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Home Away from Home?

An Exploratory Study with Unaccompanied Refugee Children Living in Portuguese Residential Care

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HOME AWAY FROM HOME? AN EXPLORATORY STUDY WITH UNACCOMPANIED REFUGEE CHILDREN LIVING IN PORTUGUESE RESIDENTIAL CARE

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Resumo

Cada vez mais, crianças refugiadas não-acompanhadas residem em acolhimento residencial em Portugal. O presente estudo pretende dar-lhes voz, de modo a perceber as suas perspetivas relativamente a diversas áreas do seu dia-a-dia e da sua vida em acolhimento residencial. Neste estudo participaram nove crianças refugiadas não-acompanhadas, sete dos seus cuidadores e sete diretores técnicos de casas de acolhimento. A perspetiva das crianças foi recolhida através do Sistema de Avaliação Compreensiva do Acolhimento Residencial Português 2022: Entrevista para Crianças e Adolescentes, enquanto, a dos seus cuidadores, relativamente ao estado da sua saúde mental e ajustamento psicológico através do Strengths and Difficulties Questionnaire e do Assessment Checklist for Adolescents. Além disso, a perspetiva dos diretores técnicos foi recolhida através do Sistema de Avaliação Compreensiva do Acolhimento Residencial Português 2022: Entrevista para Diretor(a) Técnico(a). De forma global, verificou-se a existência de falhas relativamente às intervenções realizadas junto das crianças refugiadas não-acompanhadas em acolhimento residencial, bem como face ao processo de adaptação, normalização e preparação da sua vida autónoma. Além disso, apesar de estes adolescentes estarem a conseguir estabelecer relações positivas e significativas, não percecionavam que os cuidadores gostassem e cuidassem deles. Os cuidadores reportaram dificuldades de inclusão e socialização nas crianças refugiadas não acompanhadas. Este estudo contribuiu para o conhecimento sobre crianças refugiadas não-acompanhadas e as suas perceções sobre a vida em acolhimento residencial em Portugal.

Palavras-chave: crianças refugiadas não-acompanhadas, acolhimento residencial, intervenções, direitos.

Abstract

Increasingly, more unaccompanied refugee children are residing in Residential Care (RC) in Portugal. The present study aims to give them a voice and understand their perspectives regarding various aspects of their daily life in RC. Nine unaccompanied refugee children, seven of their caregivers, and ten directors of RC facilities participated in this study. The children's perspective was assessed using the "Sistema de Avaliação Compreensiva do Acolhimento Residencial Português 2022: Entrevista para Crianças e Adolescentes", while the caregivers' perspective on the adolescents' mental health and psychological adjustment was assessed through the Strengths and Difficulties Questionnaire and the Assessment Checklist for Adolescents. Additionally, the perspective of the directors was collected through the Sistema de "Avaliação Compreensiva do Acolhimento Residencial Português 2022: Entrevista para Diretor(a) Técnico(a)". The study revealed significant shortcomings in the interventions carried out with unaccompanied refugee children in RC and in the process of adaptation, normalization, and preparation for independent living. Despite forming positive and meaningful relationships, the participants did not perceive the caregivers loved or cared for them. Furthermore, data showed that caregivers perceived these young people as facing challenges related to inclusion and socialisation. This study ultimately enhances our understanding of the experiences and perceptions of unaccompanied refugee children in RC.

Keywords: unaccompanied refugee children, residential care, interventions, rights.

Home Away from Home? An Exploratory Study with Unaccompanied Refugee Children Living in Portuguese Residential Care

According to the United Nations High Commissioner for Refugees (United Nations High Commissioner for Refugees [UNHCR], 2019), the title of refugee refers to individuals who are outside of their country of origin due to persecution related to ethnic, religious, or political motives, as well as armed conflicts and human rights violations. In 2022, the UNHCR reported over 100 million displaced individuals, 35 million classified as refugees (United Nations High Commissioner for Refugees, 2022). At the end of 2022, UNICEF stated that 17.5 million children were classified as refugees (UNICEF, 2023). In 2022, 39,520 children not accompanied by family members or any legal guardian, applied for international protection in EU states (Euro-Med Human Rights Monitor, 2023). These children are called Unaccompanied Refugee Minors (URM), however, in this study, they will be addressed as Unaccompanied Refugee Children[1] (URC).

The Portuguese Council for Refugees' latest reports accounted for 1943 hosted refugees, 84 URC, in 2020 (Conselho Português para os Refugiados, 2021a), 45 URC in the first semester of 2021 (Conselho Português para os Refugiados, 2021b) and 974 sheltered refugees in 2022 (Conselho Português para os Refugiados, nd). The Portuguese government accounts for more than 72,000 refugees welcomed into the country since 2015, accounting for more than 130 nationalities. In the past year, with the Ukrainian-Russian conflict, more than 56,000 displaced people received temporary protection in Portugal (República Portuguesa, 2023).

According to O'Donnell and Hagan (2014), URC might initiate the process of migration looking for asylum or protection in EU countries due to armed conflict, threats, persecution in their country of origin, and human rights violations, while others are victims of human trafficking and sexual exploitation. Regardless of the motive, these children and their rights are protected by the Convention of Children's Rights (Council of Europe, 2022). Children's rights include entitlement to healthcare, education, equality, a safe place to live, and protection, as well as the right to express opinions and thoughts freely (UNICEF, 2019). The convention also established that all rights included and should be applied to refugee children, involving the right to keep families together,

[1] In this study, the term 'minors' was replaced by the term 'children,' taking into consideration a perspective based on children's rights. The term "children" will be used to address children and adolescents.

contact with parents across countries, and family guidance as children develop (UNICEF, 2019).

After the ratification of the convention, Portugal published, in 1999, Law 147/1999 (Law nº147, 1999) which ensures the principles of intervention, goals, and procedures referring to child protection based on a family-oriented approach. In this regard, the aim is to promote the protection of familial relationships as well as placements ensuring permanence and well-being, in the sense of avoiding multiple transitions in a child's life (Barbosa-Ducharne & Soares, 2023). In instances where a child's removal from the care of their biological family is necessary, researchers agree that children fare best in foster family placements rather than in institutional care (e.g., Li et al., 2019). However, national statistics/figures showed that, in 2022, 6347 children were in out-of-home care, most of them (96.4%) in residential facilities as opposed to foster families (3.6%; Instituto de Segurança Social, 2023).

This national report classifies "Crianças e Jovens Estrangeiras Não Acompanhadas (C/JENAS[2]) as "any foreign or stateless person under the age of 18 years old that comes into national territory unaccompanied by an adult who, by law or culture, takes responsibility for them, whilst those responsible for them are unable to take care of them, or if they are abandoned upon entering the country" (Instituto de Segurança Social, 2023, pp.53). In 2022, in Portugal, 202 C/JENAS were in out-of-home care. Most of these children were male (n = 164, 81%). This population represents 3% of the children and young people in care, also demonstrating an increase of 28% of URC in Portugal, compared to the previous year. All of them are currently in RC (Instituto de Segurança Social, 2023). However, with this steady increase, Portugal pledged to the European Commission to welcome, protect and integrate C/JENAS through a new protective response, implemented in 2021, the Supervised Autonomy program, to promote the support to independent living (Instituto de Segurança Social, 2023). Therefore, these numbers may change in the future.

