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# Emotional and relational realms of unaccompanied migrant adolescents: an approach to their lived experiences

## *Ámbitos emocionales y relacionales de los adolescentes migrantes no acompañados: una aproximación a sus experiencias vividas*

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### ABSTRACT

After the arrivals of unaccompanied migrant adolescents to Spain reached their peak in 2018, the trends have varied in the last few years, significantly decreasing in 2019 and slowly starting to increase again in 2020. These adolescents represent one of the most vulnerable groups due to their unique characteristics closely linked with the stressors encountered in their migratory process and the host society. All these experiences have been found to affect their well-being in different domains; however, very little is known about their perception of the matter, which is critical to understanding their needs and perspectives. This paper aims to look into the lived experiences of these children and how this process has affected their relational and emotional spheres, which are paramount to their development, especially during adolescence. These experiences were gathered using qualitative methodology consisting of interviews and focus groups conducted in a reception centre for unaccompanied migrant children in Catalonia. The view of these children is enriched with the contributions of the staff working in the reception centre. Analysis of the verbatims yielded six main topics revolving around frustrated expectations, obtention of legal documents, freedom, contact with the Spanish society, family and mental health. These are discussed considering how they affect emotional and relational well-being in the three stages of the migration process.

**Keywords:** Unaccompanied migrant minors, relational well-being, emotional well-being, adolescents, qualitative methods.

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## RESUMEN

Desde que las llegadas de menores migrantes no acompañados a España alcanzaran su máximo en 2018, las tendencias han variado en los últimos años, disminuyendo significativamente en 2019 y lentamente empezando a incrementar de nuevo en 2020. Estos adolescentes representan uno de los grupos más vulnerables por sus características especiales estrechamente ligadas a los estresores que encuentran en su proceso migratorio y en la sociedad de acogida. Se ha encontrado que todas estas experiencias afectan a su bienestar; sin embargo, se sabe poco sobre su percepción al respecto, la cual es clave para comprender sus necesidades y perspectivas.

Este artículo persigue indagar en las experiencias vividas por estos adolescentes y cómo este proceso ha afectado a sus esferas relacionales y emocionales, que son clave para su desarrollo en la adolescencia. Estas experiencias se recogieron mediante metodología cualitativa consistente en entrevistas y grupos de discusión realizados en un centro de acogida de menores migrantes no acompañados en Cataluña. La mirada de estos adolescentes se enriquece con contribuciones del personal del centro de acogida. El análisis de los testimonios produjo seis temas principales en torno a expectativas frustradas, obtención de los documentos legales, libertad, contacto con la sociedad española, familia y salud mental. Éstos se discuten considerando cómo afectan al bienestar emocional y relacional en las tres etapas del proceso migratorio.

**Palabras clave:** Menores migrantes no acompañados, bienestar emocional, bienestar relacional, adolescentes, métodos cualitativos.

## INTRODUCTION

### Unaccompanied minors' trajectories

Article 2 of the Directive 2011/95/EU (Recast Qualification Directive), as included in the European Migration Network's Asylum and Migration Glossary ([European Migration Network, 2021](#)), defines an unaccompanied as 'a minor who arrives on the territory of an EU Member unaccompanied by the adult responsible for them by law or by the practice of the EU Member State concerned, and for as long as they are not effectively taken into the care of such a person or who is left unaccompanied after they have entered the territory of the EU Member State'.

Regarding the moving trends of migrant children, in comparison to the previous years, although the total number of migrant children has decreased, the percentage of unaccompanied children among them has had a staggering rise. During the period 2018-2019, about 63,000 children entered the southern and southeastern European borders, accounting for 42% of unaccompanied minors in 2018 and 27% in 2019 ([UNHCR et al., 2019, 2020](#)). Only in 2021, about 24,000 children arrived in southern and southeastern European countries (including Greece, Spain, Malta, Bulgaria and Cyprus), of which 71% were unaccompanied and separated ([UNHCR et al., 2022](#)). Although the migration fluxes suffered a significant decrease during 2020 with the outburst of the Covid-19 pandemic ([UNHCR et al., 2021](#)), data from 2021 and previous years confirm that the migration of unaccompanied minors has become a regular trend in the European context and, therefore, it requires special attention ([UNHCR et al., 2019, 2020, 2022](#)).

While this group of children is heterogeneous in many aspects, the most common demographic profile includes male gender and an age range of around 15-17 years. Their countries of origin mainly belong to the African continent, making southern European countries like Italy, Greece, Spain, or Malta the main entry points and also the places where these children first end up in foster care centres ([UNHCR et al., 2022](#)).

In their journey from their home countries to their destination, these children encounter all kinds of perils, endangering their physical integrity, emotional and relational well-being, and mental health. Being exposed to stressors not only during the transit phase of the migration journey but also during the pre- and post-migration stages has a cumulative effect on the adaptation of these children (Salas-Wright & Schwartz, 2019).

