Adult's perceptions after residential care: facilitating and inhibiting factors

Perceções dos adultos após acolhimento residencial: fatores inibidores e facilitadores

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Abstract

      This study explores the perceptions of formerly institutionalized adults in Portugal regarding the challenges they faced after leaving residential care. It aims to understand the feelings experienced upon leaving the institution; to infer the facilitating and inhibiting factors of post-institutionalization transition, and to outline proposals for improving support during this transition. Semi-structured interviews were conducted with 18 adults aged 24 to 39. The first and second-order categories were identified within three thematic axes. Results highlighted that the cessation of care was essentially remembered with negative feelings. Facilitating factors included academic commitment, social support, having or going to start a professional activity, and the transition to an independent living apartment emerged as facilitating factors. Poor functional skills, economic struggles, limited reality understanding, lack of formal support during the transition out of institutions, and social stigma emerged as inhibiting factors. Multiple personal and contextual factors influenced coping with transition challenges, emphasizing the need for qualified support and investment in promoting autonomy and self-confidence.

Keywords: perceptions; residential care; adults; transition; personal and contextual factors.

Resumo

      Este estudo explora as perceções de adultos, outrora em acolhimento residencial em Portugal, face aos desafios percecionados após cessação desta medida. Delinearam-se como objetivos: conhecer os sentimentos experienciados à saída da instituição; inferir os fatores facilitadores e inibidores da transição pós-institucionalização e delinear propostas de melhoria no apoio a esta transição. Foram realizadas entrevistas semiestruturadas a 18 adultos com idades dos 24 aos 39 anos. As categorias de primeira e de segunda ordem foram identificadas dentro de três eixos temáticos. A saída do acolhimento foi, essencialmente, recordada com sentimentos negativos. Como fatores facilitadores inferiu-se a aposta na formação académica, a existência de apoio social, o início ou a manutenção de uma atividade profissional e a transição para apartamentos de autonomização. Como fatores inibidores inferiram-se as parcas competências funcionais, as dificuldades económicas, o parco conhecimento da realidade, a ausência de suporte formal na transição pós-institucionalização e o estigma social. Vários fatores de índole pessoal e contextual influenciaram a transição, enfatizando a necessidade de um acompanhamento qualificado e a aposta na promoção da autonomia funcional e da autoconfiança dos jovens.

Palavras-chave: perceções; acolhimento residencial; adultos; transição; fatores pessoais e contextuais.

The transition from residential care to independent living is often abrupt (Gaspar, 2013; Storø, 2016), shifting from a structured and supportive environment, leading to unrealistic expectations (Berzin et al., 2014). While some perceive this coming out as freedom, many former foster youth are unprepared for this change, lacking the maturity, skills, and resources for independent living (Alderson et al., 2023; Cuenca París et al., 2018; Greeson, 2013; Harder et al., 2020; Refaeli, 2020). The loss of supportive relationships can exacerbate feelings of abandonment, anxiety, and uncertainty about the future (Kothari et al., 2020). This transition is even more difficult for those without consistent family support (Berzin et al., 2014; Gaspar, 2013). Due to this quick and often unsupported transition, they face higher risks of homelessness, substance abuse, lower academic achievements, unemployment, poverty, or incarceration (Jairot García et al., 2015; López et al., 2013). Although this transition is challenging, research has expanded to include resilient and successful paths (Pinheiro et al., 2022; Shpiegel et al., 2021), recognizing the post-institutionalization transition as an idiosyncratic process of adjustment over time.

This study adopts Bronfenbrenner and Morris' bioecological model (2006), providing a comprehensive framework for understanding the multiple individual factors and environmental contexts interacting over time to influence human development. Drawing on reviewed literature on post-residential transition, facilitating and inhibiting factors are then outlined within this theoretical model.

