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Comparing Multi-Informant Perspectives on Adolescents' Development and Psychological Adjustment in Residential Care Within the Collaborating Families Program

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ABSTRACT

Several studies highlight the importance of the family in the development of children and adolescents under protection measures. In Spain, the *Collaborating Families* program allows children and adolescents in protection centres to share time with families during weekends, holidays or vacations. Specifically, the aim of this work, which was focused on the region of Andalusia (Spain), was to assess the improvement in the personal and academic development of 37 adolescents during their participation in the Collaborating Families program, at the beginning of the collaboration and at the time of the study, and from the perspective of their 37 collaborating families and their 37 residential caregivers. To this end, a semi-structured interview was used. In addition, a comparison was made between the assessments of both informants in the two time periods studied. Finally, the relationships between the adolescents' development and psychological adjustment (*Strengths and Difficulties Questionnaire, SDQ*) at the time of the study were analysed and the scores given by both informants and adolescents themselves (111 informants in total) were also compared. The results showed that the collaborating families and residential caregivers perceived a positive and significant evolution in the personal and academic development of the adolescents during their participation in the Collaborating Families program. In addition, it was found that the collaborating families expressed a significantly more positive view of these aspects of development than the residential caregivers. Finally, significant relationships were also found between the adolescents' psychological adjustment and their personal and academic development, with the scores of the adolescents themselves and of the collaborating families being more positive than those of the residential caregivers. These results suggest that collaborating families should be promoted as a support network that favours the development and adjustment of adolescents in residential care.

1 | Introduction

1.1 | Contextualization of Residential Foster Care in Spain and Other Countries

At the international level, the importance of the family as a protection measure and as a relevant part of development appeared in some countries earlier than in others. Until the 20th century, in

most European countries residential care was the first option as a child and adolescent protection measure, being especially frequent in some Southern and Central European countries. In addition, in developed countries, residential care was initially considered as a 'rescue' model, mainly religious, which later became a model for promoting the development and welfare of children whose parents did not meet their basic needs, having suffered, in the vast majority of cases, maltreatment or abuse (Del Valle and Bravo 2013).

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Currently, it is estimated that approximately 2.7 million people under the age of 18 live in residential care in the world (Petrowski et al. 2017), of whom still nearly half a million (around 456 000) live in residential care in the Europe and Central Asia region (UNICEF 2024), mainly for reasons related to abuse or neglect, or others such as the presence of disability or illness, learning difficulties, poverty or discrimination (Browne 2009; Chiwaula et al. 2014; European Commission 2024; UNICEF 2024).

In this line, in Spain, although the current legislation on child and adolescent protection (Law 26/2015, of 28th July, on modifications to the child and adolescent protection system) prioritizes family protection measures over residential ones, there are still 17 112 children and adolescents in residential care in this country, and 2458 of them are in the region of Andalusia (Ministry of Social Rights and 2030 Agenda 2024). This is the context in which the present study was carried out.

Residential care, as a protection measure, should ensure that the safety and needs of children and youth are met, promoting their comprehensive development (Consejería de Inclusión Social, Juventud, Familias e Igualdad 2025). However, despite the paradigm shift and the improved quality that protection centres in Spain have developed (Del Valle and Bravo 2013), they do not have the necessary human resources to sufficiently cover the affective and stimulation needs of children and youth (Palacios 2003; UNICEF and Eurochild 2021). Thus, numerous research studies highlight that children and youth who have suffered experiences of maltreatment and adversity in their first years of life achieve a more complete and favourable recovery in a family context than in a residential context (Berens and Nelson 2015; Humphreys et al. 2022; Palacios et al. 2019).

Likewise, some research shows that youth who have grown up in child protection centres tend to present more emotional, behavioural, cognitive and social difficulties than the general population and those in family-based protection measures (Campos et al. 2019; Fernández-Molina et al. 2011; Llosada-Gistau et al. 2015), even when they start with similar levels of adversity (Jiménez-Morago et al. 2015; Palacios et al. 2013). Moreover, they present more mental health problems, such as conduct disorders, attention deficits or learning disabilities, than those in foster care and the general population (e.g., Leloux-Opmeer et al. 2017). In addition, it has been evidenced that prolonged duration and early age of institutionalization have important implications for decreased personal adjustment and the development of depressive symptoms, aggression and behavioural problems (McCall 2013; Woodhouse et al. 2018). In the school context, Martín et al. (2011) reported as a worrying fact that almost half of the sample of children and adolescents in residential care had not established any relationship with peers to perform academic tasks. In turn, other authors highlight that these children and adolescents in residential care are in particular need of specialized care for school and learning problems (Leloux-Opmeer et al. 2017).