## Integration challenges

Once migrant children arrive in the host country, they encounter a new context that challenges them on their path towards achieving successful integration. In the present study, integration is understood as a dynamic bidirectional process in which both migrants and the host society have an active role in achieving active and full participation of migrant people in society (Council of the European Union, 2004; UNHCR, 2005). According to the definition held by the European Commission, 'this implies that, on the one hand, it is the responsibility of the host society to ensure that the formal rights of immigrants are in place in such a way that the individual has the possibility of participating in economic, social, cultural and civil life and, on the other, that immigrants respect the fundamental norms and values of the host society and participate actively in the integration process, without having to relinquish their own identity' (European Commission, 2005). Moreover, this study adopts the integration model of inclusive interculturalism proposed by the IMMERSE Project (Serrano Sanguilinda et al., 2019).

In this sense, it is not surprising that aiming at migrant children's full integration is the primary goal of children protection services for this population. These kinds of services put their efforts into accomplishing specific objectives in different areas. These mainly include granting access to education and removing barriers that hinder their active participation in the classroom, fostering their participation in the community, and providing access to social services (Basque Ombudsman, 2021).

When it comes to unaccompanied migrant adolescents, however, these challenges appear to have an extra layer of difficulty derived from their specific circumstances. Not only do they face the same challenges as other migrant adolescents, but they also encounter a few more. For instance, as these children reach legal age, they usually stop receiving support from the care institutions and see themselves in a situation where they are on their own. Therefore, before their coming of age, these facilities and services usually focus on accompanying and supporting them in their transition to adulthood (Basque Ombudsman, 2021).

## Vulnerability

The challenges previously mentioned form the basis of the social vulnerability condition embedded in the concept of being an unaccompanied minor. Although the Convention on the Rights of the Child (United Nations General Assembly, 1989) clearly states that unaccompanied minors are first and foremost children, it often happens that the condition of migrant prevails over the condition of being a child, in this case, disregarding their basic needs as such. Examples of this violation of their fundamental rights are being held in detention centres, seeing their asylum applications denied, and being denied access to quality medical services and education, among others (Bravo & Santos-González, 2017; Radjenovic, 2021).

Unaccompanied minors are commonly described as one of Europe's most socially vulnerable populations. Authors like Biocchi & Levoy (2008) dive deeper into the concept of vulnerability and explain why this group is considered one of the most

socially vulnerable. They state that these children see themselves in a situation where three different vulnerability levels intersect: minors, immigrants, and undocumented migrants. Although according to this concept of social vulnerability deriving from the intersectionality perspective unaccompanied minors are inherently vulnerable, it must be noted that vulnerability is not a static condition. This implies that it can develop over time, which means that these children are, on the one hand, in danger of adding to their existing vulnerability, which may negatively affect their well-being while they are children and as adults in the future (Radjenovic, 2021). Easily explained, the inherent social vulnerability of these adolescents can worsen when adding additional barriers to their holistic integration and well-being. On the other hand, they can also develop their resilience thanks to their individual traits acting as coping mechanisms and the social context and experiences that enhance these traits in the host society. It must be therefore pointed out that the concepts of vulnerability and resilience are compatible (Corona Maioli et al., 2021).

## Adolescents' voices

The social vulnerability of unaccompanied children is a characteristic that has a significant impact during adolescence, representing a stage in human development in which several developmental challenges arise. These lead to the formation of their identities, the ultimate goal of this developmental stage that strongly relies on social relationships and socialisation (Pérez et al., 2021). In the case of migrant adolescents, apart from the paramount need to form bonds with their peers, family is a critical pillar in the construction of their cultural and ethnic identity that helps overcome acculturative stress (Suárez-Orozco et al., 2018). Unaccompanied children encounter more difficulties at this point due to being separated from their families and lacking opportunities to socialise as any other adolescent, especially considering that, in most cases, their school attendance is disrupted (Pérez et al., 2021).

On one side, from a developmental psychology perspective, adolescence is known as a complicated developmental stage because of the developmental challenges and tasks that adolescents face during these years (Berger, 2007). On the other side, from a more sociological perspective, it has been argued that the conception of adolescence as a critical developmental stage has been constructed by clinical psychologists treating problematic adolescents only. This widespread perspective has contributed to a self-fulfilling prophecy that causes adolescents to assume that they are in a complicated stage and behave as such (Martín-Criado, 2005).

Regardless of the perspective, it can be assumed that being an unaccompanied migrant adolescent implies additional challenges to the ones expected during adolescence that come with their integration process and account for a more difficult adaptation to this period (Corona Maioli et al., 2021). This fact redirects attention to the concept of vulnerability previously mentioned. However, several authors point to the idea of agency at this point as something that adults should acknowledge, as it entails the ability to make decisions on matters that affect their lives (James & James, 2012). Nevertheless, Senovilla Hernández (2014) states that vulnerability and agency are two concepts that can coexist. The key is recognising their vulnerability and supporting them in their deficiencies while fostering their agency by providing opportunities for them to make decisions.

