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Multilocal housing arrangements of young people in residential care

Multilokale Wohnarrangements von jungen Menschen in der stationären Jugendhilfe

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ABSTRACT

In the field of child and youth care, previous research has overlooked the fact that many young people in residential care may have multiple residences, in addition to their placement. Tackling this gap, the objective of this study is to examine the multilocal housing arrangements of young people in residential care. We asked what specific living arrangements these young people have, how they evaluate their places of residence and how these places differ for them. Addressing these questions, we administered an online survey among young people living in residential settings in the German-speaking part of Switzerland. The sample consists of 563 people between 12 and 17 years. The results show that 83 per cent of participants live in at least one other place in addition to the residential care facility. Although the ratings of their places of residence varied, all other places were rated significantly better than the residential care facility. The findings show that young people in residential care do feel attached to multiple places of residence. Therefore, in order to better identify the different types of challenges faced by these young people, the findings can provide suggestions for improving residential care services as a specific place of residence.

ZUSAMMENFASSUNG

Bisherige Untersuchungen im Feld der stationären Jugendhilfe haben weitestgehend übersehen, dass viele junge Menschen zusätzlich zu ihrer Unterbringung im Heim noch weitere Wohnorte haben. Um diese Lücke zu schließen, zielt die vorliegende Studie darauf, multilokale Wohnarrangements im Kontext stationärer Jugendhilfen zu untersuchen. Dabei geht es um die Fragen, welche spezifischen Wohnarrangements fremdplatzierte junge Menschen haben, wie sie ihre Wohnorte bewerten und inwiefern sich diese Orte für sie unterscheiden. Die Überprüfung dieser Fragen erfolgte mittels eines Online-Fragebogens, welcher sich an stationär untergebrachte Jugendliche in der Deutschschweiz richtete. Die

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Stichprobe bestand aus 563 Jugendlichen zwischen 12 und 17 Jahren. Die Ergebnisse zeigen, dass 83 Prozent der Teilnehmenden neben der Unterbringung im Heim noch an mindestens einem weiteren Ort lebten. Obwohl die Bewertung der Wohnorte variierte, wurden die Wohnorte ausserhalb des Heims deutlich besser bewertet als das Heim selbst. Es zeigte sich zudem, dass sich junge Menschen oftmals gleichzeitig mit mehreren Wohnorten emotional verbunden fühlen. Diese und weitere Ergebnisse der Studie bieten Anregungen zur verbesserten Passung stationärer Jugendhilfen an die multilokalen Wohnrealitäten junger Menschen.

Introduction

Residential care is one of the most severe interventions in the field of child and youth care. It is often regarded as the last resort when other interventions, such as counseling or family support, no longer suffice. Many studies have concentrated on various outcomes associated with out-of-home placements, examining effects such as changes in delinquency, behavioural problems, and substance abuse (e.g. Castro et al., 2023; Gutterswijk et al., 2020; Whittaker et al., 2016). In these studies, residential care facilities are primarily viewed as intervention settings created by adult professionals with specific objectives. Less frequently considered, however, is that such placement also involves establishing a new place of residence with a different culture of interaction, rules, routines and rituals, as well as daily living practices. In this context, it can be argued that housing and living in residential care represent central elements of an intervention in the social place of living and residence, as illustrated by Winkler (2022), following Bernfeld (1992). Winkler argues that for young people to develop into individuals with agency, it is necessary not only to provide treatment or develop supportive working relationships, but also to promote a comprehensive transformation of their social place. In this paper, we translate this perspective on residential care as a transformation of social place by using a standardised survey to explore the meaning of social places for young people themselves.

Theoretical background

We use the sociology of personal life developed by Carol Smart (2007). Under the term personal life, we subsume all those practices in which people engage with their biography, their social relations, their spatial environment, and their social positioning, and thereby develop a sense of identity and belonging (May & Nordqvist, 2019).