Furthermore, although some studies have found that many youths in residential care highlight the support of the residential caregivers in protection centres (Pérez-García et al. 2019;

Singstad et al. 2020), this institutional support in turn carries a high risk of instability and loss. On the one hand, the loss responds to the fact that this support is only present while the minors are in the Child Protection System and, on the other hand, the risk of instability comes from the high turnover and change of work to which these residential caregivers are subjected. In addition, we must add the limited availability and presence of these figures in the day-to-day life of young people in residential care, which is linked to their professional role, and which means that they cannot always accompany them at key moments in their lives.

1.2 | Collaborating Families

Being aware of the limitations of growing up in an institutional environment, and in order for children and youth in residential care to benefit from normalized family experiences, in Spain, there is a protection resource called *Collaborating Families* (in Spanish, *Familias Colaboradoras*). Although this resource is currently implemented in different regions of Spain (Molano et al. 2020), in this paper we focus on its development in the context of Andalusia, where the development of the *Collaborating Families* program has had great support at the legal and administrative level. Thus, although there is an allusion to the figure of family collaboration as a complementary resource to residential care in state legislation (Law 26/2015), it has been in Andalusia where, for the first time, this figure is explicitly included and developed in regional legislation (Law 4/2021, of July 27th, on children and adolescents). In the most recent data published by the Government of Andalusia on 2023, 236 children who live in residential care have benefited from the Collaborating Families program (Consejería de Inclusión Social, Juventud, Familias e Igualdad 2025).

The Collaborating Families program is managed by the public administration under the General Direction for Infant, Adolescence and Youth and regulated by the Regional Government of Andalusia through the Child Protection Services (CPS). With support from non-profit organizations and residential centre professionals, the CPS is responsible for training, evaluating and selecting suitable families for each child, as well as establishing the agreed personal relationship arrangements according to the official regional protocol (Consejería de Igualdad, Políticas Sociales y Conciliación 2022).

Collaborating families are made up of families who commit to sharing periods of time, such as weekends, holidays or vacations with children or adolescents from protection centres, in an altruistic and supportive manner and with stable expectations. It is preferably aimed at children from the age of 7 years and for whom no family protection alternative is foreseen in the short term (León et al. 2021, 2019). These collaborations are intended to alleviate the possible negative consequences of living for prolonged periods of time in protection centres. Thus, the purposes of Collaborating Families are to promote the participation in family contexts of children and adolescents living in protection centres; offering models of healthy family relationships, as well as the opportunity to establish healthy affective bonds; and expanding their support network, which they can also have as a reference in their adult life (Consejería

de Inclusión Social, Juventud, Familias e Igualdad 2025; León et al. 2021, 2019).

At the European level, there is evidence of the existence of similar resources in some countries, such as Portugal (*familias amigas* or *familias de afeto*) (Silva Mendes 2011), Italy (*vicinanza solidale* or *solidarity neighbourhood*) (Serbati and Petrella 2021) or France (*families bénévoles* or *family volunteer*) (Monforte et al. 2021). There is also evidence from UK, where they have developed a similar program, embedded in a comprehensive network of services—the *No Wrong Door* (NWD) program—for young people aged 12–25 who are in residential care, on the edge of care or who have recently moved into accommodation (supported or independent) while receiving support under NWD (Lushey et al. 2017).

At the national level, the first research on the influence of collaborating families highlights that young people in residential care, who benefit from this resource, perceive their collaborating families as their main source of support. Moreover, they generally show a positive self-perception of their social skills, as well as a high life satisfaction (Molano et al. 2023). However, despite the great benefits of being able to access the program for children and adolescents living in protection centres, research on family collaboration is still very limited (León et al. 2021).

In this research landscape, our study aims to continue expanding knowledge about the figure of family collaboration and what it means for the welfare of children and young people who benefit from this resource. In this case, the first objective of the present work was to determine the areas of personal development (physical, cognitive, emotional and social) and academic development (performance, motivation and school integration) in which adolescents in residential care showed improvements during their participation in the Collaborating Families program, at the beginning of the collaboration and at the time of the study. This assessment was made from the perspective of their collaborating families and their residential caregivers of reference in the protection centres. As a second objective, both assessments were compared in the two time periods studied to determine whether differences exist in the perceptions of collaborating families and residential caregivers. The third objective was to analyse the relationships between the different aspects of development studied (physical, cognitive, emotional, social and academic) and the psychological adjustment of the adolescents at the time of the study. This was conducted from the perspective of the collaborating families, residential caregivers and the adolescents themselves, with a comparison of the scores reported by these multiple informants.

2 | Method

2.1 | Participants

The sample of the present work consisted of 111 participants. Specifically, 37 adolescents in residential care, who at the time of data collection were participating in the Collaborating Families program. Their 37 collaborating families and their 37 residential caregivers also participated as informants (for more information, see León et al. 2021 and Molano et al. 2023). At the time of the study, the average duration of family collaborations was approximately 4 years ($M = 4.32$; $SD = 2.98$). Table 1 shows the sociodemographic characteristics of adolescents with collaborating families.

