ORIGINAL ARTICLE

'My friends are like my family': The positive impact of high-quality friendships on former foster care youth

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Abstract

There is evidence to suggest that quality friendships have a positive impact on the people involved. By focusing on the impact that quality friendships have had on former foster care youth, this article contributes to the wider debate on the issue and fills a gap in the literature. Through the communicative methodology, 15 communicative daily life stories were conducted in Spain with young people who had been in alternative care and had successfully managed to reach university. The discussion shows that the support and strength of quality friendships helped them in their quest for a brighter, more successful future.

KEYWORDS
alternative care, former foster care youth, high-quality friendships, successful paths

INTRODUCTION

More than 1 million children and adolescents are growing up in care across Europe and hundreds of thousands are in institutional care, which, according to some organizations, is characterized by depersonalization, rigid routines, closed doors and lack of warmth, love and affection (Opening Doors, 2020).

The scientific literature has shown that institutional care does not only have a negative impact on children and adolescents in terms of, for example, education, mental health, substance abuse

and criminality (Cameron & Das, 2019) but it also implies high economic costs for the state (Gypen et al., 2017).

This negative impact lasts throughout the time they are residing in institutional care, and during the process before and after fostering. Children and adolescents must cope with traumatic situations when they are separated from their biological family and social context and when they enter institutional care (Day et al., 2011). The process of deinstitutionalization is also negative since they are forced to leave institutional care and become independent when they come of age (O'Sullivan & Westerman, 2007).

To minimize the risk of social exclusion and the vulnerability of these children and adolescents in care, and former foster care youth, the United Nations set in 2010 the criterion that children and adolescents should remain with their biological families whenever possible.

In recent years, the European Commission (2019) has been promoting family based foster care to reduce the number of children and adolescents residing in residential care.

Although there has been considerable investment in deinstitutionalization strategies and policies in Europe, these are still not sufficient to reverse the situation of vulnerability of children and adolescents in situations of neglect or parental negligence, as can be seen by the data on institutionalized children and adolescents (European Health Information Gateway, 2021).

A considerable number of children and adolescents are growing up in state care, and despite being protected by national systems, they find themselves in a situation of vulnerability. This article aims to fill a gap in the scientific literature by providing evidence showing how high-quality friendships, reduce the vulnerability generated by institutionalization and promote conditions for better futures for young people who have been in care.

In Spain, the Ministry of Social Rights and 2030 Agenda (2019) noted that, at that time, 50 272 children and adolescents were in institutionalized care, who had been removed from the guardianship of their parents and been placed in safe environments for their protection.

This research shows how the friendships that these young adults built up in their childhood, adolescence and youth contributed to their success. The article is structured in four sections. The first section describes the theoretical framework of reference, the second one explains the methodological framework, the third one gives the main results and the fourth one contains the discussion and the conclusions.

THEORETICAL FRAMEWORK

According to the United Nations International Children's Emergency Foundation (2002), situations of family neglect occur worldwide, not only in developing countries. Institutionalization is offered to ensure that children and adolescents who are being neglected by their nuclear families are safe. At the same time, their parents are given instructions so, in order to solve the situation for which they were neglecting their offspring so that they can be returned to them, they can be returned to them (Pecora et al., 2009). Although there are no reliable global figures on the number of children and adolescents in the world who are living in residential care, the United Nations (2006) estimated it to be about 8 million. Petrowski et al. (2017) calculated that for every 100 000 children and adolescents in the world, 120 are living in institutional care.

Even though institutionalization protects children and adolescents from situations of severe neglect and abandonment, social disadvantage factors are still overrepresented in this group when they are in care (Cameron & Das, 2019). In some cases, institutionalization does not ensure that adolescents are protected, as research has shown that cases of verbal and physical abuse by staff also occur (Attar-Schwartz, 2014).

The scientific literature shows that good academic performance reverses situations of vulnerability and facilitates social integration through the labour market (Vacca, 2008). Naccarato et al. (2010) pointed to little or no academic training as one of the factors that make it difficult for former foster-care children to enter the labour market and stressed that the promotion of higher education is key to reducing their vulnerability. Along the same lines, it has also been shown that if children and adolescents who have been in care are encouraged to study, the percentage of these who are admitted to the university will also increase, increasing their chances of accessing a stable and well-paid job (Leone & Weinberg, 2010).