In this context, housing refers not merely to living in a dwelling but also to creating spaces that are essential for social relationships and activities, fostering feelings of safety and developing a sense of identity and belonging. From a personal life perspective, housing can only be analyzed on the basis of subjective experiences (May, 2013). This is particularly important for young people in residential care, as for many their personal lives unfold in different places of residence. Research on the ongoing contact with parents has shown that overnight stays with family members is a strong predictor of positive outcomes (Huefner et al., 2015). Gutterswijk et al. (2020) show that where and how treatment is delivered makes a significant difference to outcomes, as their meta-analysis indicate that children and youth in institutional care have less favourable outcomes than those in foster care. Especially in the wake of deinstitutionalizing residential care, these diverse interconnections with other social places of living have been encouraged in recent years so that young people growing up in residential care experience different social and spatial contexts at the same time (Bengtsson & Luckow, 2020; Biehal, 2014; Briggs, 2015).

According to Bollnow, living means belonging to a place, being rooted there and feeling at home (1997). Belonging is also understood as an important component in the theory of personal life, as demonstrated by Vanessa May (2013). It is described as a fundamental need for all people

(Baumeister, 2012; Baumeister & Leary, 1995) and leads individuals to understand themselves as part of a larger social context. Research on the significance of belonging has differentiated and considers not only various social relationships and groups but also physical places and cultural spheres (Allen et al., 2022). Belonging to a family or, in the case of divorce, to multiple families, as well as to peers and neighbourhoods, is an important predictor of the well-being of young people (Rejaän et al., 2022). The importance of belonging has been addressed in research on residential care in recent years (Allen et al., 2022; Briggs, 2015; Emond, 2014). Although contemporary research on residential care no longer focuses solely on attachment to significant others but also considers additional forms of belonging to various groups, the significance of social places and spaces for the feeling of belonging has been little explored yet (Antonsich, 2010). However, some progress has been made in studies on place attachment (Smith, 2019). This oversight is surprising, given that the primary objective of residential care is to transform the lives of young people by providing them with both professional relationships and new social places, including new housing arrangements and living environments.

In order to empirically examine young people's multiple residences and to acknowledge housing as an aspect of subjects' spatial integration into their personal lives, a theoretical concept of housing is needed that captures its multidimensional and multilocal nature. Meuth (2017) provides a heuristic model that explicitly addresses housing in the context of residential care. We use Meuth's model and focus our research on four dimensions of housing: emotional, agentic, physical-material, and socio-structural. The *emotional dimension of housing* is conceptualized as an attachment to places and the people and reflects the significance of these places for the feelings of safety and identity. The *emotional dimension of housing* is conceptualized as the attachment to places and people and reflects the importance of these places for feelings of security and identity. The *physical-material dimension of housing* refers to the fact that housing takes place in a material environment. The characteristics of this environment, such as the extent to which one has a place to retreat, or whether one has access to important places or the Internet, are therefore relevant to one's conception of one's personal life. The *agentic dimension of housing* includes aspects of participation in relevant decisions, e.g. who's allowed to visit, but also aspects such as how someone's place of residence is furnished and who decides about it. The housing model is completed by the *socio-structural dimension of housing* or household structure. This aspect considers the composition of places of residence: Who lives with whom, but also where, i.e. at which address one lives (Meuth, 2017).

Housing in residential care

As described by Heath (2019), housing is an important aspect of life because it is both a place of shelter that best meets basic physiological, psychological and social needs and a place to live with significant others where, ideally, one can control some space and be oneself. Yet, thinking about residential care facilities as places to live is still a relatively new perspective in educational and social sciences (Meuth, 2017), although theoretical approaches, like Bernfeld's concept of social place, suggest doing so.

Research on housing in residential care has focused mainly on the physical-material and agentic dimensions, but less on the emotional dimension of housing. With regard to the physical-material aspects, studies on eating can be cited. These show how eating is relevant both for the identity of young people and for the community of adolescents (Adio-Zimmermann et al., 2016). In addition, studies on the proximity to other important places and the relevance of digitally mediated contact with significant others show the importance for young people to stay connected to their former social environment (McLean, 2016; Sen & Broadhurst, 2011). Calheiros and Patricio (2014) reported that young people expressed their dissatisfaction with the incompatibility of the décor and furniture of care facilities. In addition, they mentioned the importance of having good transport close to their place of living.