The biopsychological characteristics of the person influence development by shaping the direction and intensity of proximal processes throughout life (Bronfenbrenner & Morris, 2006). Young people with cognitive and socio-emotional difficulties or exposure to traumatic situations may require specialised support, which can influence this transition (Harder et al., 2020). Engagement in escape behaviours during care and experiencing loneliness, fear, and abandonment (Cassarino-Perez et al., 2020), along with early care abandonment (Cameron et al., 2018), immaturity (Cassarino-Perez et al., 2020) and lack of functional skills (Alderson et al., 2023; Cassarino-Perez et al., 2020; Greeson, 2013; Refaeli, 2020) can inhibit transition. Conversely, talents nurtured during residential care, altruism, positive self-concept, beliefs and religious practices promoting personal agency, and the ability to overcome challenges emerge as protective factors (Cassarino-Perez et al., 2020).

Microsystems, the immediate environments of direct interactions, significantly impact an individual's growth (Bronfenbrenner & Morris, 2006). Support figures in the family context and friendship context facilitate the transition (Silva et al., 2019), while lack of social support poses risks (Cassarino-Perez et al., 2020). Many youths lack social support beyond formal care relationships (Alderson et al., 2023; Fernández-Simo & Cid-Fernández, 2018; Harder et al., 2020), highlighting the need for individualised support for successful transitions (Cassarino-Perez et al., 2020; Cuenca París et al., 2018; Gaspar, 2013; Häggman-Laitila et

al., 2020; Kothari et al., 2020; Pinheiro et al., 2024; Shpiegel et al., 2021). Supportive adults are vital emphasising the importance of enduring relationships over more independence (Furey & Harris-Evans, 2021; Doucet et al., 2022). Engaging youth in decision-making and developing independent living skills and qualifications are also protective factors (Cameron et al., 2018; Cassarino-Perez et al., 2020; Harder et al., 2020).

In the institutional context, professionals who build trusting and supporting relationships are crucial for a successful transition (Cassarino-Perez et al., 2020; Gaspar, 2013; Gaspar et al., 2015; Häggman-Laitila et al., 2020; Kothari et al., 2020; Pinheiro et al., 2024; Shpiegel et al., 2021). Conversely, professionals treating their role as merely a job, high caregiver-to-youth ratios, instability, and turnover hinder emotional bonds and transition (Cassarino-Perez et al., 2020). Limited exposure to external realities and overprotection also obstructs the transition process (Cassarino-Perez et al., 2020; Fernández-Simo & Cid-Fernández, 2018; Fernández-Simo et al., 2022).

The mesosystem comprehends the interconnections between different microsystems (Bronfenbrenner & Morris, 2006). Employment post-residential care is crucial both financially and psychosocially, strengthening self-sufficiency and self-esteem (Artamonova et al., 2020; Cassarino-Perez et al., 2020; Fernández-Simo & Cid-Fernández, 2018; Harder et al., 2020). However, unemployment, lack of transitional housing, and insufficient post-institutionalization support are inhibiting factors (Cassarino-Perez et al., 2020). Programs that facilitate a gradual transition and relationships with specialized professionals are identified as facilitating factors (Cassarino-Perez et al., 2020; Doucet et al., 2022; Fernández-Simo et al., 2022; Furey & Harris-Evans, 2021; Kothari et al., 2020; Pinheiro et al., 2024).

The macrosystem refers to the broadest level of environmental influences on human development, including ideologies, cultural values, economic conditions, laws, and social policies (Bronfenbrenner & Morris, 2006). State financial support can serve as a protective factor in the transition (Cassarino-Perez et al., 2020). Although Portugal lacks research (Gaspar, 2013; Gaspar et al., 2015) and specific legislation or services concerning the post-institutionalization period, international studies have explored the benefits of transition support programs (Alderson et al., 2023; Gunawardena & Stich, 2021; Häggman-Laitila et al., 2020).