Friendship and its personal and social effects

Personal friendship is the type of relationship that occurs most often during the course of a person's life and is both affective and voluntary (Asher et al., 1996; Hartup & Stevens, 1999). Personal friendships enable the participants to develop social skills, which provide important emotional support (Gifford-Smith & Brownell, 2003).

The importance of high-quality and true friendships has been pointed out in several studies. According to Bukowski et al. (2009), friendships are strong and positive emotional bonds between two people. Many studies discuss the positive impacts of high-quality and true friendships and show that a person who has true friends has greater personal well-being, greater autonomy and confidence and greater happiness (Demir et al., 2012; Hartup & Stevens, 1999; Jones et al., 2014). All this helps to decrease such psychologically adverse aspects as depression, loneliness and melancholy (Hodges et al., 1999).

Therefore, quality friendships are not only beneficial for the individual but also for society, in general, since they help prevent social problems such as bullying, gender violence, social inequalities and family risk factors and encourage improved academic outcomes in children and youth (Berndt, 1996; Bukowski et al., 2009; Millen et al., 2019).

It has been observed that rejection by one's peer group has negative consequences on mental and physical health (Lev-Wiesel et al., 2006; Prinstein & Aikins, 2004; Prinstein et al., 2005). Close friendships have been shown to have a positive impact on health treatment: they either prevent illness or reduce the harm it does (Harper et al., 2014). Furthermore, peer rejection is less associated with negative mental health outcomes over time among adolescents with greater social support (Rigby, 2000).

As children move beyond early childhood, they become increasingly motivated to have close friendships, spend more time with their peer group and, therefore, become increasingly dependent on their peers for support and are more influenced by them (Bagwell & Schmidt, 2011; Rubin et al., 2006). In middle childhood, friendships contribute to children's emotional and behavioural stability (Bukowski et al., 2009). Adolescence is one of the stages of life in which friendships have the greatest impact and help people develop their identity (Ragelienė, 2016). It is also during adolescence that quality friendships reduce the likelihood of future rejection (Hodges et al., 1999; Hodges & Perry, 1999) and that relationships become deeper, with fewer conflicts so characteristic of childhood (Berndt, 1996; Furman & Buhrmester, 1992). At this age, there is a dramatic increase in the time adolescents spend with friends, to the point that more time is devoted to friendships than to any other non-school activity (Brown, 2004; Csikszentmihalyi & Larson, 1984; Fuligni & Stevenson, 1995). Fortunately, the time they invest has important benefits for them, such as the company, advice and respect of a peer, so friendship becomes one of the main sources of social support (Buhrmester, 1996; Rubin et al., 2006).

It is therefore very important for children and adolescents in care to value the quality of their friendships, not just their quantity, as they are an important protective factor in the personal, social, and academic spheres (Dishion et al., 1996; Kupersmidt et al., 1995).

Friendships of children and adolescents in care

The Waldinger (2020) determined that quality relationships keep people happy throughout their lives and that positive feelings, such as friendship and empathy, play a crucial role in creating these quality relationships.

When children and adolescents are in care, they are forced to change city or residential area, which means changing social environment, school and friendships. These changes are not conducive to stability; on the contrary, they have a negative effect (Gypen et al., 2017). Classmates have been shown to increase academic motivation, which is why academic stability is conducive to bonding with friends and, therefore, increased motivation to study (Kindermann, 2016).

Given that the scientific literature has shown the importance of quality friendships, when professionals in the field of social work deal with children in care, they need to support positive friendships and ensure that they are long-lasting because they foster a sense of belonging (Roesch-Marsh & Emond, 2021; Snow & Mann-Feder, 2013). The issue is an important one. Children and adolescents in care are rejected more often at school than their classmates because they have lower social status (Anthonysamy & Zimmer-Gembeck, 2007; Martín et al., 2008).