Contrary to this idea, retrieving information on unaccompanied migrant children and adolescents' well-being is usually done through questionnaires and surveys not designed in collaboration with them (Tsang et al., 2012). Although this method allows for collecting data from many participants, it does not capture the specificities of their perspectives.

Care professionals accompanying these children in their everyday lives should be able to provide reliable information on their emotional and relational affairs. However,

in a study by [Bravo & Santos-González \(2017\)](#), two main findings contradict this premise. First, these children struggle to express their personal affairs with these professionals because they fear the information they share can be used against them. Second, they found different results depending on the informant.

In this sense, adopting a Child-Centred Approach represents the best way to provide them with opportunities to express themselves and for their opinions to be taken into account. It is based on the premise held by the New Sociology of Childhood, which states that children and adolescents are already competent human beings capable of valuable decision-making ([James & James, 2012](#)). The Child-Centred approach is based on several fundamental pillars that include agency, active participation, safeguarding of children's rights, the development of resilience and fostering of their well-being ([Fattore et al., 2012](#)). Therefore, it believes in the importance of children's subjective experiences in matters that concern their lives, which is in line with Art. 12 of the Convention on the Rights of the Child, which states that they have the right to be heard ([United Nations General Assembly, 1989](#)).

To follow this approach, this study focuses on the discourses of unaccompanied minors, allowing them to express themselves on the emotional and relational spheres of their lives that contribute to their well-being.

## Relational and emotional realms of their lives

As previously stated, a child's life's relational and emotional aspects are paramount to their well-being. This view is supported by the psycho-social model of well-being, which says that this is achieved when a balance of psychological, social and physical resources are available to face existing challenges ([Dodge et al., 2012](#)). Nevertheless, the literature on well-being is somewhat confusing when trying to disentangle its different components. While there are several well-known and widely accepted definitions of well-being, subjective well-being and emotional well-being, others have used the terms emotional and subjective well-being interchangeably ([National Institutes of Health \[NIH\], 2018](#)). This lack of consensus has served as a motive to lead different authors and organisations to meet and start developing a unified definition of emotional well-being. After their discussions, they came up with the following definition: 'emotional well-being is a multi-dimensional composite that encompasses how positive an individual feels generally and about life overall. It includes experiential features (emotional quality of momentary and everyday experiences) and reflective features (judgments about life satisfaction, sense of meaning, and ability to pursue goals that can include and extend beyond the self). These features occur in the context of culture, life circumstances, resources, and life course' ([Park et al., 2023](#)).

This definition does not include any references to social connectedness or relationships. This is because, although discussed as constructs related to emotional well-being, they are considered peripheral and should therefore be studied as a potential predictor or consequence of emotional well-being. In the same direction, mental health is considered as an outcome of emotional well-being that interacts with other peripheral factors ([Park et al., 2023](#)). In fact, in the structural model of child well-being, social and mental dimensions are two of its four key components ([Minkkinen, 2013](#)). In this model, the mental dimension refers to mental health that includes emotional and cognitive well-being as perceived by children themselves. Social well-being is described as 'a positive situation between the child and the people in their life', which includes relationships with close adults, caregivers and friends. As stated by the author, the mental dimension has strong bi-directional connections with all other dimensions. For instance, a positive balance in the social dimension positively influences the mental dimension, as the adolescent feels accepted and safe. This means that, although mutually dependent, emotional and

relational aspects are two separate concepts that should be studied in this population's well-being. Taking both perspectives into consideration, for this study, we focus on the emotional well-being and mental health included in the mental dimension of Minkkinen's structural model of child's well-being and also its social dimension (Minkkinen, 2013) and combine it with Park's definition of emotional well-being and relationships as a separate concept that should also be studied in relation to the emotional well-being (2023).

Evidence that supports these models applied to our study population can be found in studies that compared unaccompanied minors to their peers without a migration background. Authors like Bravo & Santos-González (2017) or Corona Maioli et al. (2021) found that the migration journey experienced by these children, characterised by a lack of available psychological, physical and social resources, resulted in psychological distress often expressed as hopelessness, lack of appetite, sleep problems, or even deriving in depression and anxiety problems. Peer problems have also been reported in this population more often than in their peers without a migration background explained by negative friendship quality. These problems have been described as loneliness, being disliked by peers and forming stronger bonds with adults than with peers (Samara et al., 2020). However, the mentioned study does not explore the possible role of racism and discrimination in the development of peer problems, as other studies have mentioned (Martínez Rojas et al., 2021). It has also been found that friendship has the potential to buffer the adverse effects of trauma caused by migration (Peltonen et al., 2012), and it has been identified as a protective factor for emotional development in this population (Mels et al., 2008).

Considering that friendships and meaningful bonds act as protective factors against mental health problems, contexts where these relationships are fostered, such as schools and family, are highly beneficial. Family has been found to help adolescents adapt and promote their socioemotional development (Borraccino et al., 2018; Pérez et al., 2021). Since unaccompanied minors sometimes lack opportunities to either enrol in non-compulsory education (when they are 16 or older) (Basque Ombudsman, 2021) or have contact with their families, it can be hypothesised that their emotional and relational well-being will be negatively affected.