Regarding the trajectory of these adolescents in the Child Protection System, the average age at the beginning of institutionalization was 7.24 years ($SD = 3.22$), with a duration of around 8 years ($M = 8.1$, $SD = 2.89$). With respect to the collaborating families, in terms of their family structure, 27% were single-parent families, while 73% were two-parent families. Of the total of 37 families who participated in the study as a unit (not as individuals), 81.1% ($n = 30$) had children. With respect to gender, 32 were female and 32 were male. At the time of the study, on average, female collaborators were 44.78 years old ($SD = 8.91$) and male collaborators were 46.88 years old ($SD = 9.31$). In regard to the characteristics of the reference residential caregivers, the majority were women (89.2%), with a mean age at the time of the study of 38.94 years ($SD = 8.65$), and 61.1% had a degree in Social Education.

2.2 | Instruments

2.2.1 | Data Sheet on the Residential Caregiver and the Adolescent in Residential Care

This instrument was prepared ad hoc by the research team to collect information on the sociodemographic characteristics of adolescents and their time in the Child Protection System, as well as on the residential caregiver. The data sheet was addressed to and completed by the management team of each child protection centre.

2.2.2 | Semi-Structured Interviews

Two interviews were designed *ad hoc* by the research team, one for collaborating families and another for residential caregivers. The interview addressed to the families, inspired

TABLE 1 | Descriptive data on the sociodemographic characteristics of adolescents with collaborating families.

		Gender		Education level		
		Male	Female	Primary education	Secondary education	Vocational training
Mean/%	$M = 14.93$	51.4%	48.6%	21.6%	67.6%	10.8%
SD/AR	$SD = 2.15$	$AR = -0.2$	$AR = 0.2$	$AR = 0.0$	$AR = -0.5$	$AR = 0.9$

Abbreviation: AR, adjusted residuals.

by another interview used in previous studies on foster care (Jiménez and Palacios 2008), was divided into seven content blocks and the residential caregivers' interview into five blocks. This work is focusing on the block entitled 'Current state and evolution of the child', which is the same in both interviews, and specifically, in 14 items to assess the adolescents' development on a personal level: physical (height and weight), cognitive (intellectual capacity), emotional (ability to express emotions and show closeness), social (ability to interact and communicate with others), and academically (academic adjustment and performance, motivation to attend school or high school, and integration with peers in the class group). In addition, the residential caregivers were asked to assess the degree of personal autonomy of these adolescents. Also, both informants were asked about two time points: retrospectively about the moment in which the collaboration began and at the time of the study. Likert scales ranging from 1 'Very unsatisfactory' to 5 'Very satisfactory' were used for both time points. Reliability analyses with respect to the variables studied on adolescents' personal and academic development showed that they were medium-high, both with collaborating families (initial time: $\alpha = 0.71$; study time: $\alpha = 0.70$) and with residential caregivers (initial time: $\alpha = 0.80$; study time: $\alpha = 0.74$).

2.2.3 | Strengths and Difficulties Questionnaire (SDQ)

The validated Spanish version (available at <https://www.sdqinfo.org/>) was used to assess the psychological adjustment of adolescents in collaboration (Goodman 1997). It was administered to the adolescents, their collaborating families and their residential caregivers at time of the study. The questionnaire consists of 25 items, which are divided into five subscales composed of five items each, with three response values (0 = *Not true*; 1 = *Somewhat true*; 2 = *Certainly true*). Four of these subscales evaluate difficulties, which refer to *Emotional Problems*, *Conduct Problems*, *Hyperactivity* and *Peer Problems*. The sum of these four makes up the *Total Difficulties Scale*. Finally, the fifth subscale refers to positive behaviours or strengths and evaluates *Prosocial Behaviour*. The scores of each subscale and the total scale can be classified into three ranges (normative, borderline or clinical/abnormal). Reliability analyses with respect to the total scale of difficulties showed that it was moderate for the adolescents ($\alpha = 0.64$), and high for the collaborating families and the residential caregivers ($\alpha = 0.81$ and $\alpha = 0.82$, respectively).

2.3 | Procedure

A pilot testing of the instruments was conducted with families and adolescents who had no connection to the Child Protection System. After pilot testing, there was an initial data collection, in which the collaborating families were interviewed and reported on their own families, the adolescents in collaboration, the relationships between them and the processes of the collaboration (León et al. 2021, 2019). Then, the data collection continued with the adolescents and their residential caregivers in the protection centres. The administration of the instruments was conducted by psychologists from the research team, who were

previously trained through personal meetings lasting between 90 and 120 min.