In this context, this study explores the perceptions of adults who were formerly institutionalized in residential care in Portugal, with the following aims: to understand the feelings experienced upon leaving the institution; to infer the facilitating and inhibiting factors of post-institutionalization transition, and to outline proposals for improving support during this transition. This qualitative and exploratory study was conducted using semi-structured interviews to capture participants' subjective experiences, adopting a

hermeneutic approach for interpreting individual constructs, and a dialectical method to compare these with the researchers' and theoretical constructs (Amado, 2014).

Method

Participants

Criteria for participation included being 18 or older, having received residential care in institutions located in the north and interior of Portugal, and participating voluntarily. Two institutions, one for boys and one for girls, from these regions were selected for convenience, with their names omitted for ethical considerations. Those under 18 years old or from different areas were excluded.

As illustrated in Table 1, all the eligible 18 adults participated, comprising eight males and ten females, aged between 24 and 39 years (M = 31.0; SD = 3.7). Marital status varied among the participants, with nine being married or in a civil union, and nine being single. Only one interviewee held dual nationality (Portuguese and Spanish), while the rest were Portuguese nationals. Six participants had one child, and one had two children. After transitioning out of residential care, eleven individuals had completed the 12th grade (high school), four held a higher education degree (bachelor's degree), two had finished the 9th grade, and one had completed the 6th grade. Currently, nine participants have attained higher education degrees (bachelor's or master's), seven completed the 12th grade (high school), and two have finished the 9th grade. Upon leaving residential care, nine interviewees were either employed or about to start working, while the remaining nine were not working, with two still being minors. Presently, fifteen participants were employed full-time, two were working and studying simultaneously, and one was unemployed. When leaving the institution, all interviewees had accommodation. Six of them (IM-3, IM-4, IM-5, IM-6, IM-7, and IM-8) transitioned to independent living apartments, four (IF-2, IF-3, IF-5, and IF-6) rented apartments alone or with a fellow institution colleague (IM-1), and seven returned to their family context (IM-2, IF-1, IF-4, IF-7, IF-8, IF-9, and IF-10). The length of stay in residential care ranged from 6 to 19 years, indicating an extended period. Only two participants (IF-9 and IF-10) left residential care before reaching the legal age limit, due to family reunification.

Table 1

Socio-demographic characterization of the participants

Code	Age (years)	Civil status	No of children	Level of schooling		Professional Situation	
				Upon leaving institution	Present	Upon leaving institution	Present
IM-1	39	Civil union	-	Bachelor	Bachelor	Employed	Employed
IM-2	29	Married	-	12th grade	Bachelor	-	Employed
IM-3	26	Single	1	9th grade	9th grade	Was going to start working	Employed
IM-4	29	Single	-	12th grade	Bachelor	-	Working student
IM-5	32	Single	-	12th grade	12th grade	Employed	Employed
IM-6	36	Married	2	12th grade	Bachelor	-	Employed
IM-7	30	Single	-	12th grade	Bachelor	Was going to start working	Working student
IM-8	33	Single	-	12th grade	12th grade	Was going to start working	Employed
IF-1	30	Single	-	12th grade	12th grade	Employed	Employed
IF-2	28	Single	-	Bachelor[1]	Master	-	Employed
IF-3	24	Civil union	-	12th grade	12th grade	-	Employed
IF-4	27	Married	1	12th grade	12th grade	Was going to start working	Employed
IF-5	34	Civil union	1	Bachelor	Bachelor	Was going to start working	Employed
IF-6	31	Civil union	1	12th grade	12th grade	Employed	Unemployed
IF-7	33	Single	-	Bachelor	Bachelor	-	Employed
IF-8	32	Single	-	12th grade[2]	Bachelor	-	Employed
IF-9	36	Married	1	9th grade	9th grade	-	Employed
IF-10	29	Civil union	1	6th grade	12th grade	Employed	Employed