## METHODOLOGY

### Design

Following a Child-Centred Approach, the study aimed to get to know the matters that were important for unaccompanied minors in relation to their emotional and relational well-being by asking them directly. To access subjective aspects of the experiences lived by these adolescents, the study adopted a qualitative approach through interpretive phenomenology (Denzin & Lincoln, 2008). This approach allowed to access the participants' direct lived experiences narrated through their perspective. The techniques chosen to access the meanings provided to the lived experiences of these adolescents were interviews and focus groups.

This research is part of a broader investigation within a project funded by the Horizon 2020 programme of the European Commission. The IMMERSE project aims to map the socio-educational integration of migrant and refugee children in six European countries.

A script was developed to cover the main topics identified in the research related to their full integration. For this specific research, additional topics were included to explore the emotional and relational spheres of their lives.

The study faced some limitations that stem from the Covid-19 scenario present when conducting the interviews and focus groups. Although they will be further described at the end of this article, it is important to note that due to the restrictions, the researchers were only able to spend two days in the centre to conduct the interviews and focus groups. This made it impossible to establish a previous relationship with the interviewees and participants, which resulted in additional difficulty in accessing the emotional sphere of their lives.

To overcome said difficulties, the researchers emphasised that participants' contributions would be anonymous and that it was safe for them to share their experiences since these would not be used in any way that could be detrimental. On the contrary, sharing their emotional experience would be used to help other adolescents in their situation. Additionally, two researchers of the team were psychologists, and their experience in the field of psychotherapy was used to accompany the participants when sharing their experiences.

## Recruitment and sampling

The study was carried out in a residential care centre for unaccompanied migrant minors located in Catalonia and in a supervised flat of the same organisation provided to some migrant adolescents who showcase excellent behaviour while residing at the centre. The centre and the flat are part of a foundation and run on behalf of the Catalan Government. It provides institutional foster care for 140 unaccompanied minors (although this number can change depending on the migration flows) aimed at pursuing their integration in the domains of society, community, and labour since 2018.

A visit was planned between March 23 and 24, 2021, scheduling 15 interviews with children willing to participate, three focus groups with four to five children each, and seven interviews with staff working in the centre. The sociodemographic profile of the interviewees is included in [Table 1](#). Although the study aimed to understand children's lived experiences, the staff's perspectives were included to provide information on the context of the centre, the children's routines and trajectories and their professional views.

## Ethical considerations

Considering the sensitivity of the topics involved in this research and the participants' vulnerability, compliance with the appropriate ethical requirements was guaranteed through the approval of the study by the Ethics Committee of the Universidad Pontificia Comillas. Before conducting interviews and focus groups, all participants were informed about the topics they were going to be asked about, the aims of the study, their rights to decide at any moment to drop out without providing any explanations and to decide what topics to elaborate on and which ones to drop. A consent form was provided to the participants and explained in detail, emphasising that their participation was voluntary, requesting permission for audio recording and guaranteeing their confidentiality.

In this section, it is also paramount to mention that the research conducted in this paper does not pursue the intention of representing unaccompanied minors in a way that is detrimental to them. Neither does it seek to boost the negative conception that several social media in Spain share of them joining the political debate in which they emphasise the hate speech against them, among others ([Neubauer, 2021](#)). Any affirmation about them is merely descriptive and has no intention of contributing to such a negative image of unaccompanied minors.

**Table 1.** Sociodemographic profile of interviewees

Interviewee	Profile	Age	Gender	Country of origin
AG1	Adolescent	16-17	Male	The Gambia, Ghana, Morocco, Senegal
AG2	Adolescent	16-17	Male	The Gambia, Pakistan, Senegal
AG3	Adolescent	16-17	Male	The Gambia, Morocco, Pakistan
A4	Adolescent	16	Male	Ivory Coast
A5	Adolescent	16	Male	Morocco
A6	Adolescent	17	Male	The Gambia
A7	Adolescent	16	Male	The Gambia
A8	Adolescent	17	Male	Morocco
A9	Adolescent	17	Male	Morocco
A10	Adolescent	17	Male	The Gambia
A11	Adolescent	17	Male	Senegal
A12	Adolescent	17	Male	Pakistan
A13	Adolescent	18	Male	Morocco
A14	Adolescent	17	Male	Pakistan
A15	Adolescent	16	Male	Morocco
A16	Adolescent	17	Male	Morocco
A17	Adolescent	17	Male	Morocco
A18	Adolescent	16	Male	Morocco
P19	Psychologist	34	Female	Spain
P20	Social educator	33	Female	Spain
P21	Director	47	Female	Spain
P22	Nurse	31	Female	Spain
P23	Social worker	45	Female	Spain
P24	Social educator	46	Female	Spain
P25	Social educator	27	Female	Spain

'AG' stands for adolescent group, 'A' stands for adolescent, and 'P' stands for professional.