Regarding ethical issues, the study was authorized by the Research Ethics Committee of the Andalusian Government (Ref. 201973023261), confirming compliance with ethical standards. Voluntariness was protected through several safeguards. First, authorization to conduct the study was previously obtained from the General Direction for Infant, Adolescence and Youth, and the study was carried out with the support and collaboration of the Child Protection Service of Seville. However, this institutional approval did not influence the adolescents' decision to participate. As for the participation in our study, participants were informed about the research' objectives, methods, data use and the ways in which they could request further information or make queries, suggestions or complaints about their participation in the research. Voluntary and anonymous participation, as well as data confidentiality, were guaranteed through the signing of an informed consent form and a confidentiality agreement with each adult participant. Minors provided written assent to participate voluntarily in the study. During the process of signing this consent and assent forms, all participants were informed that their personal data was protected under confidentiality measures and that their withdrawal from the study, should they wish to do so, was fully accepted without any legal repercussions or consequences for the care received or for involvement in the Collaborating Families program.

In addition, confidentiality was carefully protected despite the relatively small and potentially identifiable sample. So, for the collection and processing of data, each participant was assigned a unique alphanumeric code not linked to personal data. Only members of the research team had access to the anonymized dataset, which was stored securely in accordance with institutional data protection procedures. In addition, no information that could directly or indirectly identify individual participants or residential care settings is reported in the manuscript.

With respect to referral procedures, they were established before the study began. If any participant had shown signs of significant emotional distress or disclosed a situation requiring professional attention during data collection, the researcher would have informed the responsible professionals at the Child Protection Service, following the established institutional protocol. This ensured that participants could be referred to the appropriate support services whenever necessary. However, no situations requiring referral arose during the study.

2.4 | Data Analysis

The information collected was coded and entered into an SPSS-24 database. Statistical analyses included descriptive measures, Student's *t*-tests for related samples and Pearson's correlations. The effect size was calculated for mean contrasts using Cohen's *d* for Student's *t*-tests. Its interpretation responds to the following intervals: negligible or non-existent effect < 0.19 ; small effect $0.20-0.39$; medium effect $0.40-0.79$; and large effect ≥ 0.80 (Castro and Martini 2014; Cohen 1988). For variables that were

not normally distributed, both parametric and nonparametric tests were conducted. Since the results were similar, the parametric results were reported to facilitate the interpretation of effect sizes.

3 | Results

3.1 | Adolescents' Personal Development From Collaborating Families and Residential Caregivers' Perspective

The personal development of the adolescents was analysed at the beginning of the collaboration, retrospectively, and at the time of data collection. Table 2 shows the descriptive data of central tendency and dispersion of the collaborating families' and residential caregivers' ratings. It also shows the comparisons of the mean scores of both informants between the two

time periods, through contrast of means for related samples. As can be seen, both informants perceived a positive and significant evolution in relation to most of the personal developmental variables explored.

3.2 | Adolescents' Academic Development From Collaborating Families and Residential Caregivers' Perspective

The academic development of the adolescents was also analysed at both time points by both informants. Table 3 shows the descriptive statistics of the academic development scores. When contrasting means between the two moments studied, statistically significant differences were found, with medium and large effect sizes. As can be appreciated, both informants perceived a positive and significant evolution in almost all the variables studied on the adolescents' academic development.

TABLE 2 | Ratings on progress in the personal development of adolescents during the collaboration based on the assessment of the collaborating families (CF) and residential caregivers (RC).

Variable	Informant	Beginning of the collaboration		Time of the study		Student's <i>t</i>	<i>p</i>	Cohen's <i>d</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Physical development	CF	4.50	1.05	4.71	0.80	−1.87	0.070	0.224
	RC	4.06	1.29	4.47	1.05	−2.08	0.046	0.348
Cognitive development	CF	2.94	1.17	3.67	1.19	−3.81	0.001	0.618
	RC	2.76	1.46	3.58	1.30	−3.80	0.001	0.593
Emotional development	CF	2.73	0.99	4	1.11	−5.92	0.000	1.21
	RC	2.00	1.12	3.42	1.13	−7.69	0.000	1.26
Social development	CF	3.31	1.30	4.28	0.91	−5.04	0.000	0.864
	RC	2.56	1.30	3.69	1.24	−5.49	0.000	0.889
Degree of personal autonomy	RC	2.69	1.70	4.11	1.09	−6.35	0.000	0.994

TABLE 3 | Ratings on progress in the academic development of adolescents during the collaboration based on the assessment of their collaborating families (CF) and residential caregivers (RC).