Note IM- male interviewee; IF- female interviewee

1 IF-2 finished the first year of the master's degree

2 IF-8 was a finalist for a degree

Instrument

For data collection, a semi-structured interview was chosen, whose script was prepared based on the literature review (Cassarino-Perez et al., 2020; Gaspar, 2013; Gaspar et al., 2015). It encompassed questions addressing: a) sociodemographic characterization, (age, marital status, professional status, education level, nationality, and household); b) the post-institutionalisation period, covering the moment of departure (age and educational level upon leaving, circumstances leading to departure, emotional experiences, support received during the transition, and the role of supporters) and the initial period outside the institution (challenges encountered, coping strategies, and sources of support); c) current experiences, including personal and professional life projects, present difficulties, and sources of support; and d) recommendations for autonomisation and transitioning out of care, incorporating insights from personal experiences, and suggestions for enhancing autonomy and transition from residential care.

Procedure

Two residential care homes agreed to help in the identification of potential interviewees, who no longer institutionalised there. Participants were selected based on the institutions' recommendations and through the snowball effect during interviews. Identified adults were contacted, informed about the study's purpose, and consented to voluntary participation and audio recording. Confidentiality of the data was ensured during the collection and disclosure process. Interviews sessions were scheduled based on participants' availability, either in person or virtually, from January to March 2023.

Data analysis

The data treatment technique used was content analysis (Bardin, 2016). After audio recording the interviews, they were transcribed in their entirety. Subsequently, they were coded for analysis, using the letter I to refer to the interview, F for female, and M for male. The digit in the identification indicated the number of interviewees (IM-1, IF-1...). Thematic analysis was conducted, guided by pre-established axes (I. Post-institutionalization period; II. Current experiences, and III. Recommendations for autonomisation and transitioning out of care). A deductive procedure was performed manually, leading to the identification of first and second-order categories. Thematic tables were created to synthesize interview content, and frequency counts were applied to similar references within episodes, ensuring accurate representation. A comprehensive reflective analysis of the data was then undertaken.

Results

The results are presented and discussed based on the thematic axes and the analysis of the identified first and second-order categories.

Thematic axis: I. Post-institutionalization period

Within this thematic axis, three first-order categories are analysed, along with their second-order categories (Table 2).

Table 2

Thematic axis I. Post-institutionalization period, first and second-order categories.

First-order categories	Second-order categories
A. Feelings experienced upon leaving residential care (*f* = 17)	A1. Sadness (*f* = 7)
	A2. Well-being (*f* = 5)
	A3. Loneliness (*f* = 2)
	A4. Helplessness (*f* = 1)
	A5. Anxiety (*f* = 1)
	A6. Relief (*f* = 1)
B. Difficulties perceived after leaving residential care (*f* = 18)	B1. Limited functional skills (*f* = 7)
	B2. Absence of institutional support figures (*f* = 5)
	B3. Economic difficulties (*f* = 2)
	B4. Limited knowledge of the surrounding reality (*f* = 2)
	B5. Difficulty in self and hetero regulation of behaviour (*f* = 1)
	B6. Social stigma (*f* = 1)
C. Resources for an autonomous life (*f* = 26)	C1. Support from institutional adults (*f* = 8)
	C2. Support from family (*f* = 7)
	C3. Transition to an independent living apartment (*f* = 5)
	C4. Support from peers (*f* = 3)
	C5. Financial autonomy (*f* = 3)

Feelings experienced upon living residential care

This first order category concerns the feelings and emotional reactions recalled upon leaving residential care. Six second-order categories were deduced.

"A1. Sadness" emerged as the prominent second-order category, mentioned by four male and three female participants, suggesting that leaving residential care involves the loss of close, stable, and secure relationships with professionals and peers: "When I left, at the time, I felt a little sad (IM-3)". Given the quality and extended duration of residential care, participants experienced feelings of sadness in response to loss or separation from significant bonds and routines (Gaspar, 2013; Gaspar et al., 2015; Kothari et al., 2020).

Although less frequent, category "A2. Well-being" appeared in the reports of three men and two women. Participants noted feeling good and remembered leaving residential care as an achievement of a personal goal: "I felt good (IM-1)" and "I felt good because I knew that at some point I had to leave" (IF-2).