URC arrive in Portugal under specific programs, such as the voluntary relocation program (34%), humanitarian protection (23%), health accords (14%) or under no program or shelter (29%; Instituto de Segurança Social, 2023). While in RC, the guidelines regarding the intervention with this population are based on the dangers, adversities, and trauma these children faced during their time in migration and should rely

[2] Note: Throughout this study, the acronym URC will be used instead of C/JENA.

on a sensitive approach to trauma and loss, while also being culturally and ethnically delicate (Instituto de Segurança Social, 2023). It also promotes access to education, physical or psychological healthcare, and investment in family reunification (Instituto de Segurança Social, 2023).

According to the literature regarding URC, this population often express some form of physical illness or discomfort, and almost always psychological distress (e.g., Bravo & Santos-González, 2016). The way this psychological vulnerability is addressed greatly depends on the context in which the child is placed. According to Horgan and Ní Raghallaigh (2019), both RC and family foster care, have their advantages and obstacles. A family placement often appears as a more individualized form of care; RC, alternatively, maybe more beneficial to those individuals who crave independence (Horgan & Ní Raghallaigh, 2019). However, the quality of care provided is vastly different, with institutional care being classified as "significantly worse" (Kalverboer et al., 2017). Thus, bearing in mind that most children placed in the Portuguese Child Protection and Welfare System live in RC facilities, it is essential to understand how well the needs of URC are met in Portuguese institutions and how these children perceive the support they receive, tailored to their specific needs and the challenges they face.

Unaccompanied Refugee Children's Rights in Residential Care

The rights of URC in RC have been underrepresented in literature. Historically, children had limited influence regarding RC placement (McCarthy, 2016). Given this fact, although it is crucial to educate children on their rights, doing so without contemplating instances where the placement process may have violated them might make this effort redundant and cause psychological distress (Collins, et al., 2021). At the same time, child rights education often links rights and responsibilities together, which often makes them appear contingent rather than inherent (Collins et al., 2021). Children's sense of self-worth diminishes by being excluded from participating in issues that concern them and when feeling neglected or overlooked (Bessell, 2011). In this sense, adequate child rights education and interventions must be implemented. For URC specifically, literature has shown that religious beliefs and practices, as well as cultural traditions, serve many purposes and carry great importance in their lives (Ní Raghallaigh, 2011), therefore, while in care, the right to religious freedom and the ability to practice cultural traditions must be allowed and encouraged. Collins et al. (2021) proposed that a child's rights-based approach and intervention aligns with the tenets of life space practice,

relational approaches, and strength-based methods, prioritising young individuals' perspectives and autonomy as active participants rather than passive subjects.

Another issue that should align with respect for the rights of URC in RC is the discipline strategies used by caregivers. Unfortunately, studies in RC contexts still report abusive methods disguised as disciplinary actions (e.g., pushing, grabbing, humiliation, insults and slaps; Attar-Schwartz, 2011). According to a recent study developed by Hernandez et al. (2023) in Portuguese RC, situations of punitive and rights-violating methods, whether based on physical abuse, emotional abuse or on the withdrawal of items, were still enforced, concluding that these institutions violated several child's rights. Punishments such as food deprivation, denying freedom, overwork, physical punishments, humiliation, and isolation from family and social contacts were also reported (Hernandez et al., 2023). Since children are often removed from the care of their family due to this kind of abuse, it seems that the very same system that is tasked with protecting them similarly fails them (Stein, 2006). At the time of this study, no known investigations have explored this topic among URC.

Adaptation and Socialization Challenges and the Role of Residential Care in the Autonomization Process of URC

URC often expressed difficulties in adapting to resettlement countries and life in RC, such as navigating the cultural and religious diversities, accepting norms and rules and food (Moleiro & Roberto, 2021). Similarly, caregivers often believed that URC demonstrated socialization and social inclusion needs (Costa, 2015), which can worsen due to the disparity between URC native languages and cultural aspects (Van Es et al., 2019). According to Costa (2015), the URC face setbacks due to the duality of adjusting their own cultural and ethnic practices, traditions, and religious beliefs, with the culture, values, and differences found in resettlement countries. Regardless, caregivers found that URC benefited from "cross-cultural" experiences in RC. When URC had contact with native caregivers and were exposed to their heritage and culture, it was believed that these children assimilated and integrated more quickly into the culture and values of the resettlement country's (Costa, 2015).

However, external factors can exacerbate the challenges related to adaptation and inclusion even further. As the number of URC, migrants and adult refugees continues to arise, more countries are witnessing a surge in anti-immigration and anti-refugee discourse, resulting in an escalation of xenophobic, racist and hate incidents (Struck,

2020). Struck (2020) states that policies and political trends undeniably impact the quality of care provided. Simultaneously, the author emphasizes the importance of the system protecting these children, even when the national rhetoric appears to be against them. Their rights must always be ensured and safeguarded.

Considering these URC socialization and acculturation issues, the process of becoming autonomous and preparing for independent living becomes even more essential in RC intervention. URC often feel inadequate and concerned about living alone, separated from their family and parental figures (Van Es et al., 2019). Research has shown that they frequently perceived that belonging to an ethnic minority influenced their life outcomes after leaving care (Söderqvist, 2014). For instance, upon leaving care, URC who were employed earned considerably less than other groups (Evans et al., 2018). From the caregiver's perspective, it is unreasonable to expect URC to find a permanent place to live and build an independent life without proper or adequate support (Costa, 2015). This lack of adjustment could make integration and societal acceptance difficult, hindering the establishment of URC's own identity and place in society (Costa, 2015).

Literature shows that after leaving care URC experience a period of adjustment related to their own expectations about how their lives will unfold (Moleiro & Roberto, 2021; Söderqvist, 2014). Like every other individual, these young people have dreams and hopes regarding their accomplishments in life. When these goals prove to be challenging to attain or fail to bring them satisfaction, URC start questioning their sense of success and contentment (Söderqvist, 2014), as well as their quality of life and living situation (Moleiro & Roberto, 2021). In contrast, URC who transitioned from RC to independent living, but were still supported by institutions (e.g., independent living accommodations), felt controlled by caregivers and believed they had “too many rules” (e.g., having to justify their spending and showing receipts of purchases; Moleiro & Roberto, 2021).

Supporting URC after leaving care is an aspect that is lacking in the system. Barrie and Mendes (2011) found that not all children received equal support to fully and successfully establish themselves independently. This is primarily attributed to the type of legislation in place and the difference between types of support providers. Therefore, many young people leave care without any assistance plan (Barrie & Mendes, 2011). Research also indicates that URC who received post-leaving care support had better outcomes (Barrie & Mendes, 2011). In this context, it is crucial that these care options and follow-up experiences are widely disseminated and become the norm, not the

exception. This is essential to ensure that this population has better chances of leading successful and fulfilling lives.

URC Establishing Meaningful Relationships in Residential Care

The literature emphasises the importance of URC establishing meaningful relationships while in care, both with caregivers and peers in their residential facilities (e.g., Kauhanen et al., 2022; Omland & Andenas, 2019). Considering their migration journey and status as unaccompanied refugees, these children have lost all their social support, established relationships, and home at the time of placement (Omland & Andenas, 2019), increasing their sense of insecurity and leading to long-term mental health effects. Therefore, it is unsurprising that this population reports difficulties in establishing meaningful relationships post-arrival (Kauhanen et al., 2022).