Variable	Informant	Beginning of the collaboration		Time of the study		Student's <i>t</i>	<i>p</i>	Cohen's <i>d</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Academic adjustment and performance	CF	2.72	1.14	3.47	1.23	−3.12	0.004	0.632
	RC	2.06	1.30	3.25	1.44	−5.06	0.000	0.867
Motivation for school or high school	CF	2.94	1.33	3.58	1.23	−3.14	0.003	0.499
	RC	2.51	1.44	3.33	1.39	−3.53	0.001	0.579
Integration with classmates	CF	3.97	1.29	4.2	1.13	−1.76	0.090	0.189
	RC	2.89	1.41	3.69	1.32	−3.17	0.003	0.585

3.3 | Comparison Between the Perspective of Collaborating Families and Residential Caregivers

The aim was to determine the possible statistically significant differences between the perceptions of both groups of informants, with respect to the variables previously studied for the two moments evaluated. To this end, contrasts of means for related samples were performed. In relation to adolescents' personal development, the collaborating families perceived better emotional development than residential caregivers at both time points ($t(35) = -3.04, p = 0.004, d = 0.690$; $t(35) = -2.53, p = 0.016, d = 0.518$, respectively). In reference to social development, differences were found, both at the beginning ($t(34) = -2.58, p = 0.014, d = 0.577$) and at the time of the study ($t(34) = -2.43, p = 0.020, d = 0.542$), with collaborating families, as opposed to residential caregivers, perceiving better social development.

Furthermore, in reference to adolescents' academic development, performance at initial time, collaborating families made a more positive assessment than the residential caregivers ($t(34) = 3.17, p = 0.003, d = 0.539$). Regarding integration into the class group at the beginning of the collaboration, residential caregivers perceived this variable more unfavourably ($t(28) = 3.02, p = 0.005, d = 0.799$).

3.4 | Personal and Academic Development: Relationships With Psychological Adjustment

Firstly, some preliminary analyses were carried out to explore possible relationships among the personal and academic development from the perspective of both informants, in the two moments analysed, and other adolescents' variables (age and gender), their institutionalization (initial age and duration of institutionalization), and the duration of family collaborations. No significant relationships or differences were found ($p > 0.05$).

The last objective was to study the relationship between personal and academic development and the psychological adjustment of the adolescents with collaborating families. This was carried out based on the assessments of multiple informants, referring to the time of the study, given that psychological adjustment was only evaluated at this time point. Table 4 shows the descriptive statistics of the psychological adjustment of the adolescents, according to three groups of informants. The distribution of the scores in their corresponding ranges is also shown.

To evaluate the differences between the reports of the different informants, contrasts of means for related samples were conducted, finding statistically significant differences and considerable effect sizes in three subscales: conduct problems, peer problems and prosocial behaviour. Thus, as can be seen in Table 4, the residential caregivers perceived significantly more conduct problems than the collaborating families. Regarding peer problems, both collaborating families and residential caregivers reported significantly more problems than adolescents. Lastly, residential caregivers scored prosocial behaviour significantly worse than both collaborating families and adolescents.

Regarding collaborating families' perspective, they perceived that the adolescents with less emotional problems had better cognitive development ($r = -0.448, p < 0.05$) and better academic adjustment and performance ($r = -0.368, p < 0.05$). In turn, conduct problems were found to correlate negatively with school motivation ($r = -0.340, p < 0.05$) and integration with classmates ($r = -0.397, p < 0.05$). When collaborating families reported less hyperactivity, better cognitive ($r = -0.444, p < 0.05$) and emotional ($r = -0.373, p < 0.05$) development were found. Likewise, peer problems were significantly and negatively related to integration in the class group ($r = -0.403, p < 0.05$). It was also found that prosocial behaviour was greater as they perceived them as having better emotional ($r = 0.500, p < 0.05$) and social ($r = 0.469, p < 0.05$) development. On the other hand, with respect to total difficulties, it was found that the fewer adolescents' problems, the better cognitive development ($r = -0.509, p < 0.05$), academic adjustment and performance ($r = -0.343, p < 0.05$), and the more integrated they were with their classmates ($r = -0.457, p < 0.05$).

Finally, with respect to residential caregivers' perception, it was found that when adolescents presented fewer emotional problems the better their cognitive ($r = -0.407, p < 0.05$) and social ($r = -0.542, p < 0.05$) development, their academic adjustment and performance ($r = -0.343, p < 0.05$) and the more integrated they were with their classmates ($r = -0.456, p < 0.05$). Furthermore, when the residential caregivers reported fewer adolescents' conduct problems, better academic adjustment and performance was found ($r = -0.334, p < 0.05$). It was also found that adolescents who showed fewer peer problems also had better social development ($r = -0.570, p < 0.05$), academic adjustment and performance ($r = -0.382, p < 0.05$) and were more integrated with their peers ($r = -0.587, p < 0.05$). In reference to the total scale of difficulties, the residential caregivers perceived the adolescents as having fewer difficulties the better their cognitive ($r = -0.360, p < 0.05$) and social ($r = -0.614, p < 0.05$) development, academic adjustment and performance ($r = -0.400, p < 0.05$) and integrated they were with their classmates ($r = -0.504, p < 0.05$).