It is therefore very important for children and adolescents in care to value the quality of their friendships, not just the quantity, as they are an important protective factor in the personal, social and academic spheres (Dishion et al., 1996; Kupersmidt et al., 1995) and can serve as a buffer against stigma (Mann-Feder, 2018).

METHODOLOGY

The purpose of this research is to investigate the impact that high-quality friendships have had in helping young people who have been in care to successfully manage to reach university.

The study was carried out using a communicative methodology (more specifically, qualitative communicative methodology; Puigvert et al., 2012) by which research participants take part in the creation of knowledge to solve the problems or difficulties affecting their lives. This is especially relevant for the most vulnerable groups in society, as they are given the opportunity of becoming transformative social agents. Vulnerable groups traditionally perceive social science researchers as distant from their social reality (Soler & Gómez, 2020). However, the communicative methodology questions the traditional hierarchy between researchers and the researched (Gómez et al., 2006) recognizing the universality of language and action. Thereby, new scientific knowledge results from the egalitarian dialogue among multiple and diverse voices, allowing to overcome scepticism that social science research can help solve the problems affecting their everyday lives (Soler & Gómez, 2020).

The methodology generates social impact thanks to its egalitarian and inter-subjective dialogue (Sordé et al., 2020). The researchers make their academic background available, and the participants describe their experiences. New knowledge is created because the qualitative aspect of the communicative methodology transforms the participants' realities. It does not merely diagnose situations of inequality, it tries to overcome them (Gómez et al., 2006).

This methodology has been successfully implemented in various projects funded by the European Commission's Framework Programs and has been recognized by the Commission itself as the best methodology for such vulnerable groups as the young people who have been in care and who have participated in the present research (Flecha & Soler, 2013).

Ethical issues

All the young people took part in the study voluntarily and signed a consent form after reading a document they were given with all the details about the research. The document explained the purpose of the research and how the data would be processed, that all data would be processed anonymously, that participation was voluntary and that participants could decide at any time not to continue.

Throughout the data collection process, the information and the depth of the answers given by the participants were respected, and no pressure was exerted to obtain possible expected responses.

To ensure that the content of the communicative daily life story did not generate detrimental effects for the participants, the content was reviewed by professionals in the field and the Catalan association for young people who have been in alternative care (UJEC, Unió de Joves Extutelats de Catalunya).

In accordance with the postulates of the communicative methodology (Gómez et al., 2006), once the fieldwork had been completed, the results were discussed in a meeting seminar with the regional association of young people who have been in alternative care in Catalonia. At the meeting, the researcher presented the fieldwork and, in dialogue with the young people validated the results, ensuring that there were no misinterpretations of the data. The data validated had been collected from the communicative daily life stories conducted face-to-face and through the Skype videoconferencing program.

To ensure compliance with the ethical requirements of the research process, the study was validated by the ethics committee of the Community of Researchers on Excellence for All and was given the reference number 20210324.

Sample

A total of 15 young people participated in the research. They were selected intentionally since they needed to comply with two requirements: first, during their childhood and/or adolescence, they could not be looked after by their birth parents and therefore were looked after through a wide range of alternative provisions and, second, that they were studying or had studied at university (which is regarded as a success). Apart from these two requirements, which are common to all the young adults participating in the research, the participants had extremely diverse profiles:

- The sample consists of 53% boys and 47% girls.
- All participants are studying or have studied at Spanish universities and are currently residing in Spain.
- The average age of the participants is 22.2 years old, ranging from 18 to 28.

- They have had different types of fostering, all of which were in Spain:
  - Six were in residential care (long-term residential care facilities in a non-family-based group setting).
  - Three were first in residential care and then in a group home (care facilities in a non-family-based group setting, particularly for adolescents between the ages of 16 and 17 so that they could be taught the skills to live independently).
  - One was in kinship care (family based care) and later in a group home.
  - One was taken in by a foster family (non-biological family based care) and was eventually adopted.
  - One of them was in a foster family.
  - One of them was in a group home.
  - One of them has always been in kinship care.
  - One was in kinship care and subsequently in residential care.
- The five research participants have diverse backgrounds: 10 are Spanish, two are Moroccan, one is Romanian, one is Bangladeshi and one is Indonesian.
- The average length of time they were in foster care was 4.3 years, the longest being 10 years and the shortest being 1 month.