There were few references to categories "A3. Loneliness" (*f* = 2), "A4. Helplessness" (*f* = 1), and "A5. Anxiety" (*f* = 1), which emerged only in responses of female interviewees, highlighting the significance of the institution as their primary source of support. Leaving residential care likely resulted in loss of the structured routines and familiarity, leading to

uncertainty in adapting to life outside the institution, especially without meaningful social connections:

> It was loneliness. It wasn't easy, I didn't have friends, and the family I had closest to me lived within a 20 km radius. (IF-6)
>
> It was a bit strange because I lived there for 18 years, I was used to those routines, it was the life I knew, it's all strange to leave a small town (...) It was strange, and the home [the institution] was the support I had. (IF-5)
>
> When I left, I felt anxious and apprehensive at the same time. (If7)

Interestingly, only one male interviewee expressed feelings related to the category "A6. Relief", stating: "I felt relieved (...) [because] I have my space, my life, without these [institutional] rules" (IM-2). Leaving residential care can symbolize independence, autonomy, and freedom (Berzin et al., 2014), contrasting with the structured and rule-based environment of residential care.

Overall participants, especially female interviewees, predominantly reported experiencing negative emotional reactions upon leaving the residential care, although individual experiences varied.

Difficulties perceived after leaving residential care

This first-order category describes the challenges or constraints that participants retrospectively remember in the immediate period after leaving residential care. Six second-order categories were identified.

Allusions to category "B1. Limited functional skills" were mentioned by four male interviewees and three females: "The biggest difficulties were really in dealing with these bureaucratic aspects, in taking the responsibility of making contracts, paying bills, and doing household shopping" (IF-7). Females may have been socialized to assume domestic and caregiving roles, potentially acquiring practical skills earlier or more frequently. Also, their ability to handle bureaucratic aspects may have been underdeveloped due to limited opportunities during institutionalization (Alderson et al., 2023; Cassarino-Perez et al., 2020; Greeson, 2013; Refaeli, 2020).

References to category "B2. Absence of institutional support figures" were only found in five female interviewees: "We lived in the same house with a group of friends who considered themselves family and were always there (...) We had those people whom we considered as family, and then they were no longer there" (IF-8). The data indicate that they lived with a group of peers and received the support of professionals who became like a family to them. Leaving the institution often results in a loss of significant social support (Kothari et al., 2020), a concern primarily raised by female interviewees, who may establish closer bonds, intensifying the sense of loss or separation.

The category "B3. Economic difficulties" was mentioned only by two male interviewees, who referred to the vulnerability and challenges they faced in transitioning to independent living, without sufficient resources or support: "It happened that I didn't have a place to sleep, didn't have anywhere to eat, or didn't have money to eat" (IM-2). Male interviewees lacked familiar support that could have assisted during times of economic difficulties.

The category "B4. Limited knowledge of the surrounding reality" was exclusively cited by two female interviewees: "There's a certain protection; we are girls, and we spend all that time without knowing the reality outside" (IF-3). Probably, females exhibited limited awareness of their surroundings, likely due to overprotection (Gradaílle et al., 2018).

The category "B5. Difficulty in self and hetero regulation of behaviour" was evident in the report of only one female interviewee: "We thought we were already grown up (...); it was a period of quite a rebellion when we returned home" (IF-9). Overcoming this difficulty depended solely on professional intervention, stressing the crucial need for support for both youth and families during the post-institutionalization transition (Arizmendi & Almeida, 2017).

Within the category "B6. Social stigma", one male cited the stigmatized perception of ex-institutionalized young people: "To be basically rejected (...) Outside, we have not seen the way they raise us inside (...) I wanted to rent a house, and some didn't want to rent to me because I lived in an institution" (IM-2). These difficulties are also addressed in the literature (Gradaílle et al., 2018; Wendt et al., 2017; Zappe et al., 2017).