The agentic dimension of housing is well researched with respect to the possibilities of participating in residential care facilities (Equit & Purtell, 2022). Mangold and Rein (2017) found that living in

residential care is perceived as a deviation from other forms of living, as residential care facilities are often experienced as a highly rule-structured place, which on the one hand creates security and on the other hand is associated with restrictions on independence. This picture is confirmed by a meta-analysis (Cameron-Mathiasen et al., 2022), which shows that many young people in residential care see themselves under institutional and authoritarian control. In their scoping review, De Valk et al. (2016) identified the mechanisms of repression in residential care that conflict with young people's psychological needs for freedom and autonomy.

The emotional dimension of housing is only researched lately. Clark et al. (2014) explored the ambivalence children, youth, and professionals associate with residential care facilities. Corleis and Keller (2017) showed that young people portray their out-of-home placement as a much more functional place of residence in comparison to adoptive families and less as a place of intimacy. Magalhães and Calheiros (2020) indicated that the emotional attachment with the residential care facility has a significant impact on the adolescents' subjective well-being. Additionally, Van der Helm et al. (2018) showed that a positive group climate is a significant predictor of treatment motivation.

The importance of housing arrangements is highlighted by care leavers who express a lack of awareness among residential care professionals regarding the multilocal living situation of young people, as well as the limited time these individuals spend in care before transitioning to independent living (Ahmed et al., 2021). The possibility of multilocal housing arrangements, i.e. that many young people spend weekends and school holidays outside the care facility is evident in Crettaz (2018). This study points out that the parental household is considered home by more children than residential care facilities. In addition, the SOS Children's Village study (Straus & Höfer, 2017) shows that almost a third of the young people describe both their family of origin and their actual out-of-home-care placement as their home.

Although the above-mentioned studies show that young people do refer to several places of residence, it remains unclear where and how they live in addition to their out-of-home placement. We assume that it is of great importance how they experience their places of residence, what significance they attach to them and whether there are relevant differences between the places of residence in this respect. More specifically, the study examines the following research questions:

1. What are the housing arrangements of young people in residential care?
2. How do young people evaluate their current place(s) of residence?
3. Is there a difference of the young people's evaluation between the residential care facility and other places of residence?

Residential care in Switzerland

Switzerland is a multilingual country with 26 cantons and 8.8 million inhabitants, including nearly 1.6 million children and adolescents under the age of 18 years (as of 2022; Swiss Federal Statistical Office, 2023). Child and youth welfare services and child protection measures are provided at the cantonal level, resulting in a patchwork of 26 variations rather than a unified system (Schnurr & Gautschi, 2023). Due to the lack of national statistics on out-of-placements, the total number of children in care in Switzerland is unknown (Fellmann et al., 2020). However, aggregated estimates are available for 12 out of the 19 German-speaking cantons (own compilation). These show that in 2020, 2891 young people between the ages of 12 and 17 were living in residential care facilities in these cantons. 41.6% self-identified with a female, 58.3% with a male, and 0.1% with another gender identity. The age distribution is even with a slight peak at 15 years. Recent estimates suggest, that placements with care orders account for only about 40% of all placements, while about 60% of the children are placed with parental consent (Schnurr & Gautschi, 2023) and that approximately two-thirds of children in care are placed in residential care, while one-third are placed in foster care (Seiterle, 2018). Residential care in Switzerland is diverse. In simplified terms, three types of residential care facilities can be distinguished: (1) children's and youth homes, where children are placed for

child protection reasons and from where they attend public schools; (2) specialised boarding schools/residential schools, where children with school-related problems are placed, either in addition to child protection issues or because there is no suitable specialised school near their parents' home; (3) intervention centers with open, semi-locked and locked units for young people who need a narrower framework, e.g. because they have been in conflict with the law.