In the results section, the names used were pseudonyms to ensure the anonymity of all participants.
The initial convenience sample was drawn from the following three sources:

- We were sent the contact details of students who had publicly expressed that they had been in alternative care by university lecturers they had talked to, always with prior consent.
- We contacted the regional association of young people who have been in alternative care, who sent us the contact information of young people who were prepared to participate in the research.
- We contacted people known to one of the researchers in the team and workers in residential care, securing the young people's prior consent to participate in the research.

Once the work had begun, and the first communicative daily life stories had been collected, some of the participants provided us with the contact details of friends, classmates and partners who met the two requirements and who after being informed and given the necessary research details were willing to take part in it. Using this snowball sampling approach, we managed to contact more participants.

Data collection technique

In the 15 cases, data were collected through communicative daily life stories. This technique is based on an egalitarian and inter-subjective dialogue between the researcher, who provides the scientific understanding of the problem addressed, and the person under investigation, who contrasts this understanding with his or her life experiences. The communicative daily life story was developed through a set of questions defined through a previously prepared script, which includes the key topics of the study in coherence with the theoretical framework and the objectives of the research. The topics covered were

- The educational sphere, where we asked how their academic career had been and how they had considered that the guardianship had affected their academic career.

- The social sphere, where the topic of friendships and the influence they had had on their personal and academic trajectory was raised.
- The family environment: the influence of the family throughout their previous life was questioned and discussed.
- The residential atmosphere: their impressions about the impact of the centre's staff and how the centre had affected their life experience were also collected.
- Finally, some closing questions were posed to finish collecting the topics that had not been discussed and that were interesting to collect.

Through addressing these topics, the aim of this technique is to reflect on and interpret the participant's life, in terms of the present, the past, and the expectations for the future through a conversation (Gómez et al., 2006; Ruiz-Eugenio et al., 2020; Tellado et al., 2020).

To contact possible research participants, we first sent an e-mail and then phoned to arrange a meeting. In the e-mail, all the information about the research was provided (its objectives, hypothesis and purpose as well as other data of interest) and the potential participants were given the option to consult and/or ask any doubts or questions they might have. In this way, before conducting the communicative daily life story, the potential participants were able to learn about the research, ask questions and use all the information to decide freely whether to take part.

The average duration of each communicative daily life story was 1 h and 10 min and they were conducted in two ways:

- Seven of the communicative daily life stories were carried out with the Skype videoconferencing program (which allows the conversation to be recorded). This was particularly useful given the geographical distance between the researchers and some of the participants.
- Eight of the communicative daily life stories were conducted face-to-face by one of the researchers in places chosen by participants so that they felt comfortable and safe to talk freely.

It is important to note that the researcher who conducted the 15 communicative daily life stories was also a social worker in residential care. The researcher did not know any of the participants, nor had they ever been to the centre where she worked, which was not a limitation of the research. The researcher's experience was a key asset to the research as she had relevant knowledge of the context and the realities that the participants may have had. Moreover, with the communicative perspective, the very nature of this methodology contributes to guaranteeing the ethical aspects of the research—which are an essential dimension to be addressed in research of this nature. For instance, according to the principle of the egalitarian dialogue that is the basis of this methodology, people involved in the research intervene on an equal footing in different ways: through the creation of the advisory board, in this case with the UJEC association—to ensure that there are no misinterpretations by the research team. Furthermore, following the communicative perspective, an egalitarian and inter-subjective dialogue is maintained throughout the process, giving rise to a collective interpretation of reality, and contributing to ensuring that ethical criteria are respected.

Data analysis

The scientific literature shows that friendships protect against poverty, bullying, vulnerability and, in some cases, adverse health-related factors (Berndt, 1996; Bukowski et al., 2009; Millen et al., 2019). However, there is a gap in the current scientific literature on the impact of

high-quality friendships on young people who have been in alternative care. Using communicative daily life stories, the data were analysed communicatively (see Table 1).

Table 1 highlights the exclusionary and transformative dimensions: it indicates the barriers or obstacles faced by the participants and also how the situation of inequality can be overcome (Gómez et al., 2019).