According to research, for proper development, children need relationships that provide love, stability and trust (e.g., Kauhanen et al., 2022). However, in the context of resettlement, policies mainly focus on physical accommodation and security and fulfilling basic needs, such as food, healthcare, and education. As a result, aspects such as safety and reliability are often overlooked (Kauhanen et al., 2022). In this sense, Van Es et al. (2019) found that concerning relationships, URC often felt neglected by caregivers.

Kauhanen et al. (2022) focused on the importance of establishing loving relationships, emphasising how caregivers could and should provide this type of bond to URC under their care. According to Evans (2020), the concept of love in the lives of institutionalised children is practically non-existent. Research has suggested that institutional barriers and rules interfere with developing these loving/meaningful relationships (Kauhanen et al., 2022). Providing care is a dimension of love, but not all forms of care are inherently loving (Kauhanen et al., 2022). Furthermore, even if caregivers are able to form loving relationships with URC, they do not, and will not, replace the family and friends they lost (Omland & Andenas, 2018).

Söderqvist et al. (2016) studied how caregivers' concept of home in these placements could potentially hinder the successful adaptation of URC and the development of bonds between children and caregivers. Considering the context they live in and the group within it as "home" and "family" is a beautiful and idyllic idea, yet not always a realistic one (Söderqvist et al., 2016). Caregivers may unknowingly view themselves as "substitutes rather than complements to absent parents and significant others" (Söderqvist et al., 2016, p.595), which might be perceived as an attempt to erase

the birth family. This can be especially damaging, given that there is no clear stance on maintaining relationships upon leaving care, reinforcing the notion of families being temporary and ending (Söderqvist et al., 2016). Furthermore, URC find the process of establishing meaningful relationships extremely challenging in care because it is both the children's residence and the caregivers' workplace (Kauhanen et al., 2022). Factors like staff rotation, different working hours, relocations, professional boundaries, improper practices that undermine the significance of birth families, and what is often perceived as a "one-sided label of family" – when children sense that caregivers do not consider them part of their family – hindered the potential development of any form of familial bond (Kauhanen et al., 2022).

Upon arrival, URC must also start rebuilding and redefining their social networks and support system (Ní Raghallaigh, 2011), which can be a lonely and challenging task (Omland & Andenas, 2019). Omland and Andenas (2019) identified that to reestablish and reconstruct these support systems, URC emphasised the significance of practices such as meaning-making, social inclusion and emotional care. Ager and Strang (2008) highlighted the importance of family in preserving cultural and ethnic traditions and practices, which are crucial for a successful settlement. However, due to the absence of familial bonds in their situation, URC often choose to maintain the continuity of these traditions among peers with similar cultural and ethnic backgrounds, thus preserving the sense of "familiarity" (Omland & Andenas 2019). URC frequently turn to each other to better understand rules and their application, to gather information about their current living situation and form friendships based on shared interests and experiences while emotionally supporting one another (Omland & Andenas 2019).

Psychological Adjustment and Mental Health of URC

According to Kvestad et al. (2023), compared to non-URC in care, URC indicate a higher exposure to potentially traumatic events and more encounters with interpersonal violence outside of the family environment. URC also report "higher sub-clinical" PTSD symptoms, such as distressing thoughts, nightmares, and adverse physical sensations in contrast to other children in care (Kvestad et al., 2023). Similarly, Van Es et al. (2019) found that URC displayed signs of psychological stress such as sleep disturbances and issues at school.

Overall, research has shown that URC experienced fewer mental health-related issues and fewer symptoms of post-traumatic stress disorder, anxiety, and depression in

“higher support” placements where they felt loved and perceived the quality of their care as positive (e.g., Mitra & Hodes, 2019; Zijlstra et al., 2019). It was found that URC were more likely to experience mental health issues in placements with larger groups and less support, such as large residential facilities (Zijlstra et al., 2019). By suffering unsupported psychological distress, URC appear more likely to show emotional outbursts and present “acting out” behaviours as well as occurrences of self-harm, experiencing suicidal ideation, or other severe behaviours (Crea et al., 2017).

In this context, Crea et al. (2017) suggested that these potentially traumatic experiences, their consequences, and the related stress inevitably manifested in care, directly impacting the stability of placements. Therefore, not only is URC mental health influenced by the quality of care provided and the placement itself (Zijlstra et al., 2019), but also experiencing distress may not be adequately supported in "lower support" contexts. Consequently, this lack of support can jeopardize the stability and permanence of the placement (Crea et al., 2017).

Intervention with URC in Residential Care

All interventions put together in RC should actively involve the children and cater to their specific needs across all areas of life (Seidel & James, 2019). To succeed in nurturing and providing adequate care, promoting self-agency and participation in decision-making, and listening to the feedback given by the children, is paramount (Malmsten, 2014). However, when discussing interventions for URC, it is essential that caregivers conduct culturally sensitive interventions. This involves being curious about these children’s cultures, being willing to understand differences and adjusting one’s behaviour accordingly to show respect for their cultural backgrounds (Costa et al., 2019).

Furthermore, a key aspect of supporting unaccompanied children, is being able to relay information. It is found that URC often lack information about their process, as well as about aspects concerning the new country they now inhabit. To counter this insufficient knowledge, it is important that URC are involved in projects, programs, and/or with organizations that adequately promote this access to information (Seidel & James, 2019).

Another very significant topic is what is being called “Sound of Silence” – children’s unwillingness to discuss their past and traumatic experiences as well as the additional reluctance demonstrated by professionals to ask and address them (Malmsten, 2014). This does not mean that caregivers should force these children to share their

stories, however, by being aware of the consequences of undealt with trauma, professionals can nurture a safe space where these young persons can share their stories (Malmsten, 2014). In this sense, caregivers must assume a tolerant, empathetic, and sensitive stance, to express the willingness to learn, understand and hear this populations' life experiences while honouring their choices and beliefs (Costa et al., 2019).

Estoura and Roberto (2019) propose that interventions for URC should ultimately create a secure and nurturing environment where URC can take charge of their life journeys. Consequently, it is essential to encourage the rediscovery of skills and capabilities and the restoration of confidence, promoting URC to become engaged and fully integrated members of their respective communities. This is attainable by periodically defining broader and more specific goals and planning activities that allow URC to achieve them (Estoura & Roberto, 2019).

Present Study

The present study is part of a broader project, the AQUATAR project - Assessment of Quality of RC and Transition to Independent Life. Encompassing an exploratory methodology, this dissertation aims to better understand the perception of URC in RC in Portugal, to determine their opinion on day-to-day life and the relationships they build during their time in care.

Due to the steady increase in the number of URC in the Portuguese Child Protection and Welfare System, research focused on this population is needed to ensure the quality and responsiveness of these services to the specific needs of URC. In Portugal, only two studies on this population in RC have been previously published. Moleiro and Roberto (2021) focused on experiences lived by URC, while Estoura and Roberto (2019) proposed an ecological and multilevel intervention program centred around five main areas: Protection/Security, Attachment, Identity, Participation and Citizenship.