## DATA ANALYSIS

Once the interviews were transcribed, qualitative analysis was performed with the support of NVivo 12 Plus software (QRS International Pty Ltd, 2020), which helped arrange the categorisation and codification of the verbatims. Thematic analysis was the chosen method to address the information provided by adolescents and professionals of the centre, developing codes and analytical categories to organise the topics that arose in the discourse. The final step included interpreting and associating meanings to extract the main themes presented in the results section. The interpretive phenomenological analysis was used to offer insight into how these adolescents provide meaning to their lived experiences about their migration journey until they reach the host country and start their integration into the host society and how this affects the emotional and relational spheres of their lives. Information from the centre's professionals was also

considered to provide a different perspective and context to their experience in a centre for unaccompanied migrant minors in the host country. However, it must be noted that the contributions of the professionals and the adolescents are not treated equally, as the present study aims to identify the lived meaning provided to the experiences of the adolescents. Therefore, the contributions of the professionals are only portrayed to contextualise the experiences of the adolescents and not to retrieve the professionals' own meaning provided to their lived experiences. To avoid biases in the interpretations of the first author, the second and third authors reviewed the analysis and results, and discrepancies were solved through discussion and agreement of the three authors.

## RESULTS

Results are organised following six main topics identified in the verbatims. To illustrate them, extracts from the interviews and focus groups are embedded in the text.

### High expectations that get frustrated

The interviewed adolescents, when deciding to come to Spain, pursued several dreams that they had in mind and sometimes had been there for a long time:

I have wanted to be a cardiologist since I was a child. I had a friend who died in front of me, and I don't want friends to die in front of me because there is no one to help them" (AG3, Moroccan adolescent aged 17).

They strived to change their lives not only for themselves but also for their families, which was usually dependent on earning a living and starting up a business: "I have come here to change my life, have a future and help my family. My family has nothing; we are poor" (AG3, Pakistani adolescent aged 17). These motivations usually stemmed from the insufficient living conditions they saw themselves in, usually concerning poverty and dramatic situations in their home countries.

Although these reasons motivated them to leave everything behind and decide to come to Spain, once they arrived, established themselves in the residential care centre and realised the difficulties of getting the first chance to start earning money, they pointed to the pressure of providing for their families and the inability to do so:

"It depends on the day because of family issues. Sometimes, when I'm alone, I think about my family, and I feel sad. Also, when I think my family needs something I will only be able to get when I am working. Now, I can't get it, and that makes me sad. But this is life, sometimes it's good for you, and sometimes it's bad for you" (A10, Gambian adolescent aged 17).

According to the professionals, the expectations of these adolescents are frustrated upon arrival: "It is very frustrating. They come with expectations that are frustrated as soon as they arrive" (P19, Spanish female psychologist aged 34). They stressed that the inability to immediately start working prevented them from reaching everything they had hoped for and that they had promised to their families, with the result that they lied to them about how well things were going in Spain: "If they can't work, they can't earn money, which is frustrating. Because if they don't have money, they don't have a house, they lie to their families, their mothers... They have that pressure" (P20, Spanish female social educator aged 33).

Dealing with this clash between expectations and reality represented a personal challenge for these adolescents, causing them strong feelings of frustration, anger, sadness, resignation, and even depressive states:

“I came to Spain, directly to that school, with my father. They told me that I only needed to do some paperwork. And after a week, they told me there had been a mistake because I needed the ID. Then I got depressed again” (AG3, Moroccan adolescent aged 17).

## **Obtention of documents: the key to happiness and the way to despair**

Every single adolescent and professional mentioned the obtention of legal documents in their interviews, either for the joy of obtaining them or for the hell it meant not having them. As explained by the professionals, not obtaining legal documents in a timely fashion meant that the adolescents could not exercise some of their basic rights. These included the inability to attend school when they are older than 16, enrolling in vocational training, and participating in after-school activities, among others:

“The second success is that we can get their legal documents. The difference between having them and not is being able to opt for everything or be left with nothing for three years. Without documents, you don’t exist. You can’t go to high school unless you’re under 16. As long as you are over 16 and have no legal documents, you have nowhere to go and nothing to do. It is the basis for everything else” (P21, Spanish female director aged 47).

The struggle to obtain the documents and the awareness that the matter was out of their hands led the adolescents to feel helpless, sad and frustrated in a way that was described as unbearable at times:

“It’s hard. Sometimes you think you can’t stand it. You want to do many things that you cannot. You want to get the documents and study. Sometimes I cry here alone. It is very difficult to handle. You have no rights; you have no help” (A8, Moroccan adolescent aged 17).

This was supported by the professionals, who stated seeing them distressed due to their inability to do anything about it:

“You see them more apathetic and worried, but it’s not their fault. For example, we go to get their ID, and they keep their passport. In the end, we return to the same thing: some things generate mental health problems in children, such as frustration, and it must be dealt with correctly” (P20, Spanish female social educator aged 33).