4 | Discussion

The importance of this work lies mainly in the novelty of its data, which encourages both research on collaborating families and their social visibility and relevance in the field of intervention. The first objective of the study was to explore the evolution of personal and academic development in a group of adolescents in residential care, who benefited from the Collaborating Families program, from the perspective of these families and residential caregivers. The results show that adolescents' emotional, cognitive and social development was retrospectively rated with average or low scores at the beginning of the collaboration by both informants in relation to the mean score obtained for those variables in this study. The only exception is the assessment of their physical development, which was positively evaluated. In addition, the residential caregivers considered that the average degree of personal autonomy acquired at the beginning of the collaboration was low. However, at the time of the study, after an average of 4 years

TABLE 4 | Ratings on psychological adjustment of adolescents in collaboration based on the assessment of their collaborating families (CF), residential caregivers (RC) and adolescents themselves (AC).

Subscale	Informant	Ranges (%)			Comparison			Related samples Student's <i>t</i>	<i>p</i>	Cohen's <i>d</i>
		Normative	Borderline	Clinical	Mean	SD				
Emotional problems	CF	62.10	21.60	16.30	2.59	2.14	CF-RC	-1008	0.320	0.168
	RC	72.20	13.90	13.90	2.97	2.18	RC-AC	0.000	1.000	0.000
	AC	83.80	5.40	10.80	3.08	2.09	AC-CF	-0.871	0.389	0.143
Conduct problems	CF	67.50	13.50	19	1.97	2.17	CF-RC	-2.044	0.048	0.341
	RC	50.00	13.90	36.10	2.83	2.10	RC-AC	1.413	0.167	0.235
	AC	75.70	8.10	16.20	2.11	2.08	AC-CF	0.287	0.776	0.047
Hyperactivity	CF	64.80	18.90	16.30	4.57	2.29	CF-RC	0.524	0.603	0.087
	RC	72.20	11.10	16.70	4.42	2.69	RC-AC	-1.018	0.316	0.170
	AC	59.50	13.50	27	4.86	2.37	AC-CF	0.716	0.479	0.118
Peer problems	CF	45.90	24.30	29.80	2.68	1.77	CF-RC	-1223	,230	0.204
	RC	58.30	8.30	33.40	3.17	2.72	RC-AC	-2555	0.015	0.426
	AC	81.10	13.50	5.40	2.00	1.70	AC-CF	-2.114	0.042	0.348
Prosocial behaviour	CF	94.60	2.70	2.70	8.57	1.71	CF-RC	-3.686	0.001	0.615
	RC	66.70	5.60	27.70	6.50	2.74	RC-AC	3.494	0.001	0.582
	AC	89.20	5.40	5.40	8.38	1.93	AC-CF	-0.494	0.625	0.081
Total difficulties	CF	67.50	13.50	19	11.81	6.20	CF-RC	-1.372	0.179	0.229
	RC	44.50	25.10	30.40	13.39	6.57	RC-AC	1.310	0.199	0.218
	AC	75.70	18.90	5.40	12.03	4.45	AC-CF	0.176	0.861	0.029

in the Collaborating Families program, both informants rated the dimensions examined with above-average or high scores with respect to the mean score obtained for those variables in this study, indicating very positive and significant evolutions. Once again, the exception is the assessment of the physical development, which already started from a positive assessment at the initial moment and whose progress was not so remarkable, although with a considerable effect size (Castro and Martini 2014; Cohen 1988).

There are no other studies available on Collaborating Families which our results can be compared with. However, previous works focused on the study of children in residential care without collaborating families (e.g., Humphreys et al. 2022; Jiménez-Morago et al. 2015) have highlighted the existence of indicators of personal development with generally negative evaluations in these children and adolescents, in contrast to the data found in the present study. Moreover, along the same lines as our results, in some of these studies, when comparing residential care and family-based protection alternatives, such as family foster care, more favourable results have been found for children and young people who benefited from a family environment (Humphreys et al. 2022; Jiménez-Morago et al. 2015; Schoenmaker et al. 2014). Research focused on foster care has also found positive results regarding children and young's evolution on some developmental areas studied in this work (Healey and Fisher 2011; Jacobsen et al. 2013). In this regard, it is also worth considering studies on school mentoring programs for young people in residential care. This resource bears certain similarities to the Collaborating Family program in that it involves an external agent providing support and compensation within the framework of residential care, although the relationship established between the adult and the young person is different. Recent studies show that young people who have participated in this program have demonstrated improvements in their personal and cognitive development (García-Molsosa, Collet-Sabé, and Montserrat 2019).