TABLE 1 Analysis matrix

Categories	Exclusionary dimension		Transformative dimension	
	Total number of quotes by category	Anchor examples	Total number of quotes by category	Anchor examples
Educational system	94	I can see that I have been in residential care, because there are a lot of technicalities in the degree that I don't understand. *Dalia*	64	I received no support from the residential care to continue studying. In this respect the important thing was the motivation I received from my former mentor. *Bernat*
Social relations	25	My friends (...) knew my situation was different. *Kevin*	26	At high school I made a group of friends, and the core group has always been the same... *Maria*
Family ties	51	At the beginning it was difficult, but I finally realized that my family was a nuisance. I was overwhelmed by them, and it was very psychologically tiring. *Bianca*	33	My friend told the head teacher about my situation and then he told me to go and talk. (...) I could rely on him. *Bianca*
Residential environment	34	I would sign up for everything. I tried to be as little as possible in the residential care home, because I didn't feel right there. There were lots of rules, people I didn't get on with... Shagor	60	The caregivers for me were like my parents, I love them very much, they have marked my life. I am what I am because of them. They worked their fingers to the bone for me. *Africa*
Transition to adult life	15	When you have been in care for 3 years, you get state aid, but I was 1 month short so I did not meet the requirements. *Africa*	10	I have saved money, but the important stuff I get from a company in Madrid managed by a company belonging to the residential care home I was in. I never lacked for anything. The only thing the company asks me for is my marks. *Pol*

Based on these two dimensions, the most important quotes for the research were coded according to the following categories, which were derived deductively:

- Educational system: aspects related to the academic path of the subjects participating in the research
- Social relations: comments and contributions made in relation to social relations and friendship
- Family ties: comments regarding family experiences and their relationships with their biological families
- Residential environment: comments referring to the residential situation they had experienced during the time they were in care
- Transition to adult life: comments referring to the impact of the deinstitutionalization process

The following is the analysis table used.

RESULTS

The results present (1) the background and care context of the young people who have been in alternative care and who took part in the research project, (2) the barriers to friendship experienced and expressed by the participants and (3) the impact of high-quality friendship on the successful paths of young people who have managed to reach university.

Background and care context of the young people who have been in alternative care and took part in the research project

Before they were institutionalized, the participants did not have it easy with their respective biological families during their childhood and adolescence. In most cases, their highly vulnerable situation and the family's instability resulted in constant changes in their area of residence. This was Africa's case.

> I had a pretty bad experience of changing schools so much. I am quite shy, it was a drag, new teachers, new classmates... in one academic year I was in maybe two high schools. What I tried to do was to walk further to school and not complain, to try not to change schools even more often. If I hadn't made this effort, I would have changed schools even more often. Africa

Children and adolescents undergo complicated experiences prior to institutionalization, when they are with their families, but also when they are institutionalized (Day et al., 2011). Our study shows that some participants were constantly on the move and often had to change schools while they were with their biological families. Other participants, however, explained that during their childhood and/or adolescence with their biological families they did not have to change schools or their area of residence but that they did when they were taken in care because they were too far from their previous school or in another municipality. Younes explained what the change of school meant for him:

> When I entered residential care, I was forced to change high school. I think they should have looked for an alternative so that I could have finished high school there,

because the change was a big shock, I lost many friends, I had to leave the soccer team where I had been for three seasons, ... I had to start from scratch again. Younes

Barriers to friendship experienced and expressed by the participants

The participants described how these changes in their area of residence, municipality and school affected them, and they put particular emphasis on the consequences in terms of social relations at a time in their lives when friendships were very important to them. Carla explained how she felt when she was forced to change schools and friendships:

> When I arrived at the residential care, I had to change high school (...). I noticed that they looked at me strangely because I was wearing a tracksuit and at the high school they said: "She lives in residential care". Clearly, I could not dress like the girls there and I had a hard time finding a group of friends, since everyone had very closed groups and had a lot of prejudices. I felt segregated and excluded. Carla