On the contrary, managing to get their IDs was described as the only way in which the adolescents would be able to enter the educational path and get opportunities to find a job: “When they get their documentation, they go to high school or wherever they want to study, or they are enrolled in vocational training and, once finished, do an internship. Many of them are then hired” (P22, Spanish female nurse aged 31). Once the adolescents understood how the bureaucracy worked and became aware of the consequences of not obtaining the legal documents, all their efforts were directed towards overcoming this obstacle. This also implied that their emotional well-being was strongly dependent on this goal, especially because it was the key to being able to take further steps towards reaching their full autonomy and living on their own: “Only when I get my legal documents will I be happy” (A14, Pakistani adolescent aged 17). In a way, it was as if the decision to migrate while remaining underage and everything this journey entailed in terms of malaise, witnessing dramatic situations, and the burden of leaving everything behind would be worthwhile or not depending on the obtention of legal documents.

## Lack of freedom as a burden to integrate

The fact of living in a residential care centre meant that the adolescents were subject to a series of norms, procedures and protocols that they experienced as a burden to enjoying their freedom. The Covid-19 scenario only made things more difficult, as there were restrictions that affected the adolescent's free time and gave them the sensation that they were in jail rather than in a centre for children their age:

“Here, life is not the life of a minor; it is like a prison. There is no freedom. Not all things are easy at the centre. In 24 hours only half an hour of recess, for example. And here, without fresh air” (AG2, Senegalese adolescent aged 16).

As adolescents understood it, freedom did not refer to doing whatever they wanted at any time. Rather, the absence of it meant that they lacked the chance to go out of the centre and live what any other adolescent would describe as a normal social life. For instance, when adolescents made it to the supervised flats, they remembered all the restrictions they faced when living in the centre, such as being unable to go out freely in the afternoons:

“There are many things you cannot do in the centre. For example, you cannot go out. Only on the weekend, and you can't do whatever you want. Here you have freedom to go out in the evening. There is more freedom. The food is also better here than there” (A11, Senegalese adolescent aged 17).

Sticking to the norms imposed by the centre generated discomfort in the adolescents and required the adaptation to a new way of living: “Upon arriving at the centre, I realised they did not let us go out alone. I don't like rules. Because when I was in Morocco, I lived without rules. It's been a bit of a change” (A13, Moroccan adolescent aged 18). This highlights the evident differences between living in the centre or in the flat and the upgrade it represents moving from the first one to the second.

In this sense, although residential care centres are designed to take care of unaccompanied migrant children and help them reach opportunities for their future, the way they are conceived, added to the bureaucratic issues these adolescents face, somehow overlooks certain key aspects of their integration process, according to the professionals: “Here, it is difficult to work on the integration issue because they are isolated with quite rigid regulations, learning a culture unknown to them and discovering everything. It is very frustrating” (P19, Spanish female psychologist aged 34). Some adolescents complained about lacking time to meet people when they lived in flats due to their tight schedule: “I learn Catalan, and then at 1 o'clock I cook, shower and go to the course... I come back at 7 or 8 pm. I can't go out; I can't talk to people” (A12, Pakistani adolescent aged 17), or about not having had the chance to meet any Spanish peers when living in the centre: “I don't have any Spanish friends here. I haven't met anyone” (A11, Senegalese adolescent aged 17). The result of this isolation made them feel lonely: “You can't go out without permission; I feel lonely. I can't talk to my friends; I don't have time. I get up in the morning and spend 3 hours learning Catalan” (A12, Pakistani adolescent aged 17), sad, frustrated and therefore hampered their self-regulation abilities:

“It's hard to be patient here. Sometimes I get very nervous because I can't do anything. When I get nervous, I sit on a chair or go to the bathroom and relax. When I'm nervous, I don't want to talk to anyone or for anyone to bother me; I like to be alone. Sometimes I spend the day crying. But nothing happens; there is no solution” (A8, Moroccan adolescent aged 17).

## Contact with Spanish society: mixed experiences

When talking about their contact with Spanish society at different levels, experiences were very heterogeneous among the adolescents. On the one hand, most of them felt welcome in Spain, especially in Catalonia, which they described as a home to them: "Catalan society respects foreigners a lot. We feel at home, like in our country" (AG2, Gambian adolescent aged 16). They also delved into concrete experiences they had had with Spaniards in different contexts. For instance, before going to the centre, several adolescents spent some time living in the streets, where they met Spanish people who offered to help them by supporting them or at least having someone to talk to:

"When I slept in the street, an older man asked me why I slept there. I told him that I had no family. He gave me his number so I could talk to him whenever I wanted. I didn't know much Spanish, but over time I'm learning, and now we speak more often" (AG1, Ghanaian adolescent aged 17).