Resources for an autonomous life

This first-order category refers to the essential skills and (in)formal supports necessary for a successful transition after residential care. Five second-order categories had emerged and are explained below.

The most cited second-order category, "C1. Support from institutional adults", was reported by seven female and one male interviewees: "If I needed any support, I just had to call [the institution], and the fact that we talked was already good, they would advise me" (IF-4). Female participants notably acknowledged the relevance of institutional support, likely reflecting their greater dependence on these professionals. This gender trend was also evident in the category "C2. Support from family" (f = 7). In the study, six female interviewees emphasized family support as an essential resource for establishing an independent life, with only one male mentioning it:

> Once in a while, my father would send me 100 or 150€ to help me with something. (IM-4)

> When I left, I had the support of my family, my mother, and my sister (...) My sister has always been my haven, the support was in all matters, particularly in the specific situation, emotionally, essentially. (IF-8)

Regarding category "C3. Transition to an independent living apartment", only five male interviewees indicated having this opportunity: "The [independent living] apartments (...) helped prepare for the post-institutionalization, for a normal life, for what comes next, for what exists beyond an institution" (IM-7). This option was unavailable to girls in the study's geographical area.

Interestingly, the category "C4. Support from peers" was mentioned only by three male interviewees, especially while living together: "My colleague from the institution and I left at the same time, and we went to live together (...) I prefer washing the dishes, but I watched how it was done" (IM-3). The category "C5. Financial autonomy" was highlighted by only two female and one male participants, probably because were either employed or about to start professional activity upon leaving residential care:

> I have always been very frugal and managed my finances well, but perhaps that was my greatest challenge (...) I made money and saved it for emergencies (...) I had to apply for RSI [Social Insertion Income]. (IM-4)
> I went to work, I was independent (...) When you leave, it's important to have a job and a means of subsistence. (IF-1)

Overall, female interviewees predominantly emphasized support from the family microsystem and adults from their foster care, while male interviewees focused on support from institutionalized peers.

Thematic axis: II. Current experiences

Concerning this thematic axis, three first-order categories were inferred, along with their respective second-order categories (Table 3).

Table 3

Thematic axis II. Current experiences, first and second-order categories.

First-order categories	Second-order categories
D. Current projects and expectations ($f = 17$)	D1. The desire for stability and professional recognition ($f = 7$)
	D2. Acquisition of own housing ($f = 4$)
	D3. Investment in qualification ($f = 3$)
	D4. Desire to start a family ($f = 3$)
E. Current difficulties ($f = 12$)	E1. Financial difficulties ($f = 7$)
	E2. Personal management ($f = 4$)
	E3. Difficulty in obtaining employment ($f = 1$)
F. Significant figures in the present ($f = 33$)	F1. Family ($f = 18$)
	F2. Friends ($f = 9$)
	F3. Employees of the foster care institution ($f = 4$)
	F4. Work colleagues ($f = 2$)

Current projects and expectations

This first order category captures the future goals and aspirations of the participants. Four second-order categories emerged.

The second-order category "D1. The desire for stability and professional recognition" was the most frequently mentioned, reported by six female and only one male interviewees. Notably, half of the female interviewees were already parents, contrasting with only 25 percent of the male interviewees. This is in line with previous research (Hlungwani & van Breda, 2020; Martín et al., 2023), which suggests that women often prioritize motherhood and seek a partner over their professional objectives. In this study, possibly due to their stage in the family life cycle, probably females, can now prioritize investing in a professional career:

> It's like this, now I have my life stabilized, it's just me and my son (...) On a professional level, I have been in this job for three years, and so far, I have been doing well, so I hope to continue. (IF-10)

This gender disparity can likewise elucidate why only three male interviewees mentioned the categories "D2. Acquisition of own housing" and "D4. Desire to start a family". Male participants may currently prioritize different goals, placing a stronger emphasis on acquiring their own home and starting a family. The scarce mention of the category "D3. Investment in qualification" (only two female and one male interviewees) can be attributed to the emphasis on education qualification facilitated both during and after residential care, a factor highlighted in another study (Jairot García et al., 2015).