As for academic development, it can be concluded that the adolescents' academic adjustment and performance, and school motivation, were retrospectively evaluated with below-average for the variables analysed in this study at the beginning of the collaboration, by both collaborating families and residential caregivers. However, their integration into the group of classmates was only perceived negatively by the residential caregivers at these initial moments of the collaboration. Previous studies on residential foster care show more worrying data in this regard (Martín et al. 2011). At the time of the study, after an average of 4 years of Family Collaboration, all the dimensions explored received above-average or high scores from both informants, finding a very positive and significant evolution in the adolescent's academic development. Only the level of integration in the class group did not present a significant evolution, which the collaborating families rated positively from the beginning of the collaboration. These results are more favourable than those reported in other studies on residential care (e.g., Leloux-Opmeer et al. 2017), providing a contextual contrast for interpreting our results. Moreover, our findings are consistent with previous research on foster care that documented significant improvements in foster children's academic performance (e.g., Healey and Fisher 2011). While

the Collaborating Families program does not replace residential placement, it shares with foster care the provision of a stable and emotionally family-based environment. In the same line, studies on school mentoring programs showed enhanced motivation and related academic outcomes (García-Molsosa, Collet-Sabé, and Montserrat 2019; García-Molsosa et al. 2021). In this sense, the positive evolution observed in our study may reflect the beneficial impact of family collaboration within residential care, aligning with findings from foster care research and school mentoring programs.

It should be noted that, from the perspective of the collaborating families, both adolescents' social development and their integration with their classmates, which is the most social aspect of academic development, show positive evaluations at both times studied. According to families, the social domain appears to be the most preserved and positively expressed psychological dimension in these adolescents, consistent with findings from previous works (León et al. 2021; Molano et al. 2023).

With respect to the second objective, where the views of both informants were compared, overall, collaborating families viewed the adolescents' development more positively than residential caregivers. Thus, the families perceived significantly better adolescents' emotional and social development in both time points. Collaborating families also rated adolescents' initial academic adjustment and performance, and class integration significantly more favourably than residential caregivers. This more negative view from residential caregivers may stem from their greater awareness of adolescents' difficulties, since they are more attuned to adolescents' difficulties, interact with them more frequently, and can compare them with a larger group of youths in care, leading to more precise assessments (Sainero et al. 2015). On the other hand, it is also possible that collaborating families' more positive perceptions may stem from the quality of the time they share with the adolescents and the personalized attention they can provide. In this same line, previous studies have also found more positive evaluations in foster families or mentors, compared to other professionals, such as child welfare workers (García-Molsosa, Collet-Sabé, and Montserrat 2019; Montserrat 2007) and teachers (Gil et al. 2013). This more positive perception of the collaborating families would facilitate the work around one of the aims of this program, which is to offer children and adolescents in residential care the opportunity to learn, within a family context, to interact with each other in a healthy way (Consejería de Inclusión Social, Juventud, Familias e Igualdad 2025).

Regarding the relationships among the adolescents' personal and academic development, their sociodemographic variables and variables related to their trajectory in the Child Protection System, our non-significant results coincide with those of previous studies focused on residential care (Palacios et al. 2013) and with the results of other studies on family foster care (Healey and Fisher 2011; Jacobsen et al. 2013). Instead, studies on mentoring programs for youth in residential care highlight the influence of uncertainty and instability of the residential and in-care contexts, and the highly structured environment, which could limit youth's agency (García-Molsosa, Collet-Sabé, and Montserrat 2019; García-Molsosa et al. 2021). Other studies

on residential care have also reported significant associations (McCall 2013; Woodhouse et al. 2018), so overall, the literature remains inconclusive.

The third and last objective was to examine the relationship of these adolescents' personal and academic development with their psychological adjustment at the time of the study, from the perspective of multiple informants. First, results showed that the adolescents assessed themselves as having few psychological adjustment difficulties, with mean scores within the normative range in all subscales and in the total difficulties scale. Second, the scores of the collaborating families were also within the normative range, except for the subscale of peer problems, which was in the borderline range. However, from the residential caregivers, the mean scores were in the lower cut-off point of the borderline range for the total difficulties and for the subscales of conduct problems and peer problems, with the rest of the subscales being within the normative range. Overall, these findings are more positive than those reported in earlier studies examining residential caregivers' assessments of children's and adolescents' psychological adjustment in care (e.g., Campos et al. 2019; Palacios et al. 2013) and similar to or lower than those found in foster children (Jiménez-Morago et al. 2015; Jacobsen et al. 2020).

When relating the psychological adjustment of these adolescents with their personal and academic development, significant relationships were observed, from the perspective of both collaborating families and residential caregivers. Focusing on the total number of difficulties, the data from the families align with those from the residential caregivers. Both groups found that the more problems reported about adolescents, the worse the perception of their cognitive development, academic adjustment and performance, and integration with classmates. These relationships with children's psychological adjustment have also been found in foster care samples, in terms of both cognitive development (Olson et al. 2019; Schoenmaker et al. 2014) and academic development (Bernedo et al. 2014; Healey and Fisher 2011). Similar trends appear in school mentoring programs in residential care, where youths' social relationships with peers, caregivers and teachers are key to their school satisfaction and overall well-being (García-Molsosa, Collet-Sabé, and Montserrat 2019).