This represented the first favourable approach towards Spanish society. This positive exchange with Spaniards was also experienced in the classroom, where some acknowledged the existence of racist and discriminatory attitudes but had not been direct targets of them: "For example, since I've been here for almost two years, I go to high school and hear about racism, but I've never seen it. My friends treat me as one of their own" (AG3, Moroccan adolescent aged 17).

On the other hand, others declared having been victims of discriminatory attitudes, some more explicit and direct: "I have often been told, "Go to your country" (AG3, Gambian adolescent aged 16) and some less so. In the second case, they stated feeling helpless, uncomfortable and complained that they did not do anything to deserve such a treatment: "When they accuse you of something you didn't do. [It has happened to me] lots of times, but I can't say anything" (A16, Moroccan adolescent aged 17). The professionals in the centre were aware of this kind of attitude among some members of Spanish society and declared that much needed to change in this sense. Therefore, to protect the adolescents, they adopted an approach in which they warned them about these existing discriminatory attitudes so that they would not catch them unprepared:

"People who work on this are not supposed to have certain prejudices. But society, in general, has a long way to go. So, I prefer to prepare them than tell them they will meet someone on the street who will help them just like here. I wish it were like that" (VP39, Spanish female director aged 47).

## Seeking for a family

The inherent nature of unaccompanied migrant minors is that they are separated from their families when they arrive in the host country, meaning that they are alone in a foreign country with an unknown culture, a different language and no one to turn to. This is especially dramatic for adolescents from cultures where the construct of family is sacred to the point that they state that one needs a family to live. Bearing this in mind, it is no surprise that they missed their families dearly and that they were in contact with them as often as possible: "I always talk to them. family is love. If you don't have family, you are nothing. Family is everything" (AG3, Moroccan adolescent aged 17). Professionals acknowledged this and stressed the special place mothers held in their lives compared to their fathers: "Everyone has a daily relationship with the family, especially with the mother. I do not know if they have told you, but they miss their mother the most. Their father not so much, but their mother a lot" (P20, Spanish female social educator aged 33).

In this sense, in the host country, adolescents lacked adult references that supported them in the adaptation to this new society and context full of norms, bureaucratic hurdles and several obstacles that they must face:

“They are teenagers like the ones out there. Their problem is that they don't have references, they don't have their parents here, and they totally change the education, the culture, and the context. So yes, there are some for whom this implies more difficulties adapting. But in the end, they are like any teenager” (P19, Spanish female psychologist aged 34).

However, when arriving at the care centre, they found in the professionals an adult figure whom they could trust and with whom they could share their joys and sorrows. This is why many adolescents claimed that the professionals of the centre, mainly the social educators who spent time with them the most among the remaining professionals, were like family to them: “I've been here almost a year, and you see them every day, so it's like family. You tell them everything because you live here” (AG3, Moroccan adolescent aged 17). The professionals were aware of this perception of the adolescents and admitted that, in a way, they seek to create this feeling of being a family at the centre to try to provide them with the support that they lack in the host country:

“We keep in touch when the boys leave. We call them and worry about how life is going for them. That motivates them to think that even though they don't have a biological family, they have us, and they are not alone. One of the goals we work on here is to create a family” (P20, Spanish female social educator aged 33).

However, they also stressed that they could not and would never try to replace their real families, as they understood the importance of providing support while not taking someone else's place:

“I always tell them we have to be the closest thing to a family, but we are not. Not even if they were boys from the territory. We are not their family; we cannot replace it, but we must get close. Make them see that they can trust us when they have a problem” (P21, Spanish female director aged 47).

Another evidence of the adolescents' longing for a family was the relationship they established with their peers at the centre. In them, they saw someone who had been through a very similar migratory experience and who could therefore understand what they were going through. They were also considered a great source of support for them and stated that they shared everything with them. This is why they also referred to them as family: “The other boys are all family. We are all one. We share the good things and the bad things” (AG3, Gambian adolescent aged 17). However, not only did they describe them as family but also as brothers, pointing to the importance of sharing a cultural background: “The boys here are like my brothers because we are from the same country. Also, with people from other African countries” (A17, Moroccan adolescent aged 17).

## Difficulties and consequences for their mental health

When asked about mental health directly, almost all adolescents were unfamiliar with the term: “Mental health. No, never heard of it” (A5, Moroccan adolescent aged 16). However, once explained to them, the majority stated that they were happy and doing okay. What was surprising is that when asked directly, this was their answer, but when exploring several domains of their lives, such as the effect the whole migratory experience had had on them and the way the daily integration difficulties affected them once in the host country, their answers were quite the opposite; one of them even incurring in self-harm to deal with the malaise: “I feel very sad. My grandmother died. But I can't go to Pakistan. I made some cuts to my arms” (A12, Pakistani adolescent aged 17). There appeared to be evident differences in the experience of their own well-being and mental

health between adolescents from African countries and Pakistanis, where the first did not share their emotions easily, and the second were more open about them. Not only to the interviewers but also to the professionals in the centre: "There is a psychologist who was in the centre. She comes on Fridays. She asks me how I am here. I like talking to her; I trust her" (A12, Pakistani adolescent aged 17). This was confirmed by them, who, after acknowledging the difficulty for these adolescents to talk about the traumatic things they had experienced in their journeys, pointed to the difficulty of Africans in showing themselves as vulnerable to others:

"Dealing with the complex situations they lived in their journeys and the aftermath is very difficult because they are not open to talking about it. It's something very private that they don't want to explain. I understand that some parts show their vulnerability that is not contemplated in their way of being or in their culture, especially in Southern Africans" (P19, Spanish female psychologist aged 34).