Current difficulties

This first order category explores the ongoing challenges participants face, that can impact their ability to achieve stability and independence in adulthood. Three second-order categories were inferred.

"E1. Financial difficulties" was the most frequently second-order category mentioned, described by one male and six female interviewees:

> Difficulties... for example, I need to apply for a loan... Like, who am I going to ask to be my guarantor? Because usually, people choose their parents, and not having them is a problem... And because I'm a little girl, I feel difficulties. (IF-3)
> Of course, the situation in the country where we live, the lack of recognition for the profession, and the low salaries. (IF-8)

The country's economic instability and lack of family support emerged as critical factors contributing to increased vulnerability, particularly among female participants with dependent minors.

On the other hand, difficulties related to "E2. Personal management" were the second most reported difficulties, particularly, by three male and one female interviewees. Male participants may not have been adequately prepared by the structure and routine provided in residential care to develop personal time management skills and functional competencies:

> The biggest difficulty is managing my time. (IM-4)
> Right now, I don't have a project (...) I feel a bit disoriented about the next step. In the institution, I had the support of a psychologist, and it was easier for me to adapt and talk to her to set new goals (...) Currently, another big difficulty is cooking; it's complicated. (IM-8)

Only one female interviewee was currently unemployed, reiterating the "E3. Difficulty in obtaining employment": "My biggest difficulty is finding work" (IF-6).

Significant figures in the present

This first order category identifies the individuals who play crucial roles in the current lives of participants. Four second-order categories were identified: " F1. Family" (eight males and ten females), "F2. Friends" (seven females and three males), "F3. Employees of the foster care institution" (three females and one male) and "F4. Work colleagues (two males). Regardless of gender, participants highlighted the significant role of the family in their current lives: "The most important people are my wife and my son, my siblings, my mother, and my father too" (IM-3) and "My daughter, my partner/husband, my sisters also have some importance (...) my mother (IF-5). However, friendships and relationships with professionals from their time in residential care were emphasized by the female interviewees:

There are staff members with whom I still maintain contact. (IF-4)

My friends who grew up with me in the foster care home, but also those who took the course with me and others I met throughout my professional life. (IF-5)

Additionally, male interviewees underlined the importance of peers in their work environment: "I have my boss/teacher who opened all these doors for me to get where I am, I have my work" colleague (IM-4).

Thematic axis: III. Recommendations for autonomy and transitioning out of care

In this axis, a first-order category "Improvements related to post-institutionalization transition" (f = 23) highlights participants' suggestions for enhancing support and resources to promote youths' autonomy and transition from residential care. Five second-order categories were also identified (Table 4).

Table 4

Thematic axis III. Recommendations for autonomy and transitioning out of care, first and second-order categories.

First-order categories	Second-order categories
	G1. Call for formal support upon leaving the institution (f = 12)
	G2. Promotion of functional autonomy (f = 4)
G. Improvements related to post-institutionalization transition (f = 23)	G3. Qualification of human resources (f = 4)
	G4. Investment and trust in personal resources (f = 2)
	G5. Clarification of the reason for placement in residential care (f = 1)

Among these second-order categories, only "G1. Call for formal support upon leaving the institution" (seven females and four males), "G2. Promotion of functional autonomy" (three females and one male), and "G3. Qualification of human resources" (three females and one male) were more prominent:

I think the institution should be more present, not all the time, but a call, to know how the present is going. (IF-4)

At the time when I was there, we didn't have it, in the final part there would have been, I think there were technicians and psychologists. Maybe if we had initially had a follow-up (...) We were not accompanied, we had the Sisters and the employees who were part of the institution there. (IF-5)