Changing the area of residence and/or changing schools had a strong influence on all the young people interviewed. The participants in the research pointed out that friendships motivate, help and give support in the academic environment. Not having this reinforcement was harmful to the participants. Jenifer, for example, said the following:

> I studied primary and secondary education at the same school, with my friends, but I went to the high school that was next to the residential care home. It was not hard for me to leave high school since I had no bonds. I had made friends, but it was not the same. For example, if I had been doing high school at the school where I had always gone, with my friends, I wouldn't have dropped out, but since I didn't have any bonds, I didn't care. Having the same group as you have always had is not the same as being the new one, because you don't have any bonds with anyone. Jenifer

In addition to the above, the stigma that children and adolescents feel when they are in care (Mann-Feder, 2018) and the low academic level that most of them have (Naccarato et al., 2010) make it difficult for them to feel included or have high expectations about their studies. As Lucía comments:

> In high school I went to the support group, I felt bad, I felt displaced, I had my friends, and they went to the other class, so I felt silly, I felt I didn't make it, that I was inferior to them and well, in the end I ended up accepting it. Lucía

The impact of high-quality friendship on the successful paths of young people who have managed to reach university

The participants pointed out that friendships have been very important at the different moments and stages of their lives. In some cases, as Carla says, having a solid network of friends enabled her to detect situations and family realities that were not appropriate (Bukowski et al., 2009).

> I started to see that something at home was not working. I would go to my friends' houses and see how their mothers behaved with them and I saw things that maybe when I was in primary school I didn't detect. Carla

As discussed above, changes in residence, municipality and school have a negative impact on the socialization of children and adolescents in care and, as a consequence, also on their academic level (Gypen et al., 2017).

Those adolescents in care who were able to, made significant efforts to stay in the same school and thus remain with their friends in an academic environment they were familiar with, as Jenifer says

> I went into residential care in the summer between the third and fourth year. At first, they wanted me to change schools because of the distance, but I didn't want to because it was my last year of high school... So, I spent the whole summer asking them not to send me to another school, I was thinking about graduation with my friends... And in the end, because I was so tiresome, for no other reason, they let me finish my 4th year of high school there. I had to get up at 5 a.m. every day, because it was such a long way away, but I wanted to finish my last year with my friends. Jenifer

Those participants who changed schools were forced to find a new group of friends whom they felt comfortable with, who were positive references and also quality friends. Dalia described what happened to her.

> In adolescence when I was in high school, I made three friends who I still have now. Before that, it had been very difficult for me because I was constantly changing schools. But I've been friends with them now for 7 or 10 years and I'm doing great. All three of them are studying at university and that has encouraged me to study as well. They always encourage me a lot and for me it is a great support. Dalia

Staying at the same school as their friends encourage the research participants to continue with higher education (Kindermann, 2016). This is how Maria explains it.

> Without my friends I would not have gotten where I am. The companionship, the fun you have... you look forward to going to high school because, of course, your friends are there, and you have fun... (...) The friendship I created really helped me to study harder. Maria

The participants often did not even consider an academic alternative other than university studies, since no one in their circle of friends did. Some even pointed out that they did not like studying very much, but that they did not consider any other alternative, because, in their school, the academic path was the one chosen by the majority. And, as Gerard explains, it was the same in the group of friends.

> At my school, where I did secondary and high school, the path was mapped out. Almost everyone went to university, so I just thought it was normal. Besides, it's not that I like studying very much..., but I like learning and since I like history and so on, I wanted to do something related to it. Gerard

Pol also said the same thing, as his friends did not consider an alternative other than university.

> All my group of high school friends have gone to university. Pol

In the same vein, Laura explains how she always regarded the academic path as normal, since her group of friends did not consider any other option.