In this context, the aim of the present study is to contribute further to the understanding of this subject and fill-in the gap in research concerning URC living in RC. This study aims to explore the perceptions of URC in these settings. Therefore, the specific goals were to:

1. Identify if URC rights are being adequately respected and incorporated into the individual intervention plan.
2. Identify discipline strategies used by caregivers on URC in Portuguese RC centres.

3. Study how URC are being prepared for independent living and how the RC facilities are promoting normalisation and inclusion in the community.
4. Explore if URC in Portuguese RC are establishing meaningful relationships during their stay in care.
5. Study the current mental health state of URC in Portuguese RC through caregivers' reports.
6. Explore how interventions with URC are being developed in RC.

Method

Participants

The present study involved a sample of nine URC, comprising eight males (88.9%) and one female (11.1%), aged between 14 and 18 years old (M = 15.22, SD = 1.30). These adolescents were placed in different RC facilities and, at data collection were in their current placement for less than a year. Among the participants, two were siblings. All the participants were classified as war refugees (100%) and had permanency plans defined as "Independent Living[3]" (100%). Additionally, all participants belonged to racial, ethnic, or religious minorities. At data collection, every participant was enrolled in school.

Additionally, seven caregivers also participated in the current study, by responding to two mental health assessment measurements regarding URC. These caregivers were identified by URC, who consented to them answering on their behalf and considering their perspectives. Furthermore, seven directors of the RC facilities, six females (85.7%) and one male (14.3%) participated in this study. The directors whose background was social work, psychology and early childhood education, had been in their current roles for a period ranging from three months to seven years.

[3] According to the Portuguese Child Protection Law, "independent living" requires providing young people over 15 years old with economic, psychological, social and educational support. The aim is to provide adolescents with conditions that enable them to live on their own after leaving care and to progressively acquire life autonomy.

Instruments

Sistema de Avaliação Compreensiva do Acolhimento Residencial Português 2022: Entrevista para Crianças e Adolescentes (ECA; Equipa AQUATAR, 2022)

This interview is part of the Comprehensive Evaluation System of RC Quality and aims to assess the quality of the RC from the perspective of children aged 6 to 20. Participants were asked on various aspects of their experience and life in the RC facility. The interview encompasses a total of 20 dimensions. Most of the questions are answered in a 5-point Likert scale ranging from 1 = *No/Never* to 5 = *A Lot/Always*. The interview also includes open ended questions, where the participants are allowed to express their opinions or knowledge, as well as questions that require No (0) or Yes (1) answers.

Strengths and Difficulties Questionnaire (Goodman, 1997)

The Strengths and Difficulties Questionnaire (SDQ) consists of five scales with five items each. The questions are answered in a 3-point Likert scale ranging from 0 = *Not True* to 2 = *Certainly True.* Five items, however, are recoded. The five scales are: Emotional Symptoms Subscale, Conduct Problems Subscale, Hyperactivity Subscale, Peer Relationship Problems Subscale and Pro-social Behaviour Subscale. Four additional scores can be calculated in SDQ: the Total Difficulties Scale – resulting from the sum of all scales with the exception of the Prosocial Behaviour Subscale; the Externalising Subscale –sum of both the Conduct Problems Subscale and the Hyperactivity Subscale; the Internalising Subscale – sum of Emotional Symptoms and Peer Relationship Problems subscales; and Impact Scores – achieved by calculating how much caregivers believed these difficulties had an impact in different areas and contexts of children's day-to-day lives Additionally, to identify potentially clinically significant scores, the total scores of each child in every category (with the exception of both the Externalising and Internalising Scales), were classified in three possible levels "Normal", "Borderline" and "Abnormal" according to the cut-off points established in the SDQ (Goodman et al., 2009).

Assessment Checklist for Adolescents (Tarren-Sweeney, 2013)

The Assessment Checklist for Adolescents (ACA) is a 105-item assessment tool. It is completed by caregivers and is designed to evaluate behaviours, emotional states, traits, and interpersonal conduct in individuals aged 12 to 17 with a history of trauma and adversity. This checklist comprises seven clinical scales and two low self-esteem scales

and is answered in a 3-point Likert scale (0 = *Does not apply* to 2 = *Definitely applies*). For this study, only the clinical scales were considered: Non-reciprocal Interpersonal Behaviour, Social Instability/Behavioural Dysregulation, Dysregulated Emotion/Distorted Social Cognition, Dissociation/Trauma Symptoms, Food Maintenance Behaviour, Sexual Behaviour and Suicide Discourse. In addition, the Total Clinical Scale, which results from the sum of results from every clinical scale, was calculated. To detect possible clinically relevant scores the child's results from all scales were classified in four possible levels "Normative", "Elevated", "Indicated" and "Marked", according to the cut-off points established (Tarren-Sweeney, 2013). These levels vary in gravity, going from standard indicators to highly concerning levels of symptoms.

Sistema de Avaliação Compreensiva do Acolhimento Residencial Português 2022: Entrevista para Diretor(a) Técnico(a) (EDT; Equipa AQUATAR 2022)

This semi-structured interview includes 142 questions and intended to assess the D perspectives regarding the functioning and day-to-day life of the institutions, as well as norms and procedures. One researcher carried out the interviews, while two others proceeded to transcribe the re-laid information.

Procedures

As previously mentioned, the current study is part of the AQUATAR project. Participation was voluntary and informed consent forms, authorizing the participation of any child and young adult who willingly agreed to participate, were signed by the responsible for the RC facilities.

Data collection took place in person at seven RC between September and December of 2022. The AQUATAR project comprised several instruments, however, the current study only considered the above mentioned four. All interviews were conducted in locations that ensured the privacy and confidentiality of the information and of the participants. Throughout this dissertation, the data collected was used with utmost care to ensure the safety and privacy of all participants.

Data Analysis

The data were analysed using a mixed-methods approach, incorporating both qualitative and quantitative data. For the qualitative data, both the children's and directors' interviews were analysed as a whole and no specific dimensions were explored. It is important to highlight that two URC did not entirely complete the interview. For the data analysis, a deductive analysis was conducted. This method entails generating codes before conducting data analysis and subsequently applying them to the dataset (Bingham, 2023). In this study, priori themes found in the framework research were followed, allowing for the consideration of five themes.

Quantitative data analyses resorted to IBM SPSS ® (version 27). Descriptive statistics, including measure of central tendency, and dispersion, as well as frequency analysis and a Student's t-test were conducted.

Results

URC's Rights in Residential Care

It is unclear whether upon arrival in Portugal, URC knew where they would be placed and why. Like other children placed in RC, URC need to know why they have been placed in RC. Therefore, they were asked if anyone explained them the reason behind their placement, but only three (33%[4]) participants believed these motives were properly explained. However, a Director (14%) mentioned the opposite, "(talking about, the day of arrival in the RC facility) It is explained to the child the motive behind their placement. This is something that our team works on with them, especially in the beginning (D1)".

