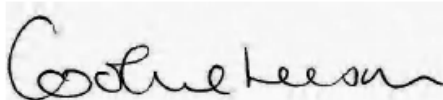
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RESEARCH STAY CERTIFICATE

York, 20th March 2020

TO WHOM IT MAY CONCERN

I certify that Marta Garcia-Molsosa, PhD student at Universitat de Vic – Universitat Central de Catalunya, Barcelona, Spain, has spent a predoctoral research stay at the St John University, York, from 12th March 2020 to 20th March 2020, under the supervision of Dr. Caroline Leeson, and that her work and collaboration with this University will continue via on-line until 12th May 2020.



Dr Caroline Leeson
Associate Professor
Early Childhood Studies
York St. John University
York
UK
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6. Scientific Merits

Articles

- Baena, S., Collet-Sabé, J., Garcia-Molsosa, M., & Manzano, M. (2020). More innovation, less inclusion? Debates and discussions regarding the intersectionality of innovation and inclusion in the Catalan school system: A position paper. *International Journal of Inclusive Education*. <https://doi.org/10.1080/13603116.2020.1736653>
- Garcia-Molsosa, M. (2016). Factors que condicionen l'experiència i els resultats escolars dels infants tutelats residents en CRAE. Revisió de la literatura. *Pedagogia i Treball Social. Revista de Ciències Socials Aplicades*, 5(2), 52–72.
http://dx.doi.org/10.33115/udg_bib/pts.v5i2.22159
- Garcia-Molsosa, M., Collet-Sabé, J., Martori, J. C., & Montserrat, C. (2019). School satisfaction among youth in residential care: A multi-source analysis. *Children and Youth Services Review*, 105. <https://doi.org/10.1016/j.childyouth.2019.104409>
- Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2019). The role of mentoring in the schooling of children in residential care. *European Journal of Social Work*.
<https://doi.org/10.1080/13691457.2019.1666253>
- Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2020). Benefits, positive factors and difficulties perceived by mentors participating in a mentoring programme aimed at youth in residential care. *European Journal of Education* (in press).
- Garcia-Molsosa, M., Collet-Sabé, J., & Montserrat, C. (2020). The school experience of children in residential care: a multiple case study. *Child and Family Social Work* (in press).

Conferences

- Montserrat, C., Garcia-Molsosa, M. & Ruiz, D. (2018, October). *A mentoring project in five European Countries: The perspective of children in residential care, caregivers, teachers*

and mentors. Paper presented at the XV EUSARF International Conference. Porto (Portugal).

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Montserrat, C., Garcia-Molsosa. M. & Ruiz, D. (2019, November). *Expectativas y trabajo en red: dos retos para la educación social. El caso de los adolescentes en centros residenciales*. Congreso Internacional SIPS 2019. XXXII Seminario Interuniversitario de Pedagogia Social. Barcelona.

Montserrat, C., Garcia-Molsosa. M. & Ruiz, D (2019, May). *Mentoria asocial per a la millora de la inclusió escolar dels infants i adolescents en centres residencials*. Paper presented at 9è Congrés d'Educació i Entorn. Generalitat de Catalunya i Govern d'Andorra. La Seu d'Urgell.