> In my group of friends, it was normal to think about going to university as if there was no alternative; you do high school and then you go to university and that's it. (...) With all the friends I've ever had it has been absolutely normal to go to university. All the people I've ever met have had the same intention. It's not like I wanted to go to university and my friends were repeating high school for the third time. Laura

Another very important aspect of the success of the young people participating in the research was the unconditional support of their friends (Kindermann, 2016). Some of them did not perceive this support among their adult role models but their friends gave them the necessary confidence to continue studying and go to university. As Maria and Laura explained:

> My friends encouraged me a lot, they weren't like the adults who always raised more objections... They always encourage me, they tell me that I will get where I want to go. Maria

> The support of my friends to go to university has been one of the things that has helped me the most, they have always given me solutions when I didn't know what to do, they have always guided me, they have always understood me. Laura

All the arguments presented show that friendships have been key to successfully reaching university. As Shagor comments

> My friends have always been very eager to study. One thing you learn from living in residential care is to have clear ideas. You know that you will be alone and that you will have to do it by yourself, but you will have your friends. Shagor

DISCUSSION AND CONCLUSIONS

The present study reflects the difficulties that young people who have been in alternative care have to cope with to have a future of greater opportunities and possibilities, a reality the scientific literature has already described (Gypen et al., 2017; O'Sullivan & Westerman, 2007). All the participants in the research pointed out the negative effects of constantly being on the move as children and/or adolescents. In some cases, this occurred while they were with their biological family, but in others, it was when they were in care. Constantly moving home and changing schools affected their stability during childhood and adolescence (Gypen et al., 2017).

Changes in the area of residence and the consequent change in schools are not positive for children and adolescents, since schools play an important role in their stability and development (Berridge, 2007; Child Welfare League of America, 2004; Goddard, 2000). These changes do not help them settle into the academic environment either; on the contrary, the scientific literature reports that children and adolescents in care are often rejected by their peers in an academic context (Martín et al., 2008).

The participants in the research pointed out that they had been greatly affected by the changes in their area of residence and school. Above all, they stressed the impact that these changes had had on their social relationships and friendships. This is of particular importance because for children and adolescents, friendships are a fundamental pillar and support (Bagwell

& Schmidt, 2011; Rubin et al., 2006), and, in most cases, they had to make a great effort to create a new group of friends and feel included and accepted.

High-quality friendships are very important for young adults. Regarding the health dimension, the literature has shown that peer group rejection has negative consequences for physical and mental health (Lev-Wiesel et al., 2006; Prinstein & Aikins, 2004; Prinstein et al., 2005; Rigby, 2000). Not only do they provide them with greater personal well-being, greater autonomy, greater confidence and greater happiness (Bukowski et al., 2009; Demir et al., 2012; Hartup & Stevens, 1999; Jones et al., 2014) but they also protect them, help them to detect situations of neglect in their family, give emotional support (Gifford-Smith & Brownell, 2003) and reduce the possibility of psychological adversity (Hodges et al., 1999).

Friends gave the research participants their unconditional support to continue studying and the necessary confidence and motivation to achieve their goal of reaching university (Kindermann, 2016). In most cases, their friends did not perceive any alternative to higher education, so the research participants normalized academic reality and thus ensured a better future for themselves. Consequently, in an environment of trust, solidarity and friendship, the young adults who have been in alternative care continued studying in an attempt to break out of the situation of vulnerability in which they found themselves and achieve their life goals.

Through the Communicative methodology (Soler & Gómez, 2020), the study has provided an in-depth analysis, that results in key tools and strategies for professionals working in the protection system. The findings shed light onto ways that might facilitate an improved professional practice, where quality friendships can be facilitated and promoted for all institutionalized children and adolescents aiming at fostering a future of success and opportunities, and contributing to reducing the greater vulnerability of this group of children and youths (Mann-Feder, 2018; Roesch-Marsh & Emond, 2021; Snow & Mann-Feder, 2013). This study has shown that quality friendships provide young people who have been in alternative care in childhood, adolescence, and young adulthood with support so that they can successfully reach university, thus paving the way for a future that is brighter than the one envisaged as a result of the negative experiences collected by some of the existing scientific literature. The findings presented here show that the lives of children and adolescents in care can be significantly improved when the promotion of quality friendship is given the relevant role it has in life.

CONFLICT OF INTEREST

None.

DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article.

ETHICS APPROVAL STATEMENT

The study was validated by the ethics committee of the Community of Researchers on Excellence for All, receiving reference number: 20210324.

PATIENT CONSENT STATEMENT

All the young people participating in the study signed a consent form for their participation.

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