When comparing the adolescents' psychological adjustment assessments, it is evident that the adolescents and collaborating families report more positive scores than residential caregivers. Specifically, the residential caregivers report more conduct problems than families and fewer prosocial behaviours than the other two informants. This tendency for residential caregivers to underestimate youths' competencies and adjustment has also been showed in previous studies (Campos et al. 2019; García-Molsosa, Collet-Sabé, Martori, and Montserrat 2019). Furthermore, the adolescents self-reported fewer problems with peers than those reported by collaborating families and residential caregivers. These findings are consistent with those reported by García-Molsosa, Collet-Sabé, Martori, and Montserrat (2019), who also found that young people in residential care rated their school satisfaction and overall well-being more positively than their caregivers and teachers. Given these last results, first, the importance of the participation of the adolescents themselves in this research should be emphasized (Walter et al. 2024). However, some authors note that adolescents' self-reports may

reflect social desirability, presenting a more positive self-image (Fan et al. 2006). These results could also be interpreted positively on the collaborating families, suggesting they can recognize adolescents' relational difficulties.

This study has several limitations. On the one hand, the sample is small, although it is representative of the analysed population (León et al. 2021). In addition, although the study has a multi-informant design, the use of self-report measures could be considered a limitation. Moreover, the comparison between retrospective assessments of the beginning of family collaboration and current perceptions may be influenced by recall bias, as present experiences can alter memories of the past, leading to overestimation or underestimation of perceived change. Consequently, differences between two time points should be interpreted as perceived subjective changes. Finally, for the present work, we did not have a comparison group of adolescents in residential care without collaborating families.

Despite these limitations, the main strength of this study lies in its innovative character, as it is the first study to explore the personal and academic development of adolescents in residential care, as well as their psychological adjustment during a Collaborating Families program. Considering the above, this study has an eminently exploratory character of the development and psychological adjustment of this group of adolescents.

Further research is needed to deepen and extend the findings of the present study. In this regard, we are currently developing a new research project funded by the Fundación 'la Caixa', which examines 'Well-being of young people in the Collaborating Families program who maintain contact with their families of origin' (CX23-00125). This study expands the sample size, incorporates additional research questions, and uses enhanced measures, including multi-informant qualitative approaches, to enable a more comprehensive understanding of the program's strengths and limitations.

As conclusions, some key ideas can be drawn. Firstly, the data shows a significant positive evolution in adolescents' personal and academic development during their participation in the Collaborating Families program, highlighting its benefits for their well-being according to both families and residential caregivers. Secondly, regarding adolescents' psychological adjustment at the time of the study, this is mostly within the normative range, according to the families and adolescents' assessments, and in the lower limit range, from the perspective of the residential caregivers. In addition, important relationships are found between adolescents' psychological adjustment and their personal and academic development. Thirdly, we conclude that residential caregivers tended to hold more negative—or perhaps more realistic—views than families and adolescents. From the results obtained, it appears that the main purpose of the Collaborating Families program—allow the child or adolescent to participate in a new model of positive affective relationships in a family context—is associated to the positive evolution of adolescents' personal and academic development, which in turn is related with their psychological adjustment. It is hoped that these results contribute to promoting the Collaborating Families program as a Child Protection resource that supports minors' development and adjustment while considering their challenges.

Author Contributions

Esperanza León: conceptualization, data curation, formal analysis, visualization, writing – original draft, methodology, investigation, supervision, project administration, writing – review and editing, validation, funding acquisition, resources, software. **Nuria Molano:** conceptualization, data curation, formal analysis, visualization, methodology, investigation, project administration, validation, writing – original draft, writing – review and editing, software, resources. **Isabel M. Bernedo:** conceptualization, formal analysis, visualization, writing – original draft, methodology, writing – review and editing, validation, software, resources. **Lucía González-Pasarín:** conceptualization, formal analysis, visualization, writing – original draft, methodology, writing – review and editing, validation, software, resources.

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Ethics Statement

In order to carry out this study, prior authorization was obtained from the General Direction for Infant, Adolescence and Youth of the Regional Government of Andalusia and we had the support of the Child Protection Service of Seville. This study was performed in line with the principles of the Declaration of Helsinki. The research was also authorized by the Research Ethics Committee of the Andalusian Government (Ref. 201973023261).

Consent

All participants provided written informed consent to participate voluntarily in the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author, Esperanza León, upon reasonable request due to privacy/ethical restrictions.

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