Methods

Study design, sampling, and data collection

The study draws on a quantitative cross-sectional research design.¹ An online questionnaire was administered to young people aged 12–17 years living in residential care between May and August 2022. The survey was self-administered and voluntary. All participants received written and verbal information about their voluntary participation, data security, and anonymization measures prior to their participation. In addition, written parental consent was obtained for 12 – and 13-year-old participants. At the beginning of the survey, all respondents gave their consent to participate in the study via an online form.

The ethics committees responsible for the Eastern Switzerland University of Applied Sciences and the University of Applied Sciences and Arts Northwestern Switzerland reviewed this study and found it exempt from review, since the research project is not covered by the Swiss Human Research Act. According to swissethics (Umbrella organization of the cantonal ethics committees), research that is not covered by the Swiss Human Research Act does not require ethical approval in Switzerland. The universities where this research was conducted formally confirmed compliance with ethical standards.

To get access to the young people, we first compiled a list of all residential care facilities in the German-speaking cantons that offer places for young people aged 12–17 years. This resulted in a list of 206 facilities out of which 113 agreed to participate in the study. In a second step, the staff of these organisations informed their young people about the aims and procedures of the study by means of flyers and a short project movie. As a result, 563 young people from 90 organisations in 15 German-speaking cantons participated in the study. In 63 organisations the online surveys were administered by the research team while in 37 organisations the data collection was organised and managed by local staff. All participants received an incentive of 15 Swiss Francs.

Research instruments

Since we assumed that the housing arrangements of some respondents consists of several places of residence, participants were asked where else they currently live besides the residential care facility. Respondents could choose from the following additional places of residence, in addition to their out-of-home placement: (1) with my mother (and partner), (2) with my father (and partner), (3) with both my parents together, (4) with my grandparents, (5) with other relatives, (6) with my foster family, (7) with my boyfriend or girlfriend, (8) in my shared apartment with friends. The number of possible places of residence thus ranged between one place of residence (residential care exclusively) and nine places of residence at the same time (residential care plus all places of residence listed above).

After the participants had indicated all their places of residence according to the above-described procedure, they were asked to sort them according to frequency of overnight stays. The subsequent questions on the emotional, physical-material, and agentic dimensions of housing (see Theoretical Background) were then only asked for the out-of-home placement and a maximum of two additional places of residence where the respective respondents most frequently spend the night.

The emotional housing scale (EHS) is a reflective scale composed of five items relating to the residential care facility and a maximum of two other places of residence. Based on existing place attachment scales (Hidalgo, 2013; Lewicka, 2011) adapted to the residential care context, participants were

asked to rate the following statements: (1) I feel good here, (2) I feel safe here, (3) I can be who I am here, (4) When I am not here for a long time, I miss this place, (5) I feel at home here. For Cronbach's alpha values see [Table 2](#).

The physical-material housing index (PHI) is a formative index made up of three items relating to the residential care facility and a maximum of two other places of residence. This index was developed by the authors, inspired by Meuth's heuristic housing model (2017). Participants were asked to rate the following statements: (1) From here I can easily get to the places that are important to me, (2) Here I have sufficient access to the Internet, (3) Here the food tastes good.

The agentic housing index (AHI) is a formative index composed of five items relating to the residential care facility and a maximum of two other places of residence. This index was also developed by the authors, inspired by Meuth's heuristic housing model (2017). The participants were asked to rate the following statements: Here, I can ... (1) arrange my room the way I like it, (2) decide who is allowed in my room, (3) spend my time the way I want to, (4) invite someone if I want to, (5) have a say about the rules.

For all items examining the three above-described dimensions of housing, participants were able to select from response options on a 5-point scale between 1 = strongly disagree and 5 = strongly agree. The values on the three dimensions were calculated as the arithmetic mean of the respective items. This mean value is based on at least one place of residence (residential care exclusively) and a maximum of three places of residence (residential care plus two other places of residence).

In addition to the entry-level questions about places of residence and the examination of the housing arrangement as well as the questions on the three mentioned dimensions of housing, participants' gender, age, and nationality were asked.