It is imperative that children placed in care understand their fundamental rights as human and children, enabling them to recognize when their rights are being respected or violated. In the interview conducted, URC were questioned about their rights and how many of them they were familiar with. Later, all were asked if they thought these rights were being respected. Fifty-seven percent (n = 4) of URC said they were aware of their rights. However, when asked to name them only one URC (14%) was able to do so: "The

[4] Note: Considering that two URC did not complete the interviews, the total n of participants varies depending on the question asked, therefore altering percentages. For some questions, all nine participants will be considered; however, eight or seven participants total will also be contemplated.

right to religion and the right to be respected (C1)". When questioned if they felt their rights were being respected, 86% (*n* = 6) felt they were. Additionally, URC were asked if they thought caregivers treated them well and with respect. While 57% (*n* = 4) considered that this was almost always or always the case, 43% (*n* = 3) mentioned that this was only the case sometimes. Ultimately, 86% (*n* = 6) participants stated that personal aspects, such as personality traits, sexuality, the sense of identity and religion, were respected by caregivers.

Directors were also questioned regarding diversity and cultural and ethnic rights, and what was done to ensure them. Seven (*n* = 7, 100%) Directors answered positively, highlighting the efforts of the carers in this aspect: "We respect Ramadan. In terms of culture, we respect cultural values within the law requirements (…). They can pray in their rooms; they can go to the mosque. We are quite open in advocating for cultural diversity (D3)"; "RC always welcomed children from other cultures and religions. Everyone must be respected. (…) Caregivers are very assertive and try to answer to children's needs, they ask about Ramadan and try to inform themselves about what they need. When Muslim teens arrived, initially there were some traits and routines that perplexed caregivers. However, an adaptation was carried out by both parties, and gradually, the gaps were filled (D1)".

One Director (14%) mentioned an important aspect during their interview regarding URC's birth families, "(In general), we are very close to the families, (… but) with the families of the refugee children no, we can't talk or work with them. (D3)". Therefore, no work regarding family reunification is done with this population.

Rules and discipline strategies are significant aspects of everyday life in RC, but it is crucial that these guidelines are age-appropriate, understood by the children and are compliant with their rights. The aim was to determine how the participants perceived these norms and how familiar they were with them.

Upon arrival, 56% (*n* = 5*)* of URC believed that the rules were well or very well explained, although 33% (*n* = 3) perceived the opposite "When I got here, they showed me the house and my room, but they didn't explain the rules to me (C3)". Participants had varying opinions regarding the time given to adapt to the rules and the transition, with responses ranging from not having been given enough time (*n* = 3, 43%) to having ample time to adapt (*n* = 3, 43%).

When it came to expressing their opinions on rules, activities and other daily aspects, a significant number of participants indicated that their opinions were not

considered at all (*n* = 3, 43%): “They don’t let me choose, they don’t even ask (C1)”; “They haven’t let me choose any activities yet (C2)”; “They only let us decide rules while we’re playing games (C4)”. This highlights a potential area for improvement in ensuring that children's voices are heard and respected in the RC setting.

URC had different views on the consequences they might face if they broke the rules, including: conversations with caregivers -“They talk to me, ask me why I did or didn’t do something (C6)”; being kicked out -“They’ll kick me out (C1)”; receiving verbal reprimands, being assigned extra chores -“They yell at us, make us go to our room to sleep, make us wash the dishes for the whole weekend (C2)”; losing privileges -“They’ll maybe take our money (C5)”; and not being allowed to go out for a certain period - “They won’t let us go out for a month (C4)”. Forty-three percent (*n* = 3) of URC believed these punishments were somewhat reasonable. Only two respondents (29%) provided insights into whether the punishments were related to rule violations, indicating that sometimes this was the case and that it was always the case, respectively. In comparison, when questioned about discipline strategies used directors answered similarly, “The consequences depend on the child/adolescent who breaks the rules. In crisis situations the caregivers know how to act and do not disregard individual characteristics (...) When they (the children) break them, they’re called out or sanctions related to digital devices may be used. These decisions are made in team meetings, always considering that their behaviours, even when dysregulated, have a reason that should be considered. It is not allowed to hit or yell at the children, even in crisis situations (D1)”.

Adaptation, Socialization and Preparation for Autonomy

It is crucial to include the first arrival moments in the analysis as they establish the baseline for URC perceptions about their future lives and the people in it. It is important to highlight that only one child (11%) mentioned something special being done for him, referring a cake and a gift. Thirty-three percent (*n* = 3) remembered arriving, touring the house, and going straight to sleep, or going through the routine as any other day. Feelings associated with this day and the transition itself were usually not positive: “It was weird (C6)”; “I didn’t like it at first (C7)”; “It was very difficult for me (C8)”. It is worth mentioning that one participant (11%) referred not being informed about the transition until it was happening: “It happened in the afternoon, I came from another RC home, no one told me anything, in an hour everything changed (C4)”. However, 67% (*n* = 6) participants felt that they were welcomed well at the current institution, apart from two URC (22%) who acknowledged being poorly welcomed or neither positively nor

negatively welcomed, respectively. Regarding the arrival and the welcoming processes of children, most Directors mentioned a similar practice: "Upon arrival, efforts are made to ensure that the children are warmly welcomed. The practices carried out are not always the same - it is not a one-size-fits-all approach - they are adjusted as information about the children and adolescents is received, we order a cake, prepare gifts for the reception (D4)"; "We try to get information on the child's preferences and traits, favourite food, favourite toy, especially if they're younger, as well as request a picture to make a welcome poster. There's a little party, with cake. In emergency arrivals we also try to put together a celebration, a little later. All the children are involved and like to please and get to know the new child. A "padrinho" is selected and they're responsible for guiding and helping the new child on the first days (D1)".

Other special or memorable moments are birthdays, how they were celebrated in the context of care, and whether these occasions were used as opportunities to promote a sense of normalization and to build a bridge between the outside world and the home. However, despite the significance of these festivities, when asked about them, 29% (n = 2) URC responded negatively. Additionally, 57% (n = 4) of them admitted that they did not know if they could invite friends from the outside community to participate in these celebrations. Comparably, regarding birthdays, all Directors (100%) mentioned having cake and singing happy birthday, "Anyone who's close to the child is invited, it only makes sense that way (D5)".

Simultaneously, when discussing their friendships outside the home and how this context influenced them, 71% (n = 5) of participants said they could go out to see friends most of the time or a lot. One (14%) mentioned that they sometimes could. Only one mentioned that they could not (14%), "I can't go out alone (C2)". However, 71% (n = 5) URC said they could not invite their friends to come to the RC facility, which hinders the process of normalization. In contrast, Directors mentioned children being allowed to bring friends to the RC facility "Children can invite friends, but they can't come up, especially not to the bedrooms, only outside and in play areas (D1)". Children were also allowed to go to friend's homes, yet this appeared to be a much-complicated matter: "They can also go to the friend's home, there needs to be previous contact with the families and an evaluation. It depends on the age of the child. These circumstances can't be generalized because they might be risky, therefore an evaluation must take place (D6)". Older children, according to Directors, were also allowed to go out and meet their friends: "The children can go out with friends whenever they want, however they need to let the

caregivers know and ask for permission (D1)"; One Director (14%) mentioned: "They can't spend the night out or go to parties. They can go to the movies for example. Not to Clubs or bars, unless they're over 18, but can't stay the night out (D3)".