Despite limited references, female participants emphasised the need for ongoing specialized professional support, and to enhance opportunities within residential to promote functional autonomy and self-sufficiency after leaving residential care, as also highlighted by Cassarino-Perez et al. (2020). Additionally, in less frequency, the category of "G4. Investment

and trust in personal resources" emerged in the reports of two male interviewees: "People should believe in their abilities, and we are all capable of achieving something beyond what we believe" (IM-2). Male participants suggested investing in and having confidence in individual resources and potential. Also, although rare, the category "G5. Clarification of the reason for placement in residential care" was notable in the report of one female interviewee:

> I think they should have explained or tried to explain better what happened to me from the beginning... At the age of 15, I ran away from the institution for three months because I got in touch with my mother and ran away to be with her. Do I regret it? Yes, I do, but I also didn't fully understand what was happening. (IF-4)

Conclusions

In this study most adults, particularly females, recalled negative feelings upon departure, suggesting that residential care was perceived as a close and familiar environment. The data indicate numerous factors influencing the post-institutionalization transition, including education level (secondary or higher). Emotional and instrumental support from adults within the institution upon leaving was recognised as a facilitator, particularly among the female interviewees, consistent with findings by Silva et al. (2019). Conversely, many male interviewees did not consider the adults from their residential care as significant figures currently. Informal networks, notably the family microsystem, played a pivotal role both at the time of departure and currently. A noteworthy finding is the role of peers as support figures upon leaving the institution, as highlighted by male participants, while female participants acknowledged peer support in their current lives. In the exosystem context, transitions to independent living apartments, supervised by professionals facilitated the acquisition of independent living skills and pursuit of educational goals. Engaging in professional activities upon leaving also emerged as a facilitator. At the macrosystem level, there was limited mention of state support, specifically the Social Insertion Income, a form of financial assistance for individuals in extreme poverty in Portugal.

Regarding inhibiting factors in the transition, the majority mentioned the lack of functional skills for independent living, challenges that are well-documented in the literature (Alderson et al., 2023; Cassarino-Perez et al., 2020; Greeson, 2013; Refaeli, 2020; Silva et al., 2019). Economic difficulties and limited knowledge of the surrounding reality were also highlighted, albeit less frequently, consistent with previous studies (Cassarino-Perez et al., 2020; Fernández-Simo & Cid-Fernández, 2018; Fernández-Simo et al., 2022). Male interviewees emphasized economic challenges upon leaving, potentially due to less family support, while females exclusively mentioned unfamiliarity with the surrounding reality.

Economic difficulties were also emphasised by female interviewees currently. Considering the exosystem, like other studies (Greeson, 2013; Harder et al., 2020), the absence of formal support figures in the post-institutionalisation transition was noted, particularly by the female interviewees. At the macrosystem level, social stigma emerged as a significant barrier to the transition (Gradaílle et al., 2018;Wendt et al., 2017; Zappe et al., 2017), particularly in hindering access to housing rentals.

The study's focus on adults recalling their experiences between 2002 and 2020 warrants a cautious interpretation of the data. It solely gathered perspectives from adults without incorporating interviews with their families or professionals. Future research should prioritize longitudinal studies to comprehensively explore the complex interplay between personal and distal variables that influence adaptation to the post-institutionalization transition.

The findings of this study carry implications for both practice and future research. They highlight residential care's role in fostering independent living skills and the importance of robust support networks during this transition. Family involvement should be promoted whenever possible, and conditions conducive to family reunification should be fostered to facilitate the (re)establishment of relationships and the resumptions of parental roles (Silva et al., 2019). Formal support at the time of leaving the institution is needed to address the multiplicity of socio-emotional difficulties and needs, consistent with existing literature (Alderson et al., 2023; Doucet et al., 2022; Gunawardena & Stich, 2021; Häggman-Laitila et al., 2020). It is essential to invest in services and public policies that meet the needs of young people during the post-institutionalization transition, safeguarding potential situations of vulnerability and social exclusion.

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