Data analysis

To answer the first research question, we used descriptive statistical methods to outline the specific housing arrangements of young people in residential care by presenting frequencies. To answer the second research question, we describe the participants' evaluation of their current place(s) of residence in terms of the emotional, the physical-material, and the agentic dimensions of housing by reporting means and standard deviations. To answer the third research question, we examined the subsample of young people who live in exactly two places, namely in the out-of-home placement and an additional place. Using paired sample t-tests, we analyzed the differences between the residential care facility and other places of residence on the emotional, physical-material, and agentic dimensions of housing. We report means, standard deviations, t – and p -values. Cohen's d was calculated to assess the effect sizes of the t-tests. We interpreted Cohen's d values of 0.2 as small, 0.5 as moderate, and 0.8 as large effects (Cohen, 1988).

Findings

Socio-demographic characteristics and housing arrangements

A total of 563 young people from 90 different residential care facilities in 15 German-speaking cantons of Switzerland participated in the survey. [Table 1](#) shows that the gender identity of the participants is evenly distributed, and that the respondents are on average 15 years old ($SD = 1.50$). These sample characteristics roughly correspond to the estimated numbers in the population. At 93 percent, the vast majority of respondents are placed in a children's and youth home or a specialised boarding school whereas participants from an intervention center form the minority.

[Table 1](#) further shows that 16.7 percent of the participants live exclusively in the residential care setting, i.e. they did not report any residence other than their out-of-home care. 45.3 percent indicated having one additional place of residence. Of these respondents, the vast majority reported living with either their mother (43.9%), their father (12.2%) or both parents together (31.8%) in

Table 1. Demographic characteristics of the sample.

Variable	N	%
Gender		
Male	280	49.7
Female	264	46.9
Diverse	19	3.4
Age*		
12 Years	45	8.0
13 Years	60	10.7
14 Years	125	22.2
15 Years	129	22.9
16 Years	117	20.8
17 Years	87	15.4
Nationality		
Swiss	367	65.3
Other	152	27.0
Don't know	43	7.7
Type of Placement		
Children's and youth home	235	41.7
Specialized boarding school	289	51.3
Intervention center	39	7.0
Duration of Placement		
1 Years	205	38.0
2 Years	106	19.7
3 Years	75	13.9
4 Years	52	9.6
5 Years	32	5.9
6 Years	20	3.7
> 6 Years	49	9.1
Number of Places of Residence		
1 Place (only RC)	94	16.7
2 Places	255	45.3
3 Places	119	21.1
4 Places	67	11.9
> 4 Places	28	5.0

addition to the residential care facility. The situation is similar for the 21.1 percent of participants who reported living at two places other than the residential care facility. The most common combinations were out-of-home placement, mother, and father (33.9%) and out-of-home placement, mother, and boyfriend/girlfriend (13.6%).

Most respondents (71.6%) live in the residential care facility in their first, second or third year. More than ten percent of respondents have been living in residential care for more than five years. In the ranking item respondents were asked to identify a maximum of two places other than the residential care based on their frequency of overnight stays (see 'research instruments' above for further details). The following places were reported: Mother (mentioned by 254 participants), father (123), both parents (115), grandparents (42), other relatives (30), foster family (24), boyfriend/girlfriend (63), shared apartment with friends (27).

Emotional dimension of housing

The overall mean score on the EHS across all nine places of residence is 3.71 ($SD = 0.77$, $n = 545$). As can be seen in Table 2, respondents' scores on this scale differ between the examined places of residence. Participants' mean scores are highest with their grandparents, and lowest in the residential care facility. A particularly strong difference seems to exist between the out-of-home placement and the remaining places of residence.

We analyzed this gap further using data from only those 235 participants who reported living in exactly two places, which allows for the use of a paired sample t-test. The results confirm that respondents evaluate residential care significantly lower on the emotional housing scale ($M = 2.97$, $SD =$

Table 2. Values on the Emotional Housing Scale (EHS).