An essential aspect of intervention with URC in RC is the promotion of independence and autonomy, to better prepare them for life after care. Caregivers are responsible for encouraging and teaching skills necessary to independent living, such as, domestic chores, running errands, financial literacy, etc. However, among the URC interviewed, only three (33%) said that these skills were being taught, and the types of tasks and responsibilities varied significantly. Two URC (29%) mentioned: "I learned everything in Greece, but I still do them here. We went to the bank and school meetings (C1)"; "If the cleaning lady doesn't come, we clean our rooms, set the table, wash the dishes (C2)". One participant (14%) mentioned that "Chores are not taught at the home, only things like respecting others (C4)". Regarding learning how to cook, run errands, go shopping, and perform other domestic chores, only three participants (43%) answered positively. The remaining participants (57%) stated that they were not taught most of the listed tasks, or none. Disparities also existed in the equal distribution of daily chores; 29% (n = 2) URC did not believe these were allocated evenly among all children. According to the Directors, some RC facilities had a life skills program implemented: "Autonomy is worked on from a young age. (…) Caregivers always try to promote these skills so they can feel empowered anywhere they are (D1)". Even the Directors of residential homes that had not implemented the program, mentioned similar tasks and teachings.

Additionally, it is crucial for children to have a well-thought-out plan regarding their education or the field they would like to work in. This responsibility also falls on caregivers to discuss these choices and future plans effectively. Eighty-six percent of participants (n = 6) reported that these discussions happened to some extent, although the level of engagement varied.

URC Establishing Meaningful Relationships While in Care

URC were asked about meaningful relationships they had established while in care, distinguishing between "Relationships with caregivers" and "Relationships with housemates". The environment inside the RC facility significantly influenced the relationships formed and how they were perceived by the participants. Only 44% (n = 4) participants mentioned feeling good or very good about living in the home; 44% (n = 4) admitted that they sometimes felt good about it, and one (12%) URC said they did not

feel overly happy living in the institution. When asked if they felt loved and cared for, the participants seemed divided in their answers: 14% (*n* = 1) did not feel loved or cared for, while 43% (*n = 3)* considered they were. However, 43% (*n* = 3) of URC admitted to not knowing if they were loved or cared for, which raises concerns about the emotional support they perceive within the RC setting.

When directly questioned about the relationships they had established in RC, all the participants (*n* = 8, 100%) stated that there was at least one person they loved in the institution and felt could trust when they had an issue. Thirty-three percent (*n* = 3) indicated that this person was a housemate: "A friend from the home (C6)"; "A friend here (C5)". Two (22%) mentioned a sibling "my brother (C1 and C2)", while 44% (*n* = 4) mentioned caregivers: "a caregiver (C5)", "Dr. A (C7)", "Caregivers A, VP, N, VE, S and L. (C8)".

Relationships with Caregivers

Establishing positive relationships with caregivers is important for every child in care, especially for unaccompanied children, given that these are the only physically present adult caregivers in their daily lives. Therefore, this study focuses on these relationships and how they are perceived by URC.

Every participant (*n* = 9, 100%) mentioned knowing all the adults who worked at the institution, although 44% (*n* = 4) though that the number of staff members was not enough to adequately respond to their needs. When questioned about the availability of caregivers when they had an issue, the responses once again varied among the URC interviewed. Some (*n* = 2, 25%) thought that someone was rarely available, others (*n* = 2, 25%) considered that caregivers were sometimes available, and four (50%) said they thought that almost always or that there was always someone available to support them. This divergence in opinions may obviously be due to differences in the number of children and of caregivers per home, as not many participants were living in the same facility.

To establish positive and healthy relationships between caregivers and URC, and for caregivers to be perceived as significant figures, they must create a positive environment in the institution and provide comfort, support in all areas of life, love, and a sense of trust to the children under their care. However, findings revealed inconsistencies in the participants' experiences, highlighting differences in care provision.

When questioned about whether caregivers knew them well, 44% (n = 4) of URC believed the caregivers knew them well or very well. Three (38%) considered the staff knew them sufficiently, and one (13%) thought they knew them poorly. Fifty-six percent of the interviewed URC (n = 5) believed that caregivers managed to maintain order and a calm environment in the institution well or very well. Five URC (56%) believed that caregivers did not support them when they felt sad or upset and were unable to make them feel better in those situations. When questioned about whether they felt cared for and if they felt they could trust the staff, 50% URC (n = 4) answered negatively. In contrast, when queried about the relationships between caregivers and the children, the Directors mentioned: "The relationship between the children/adolescents and the caregivers is good. There is tolerance, affection, warmth, patience, and flexibility (…) I think caregivers treat children carefully and with attention to their life experiences (D9)".

At the end of the interview, the participants were asked if they had a favourite caregiver and if they would consent to having them answer questions on their behalf. Every URC mentioned having a preferred caregiver and 78% (n = 7) were willing to let them answer questions on their behalf.

Relationships with Housemates

Establishing meaningful and healthy relationships with other children in RC, regardless of their backgrounds (such as other URC or non-URC children in care) is crucial. In this study, participants were asked about their relationships with the children they interacted with daily. Sixty-seven percent of the participants (n = 6) felt happy with their housemates, while a 33% (n = 3) had neutral feelings. However, 50% of the interviewed adolescents (n = 3) did not like the person they shared a room with, while another 50% (n = 3) liked their roommate(s). Another relevant aspect explored was the occurrence of stealing or taking objects. Seventy-eight percent of URC (n = 7) stated that this was not an issue. However, two URC (22%) mentioned instances where housemates stole or took their belongings.

Psychological Adjustment and Mental Health of URC

Table 1 presents the scores attributed by caregivers to URC on the different SDQ scales. Total Difficulties scale obtained the highest mean value (M = 8.00, SD = 2.38), demonstrating that caregivers believe URC experience some difficulties. The Pro-Social Behaviour Subscale (M = 7.71, SD = 1.80), which contrarily, indicates caregivers classify URC positively regarding social skills, also scored high. In contrast, the Conduct

Problems Subscale, the Impact Scale and the Hyperactivity Subscale presented the lowest mean values. The mean scores for the Peer Relationship Problems Subscale and the Emotional Symptoms subscale were roughly similar (M = 2.71, SD = 1.25; M = 2.71, SD = 1.89, respectively). Additionally, a one sample Student's t-test was performed between the Externalising, t(6) =4.87, p= .003, d = 1.40, IC a 95% [.56, 3.07], and Internalising ,t(6) = 9.50, p < .001, d = 1.51, IC a 95% [1.47, 5.69], Subscales. This analysis indicated significant differences between the two subscales, in which the latter presented significantly higher values (Table 2).

Table 3 shows the scores assigned to URC by caregivers for the ACA scales. The Social Instability/Behavioural Dysregulation Scale and the Non-Reciprocal Interpersonal Behaviour Scale showed the highest mean values (M = 5.43, SD = 2.64; M = 4.86, SD = 2.55, respectively). Food Maintenance Behaviour, Sexual Behaviour, Suicide Discourse and Dissociation/Trauma Symptoms Scales presented the lowest values.