Place of Residence	<i>M</i>	<i>SD</i>	<i>α</i>
Residential Care (<i>n</i> = 534)	3.10	1.13	.88
Mother (<i>n</i> = 241)	4.46	0.86	.87
Father (<i>n</i> = 107)	4.44	0.83	.87
Both Parents (<i>n</i> = 111)	4.37	0.89	.88
Grandparents (<i>n</i> = 33)	4.61	0.52	.74
Other Relatives (<i>n</i> = 22)	4.03	0.99	.88
Foster Family (<i>n</i> = 19)	4.04	0.96	.93
Boyfriend/Girlfriend (<i>n</i> = 42)	4.42	0.72	.76
Shared Apartment with Friend(s) (<i>n</i> = 15)	3.16	0.94	.77

1.15) than their other place of residence ($M = 4.44$, $SD = 0.83$), $t(234) = 14.733$, $p < .001$. The effect size, measured by Cohen's d was 0.96, indicating a large effect. When examined in three groups, 69.4 percent of this subsample rate the residential care facility lower (Mean subtraction value between -4 and -0.5), 22.6 percent similar (Mean subtraction value between > -0.5 and < 0.5), and 8.1 percent higher (Mean subtraction value between 0.5 and 4) than their other place of residence.

Physical-material dimension of housing

The average score on the PHI across the nine different places of residence is 3.87 ($SD = 0.72$, $n = 552$). Table 3 illustrates that there are variations in respondents' scores across these places of residence. Respondents tend to have the highest mean scores with their parents or other relatives, while the lowest scores are observed among those in the residential care facility. Notably, a substantial difference appears to exist between the out-of-home placement and the other places of residence.

We conducted a more detailed analysis of this disparity using data from a subset of 236 participants who reported living in exactly two different places. This allowed us to apply a paired sample t -test. The findings confirm that participants consistently rate residential care significantly lower on the physical-material housing scale ($M = 3.24$, $SD = 1.00$) compared to their other place of residence ($M = 4.50$, $SD = 0.75$), $t(235) = 16.121$, $p < .001$, with Cohen's d of 1.05, indicating a large effect. When we divided this subset into three groups, 69.5 percent of them rated the residential care facility lower (Mean subtraction value between -4 and -0.5), 25.4 percent rated it similarly (Mean subtraction value between > -0.5 and < 0.5), and 5.1 percent rated it higher (Mean subtraction value between 0.5 and 4) than their other place of residence.

Regarding individual items of the PHI we found the following differences: Respondents have significantly better access to places that are important to them from their other places of residence ($M = 4.16$, $SD = 1.19$) than from their residential care facility ($M = 3.07$, $SD = 1.45$), $t(239) = 9.002$, $p < .001$, $d = 0.58$. They also have better access to the Internet from their other places of residence ($M = 4.67$, $SD = 0.86$) than they have from residential care ($M = 3.59$, $SD = 1.31$), $t(240) = 11.965$, $p < .001$, $d = 0.77$. Finally, participants rated the food in their other places of residence as significantly

Table 3. Values on the Physical-Material Housing Index (PHI).

Place of Residence	<i>M</i>	<i>SD</i>
Residential Care (<i>n</i> = 537)	3.33	0.99
Mother (<i>n</i> = 242)	4.49	0.79
Father (<i>n</i> = 107)	4.43	0.78
Both Parents (<i>n</i> = 112)	4.53	0.60
Grandparents (<i>n</i> = 33)	4.38	0.62
Other Relatives (<i>n</i> = 21)	4.54	0.54
Foster Family (<i>n</i> = 20)	4.28	0.69
Boyfriend/Girlfriend (<i>n</i> = 43)	4.36	0.71
Shared Apartment with Friend(s) (<i>n</i> = 15)	3.49	1.04

Table 4. Values on the Agentive Housing Index (AHI).

Place of Residence	<i>M</i>	<i>SD</i>
Residential Care (<i>n</i> = 527)	3.37	0.94
Mother (<i>n</i> = 239)	4.24	0.89
Father (<i>n</i> = 107)	4.26	0.91
Both Parents (<i>n</i> = 110)	4.17	0.82
Grandparents (<i>n</i> = 31)	3.74	1.03
Other Relatives (<i>n</i> = 21)	3.26	1.06
Foster Family (<i>n</i> = 18)	4.02	0.85
Boyfriend/Girlfriend (<i>n</i> = 37)	3.60	0.72
Shared Apartment with Friend(s) (<i>n</i> = 15)	3.53	0.98

tastier ($M = 4.62$, $SD = 0.81$) than the food in residential care ($M = 3.07$, $SD = 1.27$), $t(242) = 16.188$, $p < .001$, $d = 1.04$.

Agentive dimension of housing

The overall mean score on the AHI across all nine places of residence is 3.75 ($SD = 0.68$, $n = 542$). As depicted in Table 4, participants' scores on this index differ between the examined places of residence. Participants' mean scores are highest with their father, mother, or both parents, and lowest with other relatives and in the residential care facility. A particularly notable distinction seems to exist between out-of-home placements and the other places of residence.

We analyzed this gap further using data from only those 236 participants who reported living in exactly two places, which allows for the use of a paired sample t-test. The results confirm that respondents evaluate residential care significantly lower on the physical-material housing scale ($M = 3.31$, $SD = 0.92$) than their other place of residence ($M = 4.21$, $SD = 0.83$), $t(235) = 10.924$, $p < .001$, with Cohen's d of 0.71, indicating a medium to large effect. When examined in three groups, 63.1 percent of this subsample rate the residential care facility lower (Mean subtraction value between -4 and -0.5), 25.0 percent similar (Mean subtraction value between > -0.5 and < 0.5), and 11.9 percent higher (Mean subtraction value between 0.5 and 4) than their other place of residence.

With regard to individual items of the AHI, we found the following differences: The respondents can participate more in decisions about the arrangement of their room in other places of residence ($M = 4.25$, $SD = 1.18$) than in residential care ($M = 3.84$, $SD = 1.23$), $t(242) = 3.992$, $p < .001$, $d = 0.26$. They also have more opportunities to decide on rules in other places of residence ($M = 4.25$, $SD = 1.14$) than in residential care ($M = 2.5$, $SD = 1.30$), $t(240) = 16.184$, $p < .001$, $d = 1.04$.

Discussion

The purpose of this study was to explore the multilocal housing arrangements of young people in residential care, how they evaluate their places of residence, and possible differences between residential care and other settings. To do so, we used a theoretical framework that conceptualizes housing as an actively shaped, multilocal and multidimensional aspect of personal life. The findings shed light on the diversity of housing arrangements, particularly to the fact that many young people report more than one place of residence. In line with our theoretical assumptions, more than 80 percent of the 563 respondents live not only in the residential care facility but also in at least one other place. This finding initially points to an advanced deinstitutionalization of residential care in Switzerland and also challenges the assumption that residential care replaces the previous places of residence.

The high proportion of youths still living with nuclear family members indicates the continued high relevance of family relationships. This finding suggests that contact with family members and the possibility of staying with them for a few days are considered important by residential

care facilities in Switzerland. In this regard, research has shown that regular stays with family members are positively associated with residential care outcomes (Huefner et al., 2015).

Compared to other places of living, residential care facilities are perceived as places from where it is more difficult to meet important people and where it is difficult to stay connected to these people via social media. This result must be viewed in the context of findings that show that contact with friends and relatives is an important predictor for both the satisfaction of young people in residential care and the positive outcomes of the intervention (Huefner et al., 2015; Sen & Broadhurst, 2011). Despite acknowledging the importance of maintaining connections with significant individuals from young people's personal life, the current findings reinforce previous research suggesting that out-of-home care systems often fall short in supporting young people in preserving their social networks (Bowden et al., 2018; Oke et al., 2013).