Table 4 presents the results corresponding to the Cut Point Scores regarding the SDQ scales given by caregivers. Pertaining to the Emotional Symptoms Subscale Cut Points Score, according to caregivers, two URC (28.6%) present an Abnormal number of behaviours and symptoms associated with emotional difficulties. Regarding both Conduct Problems and Hyperactivity subscales, no URC (0%) showcased concerning levels of behavioural problems or hyperactivity symptoms. Focusing on peer related issues, caregivers believed that 28.6% of URC exhibited abnormal levels of interpersonal challenges, and that 37.5% presented borderline indicators. Respecting to the Pro-Social Behaviours Subscale, only one URC (14.3%) showed abnormal behaviours. Overall, caregivers considered that all URC (100%) classified as Normal on the Total Difficulties Scale, however, that four (50%) indicated Borderline symptoms on the Impact Scale.

Table 5 presents the Cut Point Scores for the ACA scales. Regarding the Non-Reciprocal Interpersonal Behaviour Scales and Social Instability/Behavioural Dysregulation, only 28.6% (n = 2) of URC did not display symptoms and responses aligned with Indicated or Elevated levels. However, in regard to the Dysregulated Emotion/Distorted Social Cognition, Dissociation/Trauma Symptoms, Food Maintenance and Sexual Behaviour Scales, most URC revealed normative levels of symptoms and behaviours (71.4%, 85.7%, 100% and 85.7%, respectively). Caregivers also believed that 28.6% of URC exhibited concerning levels of Suicide Discourse, whose score was classified as Marked. Overall, ACA Total Clinical Scores showed that, 57.1% of URC exhibited Elevated (14.3%), Indicated (28.6%) or Marked (14.3%) levels.

Intervention with URC in Residential Care

The Individual Intervention Plan (IIP) is the guiding document for working with children in a RC setting. This document outlines goals and assesses needs, focusing on the child's strengths to achieve these milestones. This document is designed to be created collaboratively with the child, encouraging their participation, involvement and understanding of the intervention. However, among all the URC interviewed, only one (11%) mentioned being aware of their IIP, and none of the participants (0%) knew its contents: "I don't know what it says (C6)"; "I don't know (C3)". They stated that they were never engaged in the planning or review of their IIP and were not asked to sign them. None of the URC (0%) believed their family was involved in their IIP. Focusing on the intervention itself and the planning behind it, all the Directors mentioned that: "The intervention model is pre-defined, but adjustable given the child's traits and their birth family. It is planned by caregivers and the child, who is actively involved. The children need to be heard and to have decision-making power. The intervention plan and the evaluations they are associated to, allows the team to identify the goals and needs they need to work on and give answers to (D1).". Another Director also mentioned "the goals and achievements are based on what the child believes they can achieve, not what the adults think (D8)". However, one Director (14%) said that "families aren't involved in the making of the IIP, they are (just) informed about (D6)".

Discussion

The first aim of the current study was to identify whether URC's rights are being respected and incorporated into the individual intervention plan. The findings revealed that both children and directors believed that URC's rights were respected, especially regarding culture and religion. This aspect, as literature has emphasized, is fundamental for providing adequate care and ensuring the wellbeing of this population (Ní Raghallaigh, 2011). However, data revealed that only one URC was able to name a few of their rights. This indicates the necessity for a focus on child rights education within RC facilities. Additionally, this study found that explaining the reasons behind their placement upon arrival was not a regular practice among RC facilities, as demonstrated by the URC. As previously established, children placed in RC, particularly URC, often

lack information regarding the resettlement countries and the overall placement process (McCarthy, 2016; Seidel & James, 2019). Therefore, it is imperative that URC are consistently informed about issues pertaining to them, starting from the moment of their arrival. Given that both the Convention on the Rights of the Child and the national entities support interventions for family reunification (Instituto de Segurança Social, 2023; UNICEF, 2019) it is incomprehensible that no efforts are being made in this regard.

In relation to the second goal, identifying discipline strategies utilized on URC by caregivers, this study found that consequences and the practices used by caregivers varied, ranging from reflective dialogue to loss of privileges, freedom, time-outs, assigning extra chores and verbal reprimands. Research on discipline strategies highlights the negative effects of withdrawal of affection and verbal aggression, both leading to psychological problems and behavioural issues (Hernandez et al., 2023), therefore verbal reprimands, such as yelling, and reactions marked by lack of affection are unacceptable forms of treatment. Conversely, the use of reflective dialogue promotes social awareness, prosocial behaviour, and restoration skills (Hernandez et al., 2023), thus highlighting the benefits of disseminating this practice. A concerning finding emerged: one child believed they would be expelled if they broke the rules. This raises questions about the source of this perception and highlights a critical area for further investigation.

This study, as per the third objective defined, aimed to study how the RC facilities are promoting normalization and inclusion in the community, as well as how URC are being prepared for independent living. In this sense, it was found that from the beginning, this effort faced significant challenges. Only one URC mentioned the arrival protocol and celebrations being followed, as opposed to what the directors described. Furthermore, URC described their arrival experiences in negative terms, which contradicts the positive memories reported in a previous study conducted in Portugal (Moleiro & Roberto, 2021). Moreover, while URC were allowed to go out with friends, they were uncertain about whether they could invite them over to the RC facility, directly contradicting the information provided by the directors. These institutional barriers may further stigmatize URC living conditions, making them self-conscious and embarrassed. Additionally, it may reinforce the inclination to conceal from schoolmates their refugee status and living situation, in order to maintain and form social connections (Moleiro & Roberto, 2021). This lack of clarity hampers normalization, as children in family environments can typically invite friends to their homes. Literature has shown that when URC are restricted

from making friends in the community due to the context of RC, they often experience feelings of isolation and loneliness upon leaving care (Söderqvist, 2014).

Regarding the second focus of the third objective, the preparation for autonomy and independent living, it was found that URC described different perceptions regarding chores, tasks and responsibilities and how they were addressed by the RC facilities. Estoura and Roberto (2019) identified the importance of the performance of these tasks, establishing that a successful intervention with URC in RC, should include domestic tasks and chores. In this sense, while the directors mentioned an ambitious life skills program being implemented or of similar teachings being taught, URC did not recognize this as accurate. Research has shown that while "less-supported" placements have challenges, they enable URC to develop independence and be self-reliant (Horgan & Ní Raghallaigh, 2019). In contrast, ill-preparing children in higher support placements may hinder successful transitions to autonomy. Therefore, RC facilities need to establish this preparation as a priority and implement practices in this effort. URC did mention instances of being asked to perform chores and responsibilities such as cleaning, washing dishes, setting the table, attending school meetings and going to the bank. In this sense, it is crucial that these responsibilities encompass a variety of activities, with special focus in areas URC may experience difficulties in such as planning, keeping appointments and commitments (Van Es et al., 2019). Additionally, URC feel more included in placements where they can help plan and cook meals (Malmsten, 2014), this not only enhances their sense of inclusion but also aids in their preparation for autonomy.

This study intended to explore if URC in Portuguese RC facilities were actively establishing loving relationships during their time in care. When questioned about significant individuals in their life, URC promptly identified these loving figures, which included friends, housemates, and both current and former caregivers. This finding aligns with previous research (Kauhanen et al., 2022; Omland & Andenas, 2019), indicating that URC often manage to establish supportive and caring connections despite the challenges they face during their placement. However, overall, URC acknowledged not feeling loved or cared for and did not perceive care providers as consistently trustworthy. Furthermore, URC believed caregivers could not or would not provide adequate and sensitive support when they needed it the most. This perception might be influenced by professionals perceiving older URC as independent individuals accustomed to caretaking, responsibilities and living alone, due to their life experiences, leading to the assumption

that they do not require as much support or benefit from bonds with adult figures as much as younger children. (Costa, 2015).

Regarding the current mental health state of URC through caregiver's reports, this research found that, overall, URC were perceived to face more difficulties and struggles in socialization aspects, as observed from the caregivers' perspectives. Caregiver's believed URC, mostly classified as "Borderline" and "Abnormal" on the Peer Problems Scale and Impact Scales (SDQ) and scored "Elevated" and "Indicated" on the Non-Reciprocal Interpersonal Behaviour Scale, Social Instablity/Behavioural Dysregulation Scale and Total Clinical Scale (ACA). These results align with previous studies, which found that caregivers perceived URC as having socialization and inclusion difficulties (Costa, 2015). However, given that symptoms relating to trauma and other psychological issues (e.g., distressing thoughts, nightmares, and negative physical sensations) reported by literature as prevalent in URC (Kvestad et al., 2023) are typically based on first-person reports, this study does not dismiss the possibility of these symptoms' existence and the need for intervention, even though significant results were not observed from the caregiver's perspective.

Considering the last goal for this study, to explore how interventions with URC are being developed in RC, we found that this was by far one of the most problematic areas overall. Only one URC was aware of the existence of their IIP, and none were familiar with its contents. This starkly contrasts with the information provided by the directors, who claimed that these documents were collaboratively planned with the children, considering their needs and aspirations. This directly contradicts what was highlighted in previous studies, that emphasized the importance of URC participating and having decision-making power regarding their well-being and overall interventions (Malmsted, 2014; Seidel & James, 2019). These results raise concerning questions about whether this essential work is genuinely being carried out among these children or if it is not adequately explained to them, hindering their full comprehension of its purpose and contents. Furthermore, if these interventions are being implemented without the knowledge of the URC, it directly violated their right to participation, information and decision-making.

Conclusion

The present study intended to fill-in the gap in research focusing on the understanding of URC in RC and their perceptions on matters such as relationships, mental health, rights, discipline strategies, adaptation, socialization and preparation for independent living. This study's results highlighted the need for better planned interventions in which URC are at the centre and play an active role, to promote adaptative development, independence and autonomy. Moreover, given the lack of physically present birth family, caregivers in RC are the only present significant figures these children have, therefore, it is imperative that care providers foster a healthy and safe environment, to promote trust and the formation of meaningful relationships where URC feel loved and cared for. RC facilities need to accurately cater interventions to, experiences faced by URC throughout their life – prior, during and post migration, the trauma they've experienced, and the goals these children outline, this work needs to be done in a culturally sensitive manner and in order to appropriately establish loving and positive relationships. While URC are characterized by their similar experiences and trauma, assuming they are a homogenous group, in which every single person has the same needs and wishes as another, is doing them a disservice and actively failing them.

Regarding the potentials and limitations of this study, an asset of the current research is the fact that it allowed URC the chance to share their perceptions regarding their day-to-day life and therefore, enabled the better understanding of issues in RC intervention that need to further invest in adequately responding to their needs. Furthermore, this study contributes to Portuguese and international research on this subject and opens dialogue to URC needs beyond physical security and basic necessities. However, given the limited number of participants, and the fact that this investigation was conducted in few facilities, future investigations would likely benefit from larger sample of URC in different RC centres. Future studies should also consider the use of semi-structured interviews to further understand how URC perceive different issues in RC. By allowing URC to freely express their opinions and beliefs regarding their day-to-day life, it would greatly benefit and improve the understanding of their needs and would allow professionals to better cater interventions to their specific concerns and wishes. Additionally, further research could compare URC to non-URC participant samples, to determine if differences in treatment exist, as well as include participants in alternative forms of care, such as independent living accommodations.

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Table 1

SDQ Scale Scores by Caregivers

Variables	*M*	*SD*	*Min-Max*
Emotional Symptoms Subscale	2.71	1.89	0-5
Conduct Problems Subscale	0.71	0.76	0-2
Hyperactivity Subscale	1.86	1.07	0-3
Peer Relationships Problems Subscale	2.71	1.25	1-4
Pro-Social Behaviour Subscale	7.71	1.80	4-9
Total Difficulties Scale	8.00	2.38	5-12
Externalising Subscale	2.57	1.40	1-4
Internalising Subscale	5.43	1.51	4-8
Impact Scale	1.00	0.00	1-1

Table 2

Externalising And Internalising Subscales (SDQ): Mean Comparison

Variables	*M*	*DP*	*t(6)*	*p*	*d*	*IC 95%*
Externalising Subscale	2.57	1.40	4.87	.003	1.40	[.56, 3.07]
Internalising Subscale	5.43	1.51	9.50	<.001	1.51	[1.47, 5.69]

Table 3

ACA Scales Scores (Caregivers as Informants)

Variables	*M*	*SD*	*Min-Max*
Non-Reciprocal Interpersonal Behaviour Scale	4.86	2.55	1-7
Social Instability/Behavioural Dysregulation Scale	5.43	2.64	0-8
Emotional Dysregulation/Distorted Social cognition Scale	2.43	2.76	0-7
Dissociation/Trauma Symptoms Scale	0.86	1.46	0-4
Food Maintenance Behaviour Scale	0.00	0.00	0-0
Sexual Behaviour Scale	0.43	1.13	0-3
Suicide Discourse Scale	0.43	0.79	0-2
Total Clinical Score Scale	20.71	13.49	0-44

Table 4

SDQ by Caregivers: Distribution of URC According to Levels of Severity

Variables	Severity Levels					
	Normal		Borderline		Abnormal	
	n	*%*	*n*	*%*	*n*	*%*
Emotional Symptoms Subscale	5	71.4	0	0.00	2	28.6
Conduct Problems Subscale	7	100	0	0.00	0	0.00
Hyperactivity Subscale	7	100	0	0.00	0	0.00
Peer Relationship Problems Subscale	2	28.6	3	37.5	2	28.6
Pro-Social Behaviours Subscale	6	85.7	0	0.00	1	14.3
Total Difficulties Scale	7	100	0	0.00	0	0.00
Impact Scale	4	50	4	50	0	0.00

Table 5

ACA by Caregivers: Distribution of URC According to Levels of Severity

Variables	Severity Levels							
	Normative		Elevated		Indicated		Marked	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Non-Reciprocal Interpersonal Behaviour Scale	2	28.6	1	14.3	4	57.1	0	0.00
Social Instability/Behavioural Dysregulation Scale	2	28.6	5	71.4	0	0.00	0	0.00
Dysregulated Emotion/Distorted Social Cognition Scale	5	71.4	1	14.3	1	14.3	0	0.00
Dissociation/Trauma Symptoms Scale	6	85.7	1	14.3	0	0.00	0	0.00
Food Maintenance Behaviour Scale	7	100	0	0.00	0	0.00	0	0.00
Sexual Behaviour Scale	6	85.7	0	0.00	1	14.3	0	0.00
Suicide Discourse Scale	5	71.4	0	0.00	0	0.00	2	28.6
Total Clinical Score	3	42.9	1	14.3	2	28.6	1	14.3