Furthermore, living in residential care is experienced as less participatory than the other places of living in several respects, undermining a child rights-based approach to residential care (Equit & Purtell, 2022; Schoch et al., 2022; ten Brummelaar et al., 2018). Nevertheless, the finding that this is felt by young people as a deficiency in the opportunities for shaping personal life is a reason to question the socio-educational processes in the facilities. The negative perception of the residential care facility as a place of residence is in line with previous research (e.g. Crettaz, 2018; Straus & Höfer, 2017). De Valk et al. (2016) and Van der Helm et al. (2018) show that a placement setting that is perceived as repressive has a negative impact on young people's motivation and sense of autonomy. Therefore, the lower emotional belonging to the residential care facility found in this study may be related to perceptions of having too few responsive caregivers, too few opportunities for personal development, and too little freedom and autonomy in the residential care facility. This is consistent with care leavers' reports of residential care as highly regulated and tightly structured (Ahmed et al., 2021; Cameron-Mathiassen et al., 2022). On the other hand, the lower sense of belonging to the residential care facility might also reflect a stronger connection to another place of residence that is clearly defined as home, regardless of how the residential care facility is perceived. In this context, existing research indicates that frequent contact with the family of origin is highly important. Additionally, possible restrictions on personal autonomy, which can occur in residential care, must be reflected upon (Gutterswijk et al., 2020).

However, the finding that young people develop a much lower sense of emotional belonging to the residential care facility – meaning they feel less comfortable, less safe, and less at home compared to other places of residence, etc. – is particularly alarming since the meaning of housing goes far beyond a setting of intervention. As seen in recent research on residential care, places of residence are relevant to processes of belonging, caring, participating, and relationship building as well as they are relevant for the young people's well-being (Dorrer et al. 2010; Magalhães & Calheiros, 2020).

Limitations and further research

While this study provides valuable insights into the multilocal housing arrangements of young people in residential care, it is important to acknowledge its limitations. The emotional housing scale, aligned with the study's purpose, focused on respondents' attachment to their places of residence but did not capture other critical dimensions of attachment, such as social relationships (Fellmann et al., 2025). Future research should consider incorporating additional measures to assess young people's attachment more comprehensively.

Additionally, as noted earlier, we could only estimate the population of young people in residential care in Switzerland, making statements about representativeness somewhat imprecise. While we believe our findings can be cautiously generalised to this group, further research is needed to explore the housing arrangements of young people in other age groups, regional contexts, and professional settings (e.g. foster care, home-based interventions, secure correctional settings) or, more broadly, other residential social work contexts, e.g. care facilities for the elderly.

Lastly, our analysis focused only on the top three locations for each participant, despite some reporting up to ten different locations. While this approach offers an initial overview of an underexplored aspect of young people in residential care, it inevitably oversimplifies the complexity of their housing situations. We believe that further qualitative research is crucial to fully unpack the nuanced realities of young people's housing arrangements and to place more emphasis on exploring the concepts of multilocality and the relational nature of belonging. Furthermore, the question arises as to how belonging to residential care facilities changes over time and which factors influence their development of belonging.

Despite these limitations, the findings of this study offer valuable insights that have the potential to inform and improve practices within residential care settings.

Implications

The implications for designing residential care from a socio-spatial perspective are far-reaching, highlighting the importance of not only social relationships but also social places. It is not only the question: What do young people learn in the residential care setting? But also: What differences do they experience compared to other places of residence? What do young people learn from these experiences of difference? And: How can residential care facilities be designed to enhance learning from these experiences of difference?

A first step would certainly be to pay more attention to housing arrangements. In this context, it seems indispensable to consider housing as an active part of personal life and places of residence as places actively shaped by young people themselves. It will be necessary to explore how the housing arrangements can be designed in a more participatory way, as places where young people can feel safe and comfortable, in a way that enables young people to get to places which are important to them, and to connect their different places in their personal lives.

Furthermore, young people experience a lack of awareness to the fact of their multilocal housing arrangements, as shown by Ahmed et al. (2021). This means, an approach that more strongly incorporates concepts of belonging could be more appropriate from the perspective of the people concerned. It is also important to keep an eye on other recent research findings, as the area of housing and its influence on service development seems to be taking on a greater role in child and youth care research (e.g. Brüchmann et al., 2023; Magalhães & Calheiros, 2020).

Data availability

The dataset used in the current study is available from the corresponding author upon reasonable request.

Note

1. The cross-sectional analysis examines data collected in the first wave of the StePLife Study, which focuses on changes in the personal lives of young people in residential care in the German speaking part of Switzerland, see www.steplife.ch

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