Going through the different barriers encountered for their emotional and relational well-being, the first would be the difficulties experienced in the home country and during the migratory journey. Back in their home countries, they experienced all kinds of challenges and tragedies, such as poverty: "I have come here to change my life, have a future and help my family. My family has nothing; we are poor" (AG3, Pakistani adolescent aged 17), the death of a loved one or child labour, that motivated them to migrate to a different country in search of better life opportunities: "Yes, better than here, but it's difficult to earn money. But much better because I had friends there with whom I went to school. My life was better. But then my father died" (A14, Pakistani adolescent aged 17). During their journeys, the obstacles and perilous situations were still present for many adolescents:

"Very difficult. Because I had an accident in the Sahara, our car overturned. And there I got hurt. I spent a week without being able to breathe through my nose, only breathing through my mouth. I cut my hand. Some people died, and some lost hands and legs. So, it was a very complicated accident" (A6, Gambian adolescent aged 17).

These situations cause a strong negative impact on their lives to the point that, on occasions, their lives were in danger: "I got under a bus, where the wheels were, and it brought me to Barcelona. I was 42 hours there. Without eating. Four people, we sweat a lot. My parents didn't know; I could have died" (AG3, Pakistani adolescent aged 17). The professionals also pointed to the route taken as something decisive on the impact and subsequent trauma it would cause them, stressing that due to the longer distance between Spain and Sub-Saharan African countries, the journeys were more prone to entailing multiple difficulties of different nature:

"It is very different how boys come, for example, from Morocco, compared to how boys from Sub-Saharan Africa come. Because the journey is often not the same. There are many boys from Gambia and Senegal who, until arriving here, have spent a year travelling to different places, staying a few months in each place, working. Some have been ill-treated. I'm not saying that it isn't for the rest of the boys; it is different. But I think for the kids in Sub-Saharan Africa it's harder. They arrive more traumatised, although they do not express it. They rarely express that pain to you, that suffering. It is very difficult for them to talk about this" (P23, Spanish female social worker aged 45).

They also stated that the more traumatic the route, the less the adolescents wanted to talk about it.

Contrary to the belief of many, the arrival to Spain did not mean there would be no more challenges and difficulties. The fact that things were not how they imagined them and that they had to give up on their expectations was something that they experienced

as extremely frustrating to the point that they sometimes did not know how to cope with their emotions and ended up resigned as they did not see any possible way to change things. On top of the already mentioned struggles that all adolescents had to face, such as not obtaining their legal documents easily or adapting to the centre's norms, there was a minority who faced additional issues. One Pakistani adolescent felt left out by his flatmates due to not sharing the same cultural background or speaking the same language:

“I am fine with my flatmates, but we don't talk much. They are from different countries, and we do not speak the same language. I used to play pranks, but they didn't like it. The social worker always tells me to talk to the boys and to make jokes. But since I don't know how to speak their language, they always insult me. And when we eat together, they speak Arabic, and I don't understand it” (A12, Pakistani adolescent aged 17).

This evidenced the importance of sharing a cultural background for the adolescents as a way of finding allies in the difficult task of integrating in the centre, and the disadvantage of those who did not share such traits with their peers. The fact was that, added to the difficulty of getting to know native peers of the host country, they would also have to deal with the prejudices that the host society held against them: “I think there are many integration challenges. First of all, ourselves. Because you realise that we are all a bit discriminatory and have many prejudices. So, there is society itself, which has to break down barriers” (P23, Spanish female social worker aged 45).

All of these challenges, struggles and difficulties to adapt to this new context and to cope with everything they had been through without their families to support them on the way formed a breeding ground for the adolescents' overall well-being and mental health to be negatively affected in some way. According to the professionals, they were in the midst of a grieving process of everything they had lost, left behind, or given up in order to move towards achieving their dreams:

“I work with the grieving process they go through when coming here, losing their families, friends, culture, food, house... Losing all this, how they face the situation, adapting to the new rules, living here, how they deal with the fact that the documentation takes so long. Adaptation is the most difficult challenge” (P19, Spanish female psychologist aged 34).

This is what led the professionals in the centre to assert that the vast majority of them would need to go to therapy to learn to cope with the burden they carried on their shoulders at such a young age:

“Physically, they are fine. The most serious problem is mental health. Either because they miss their parents and their family or because most of them come with expectations that are totally different from what they later find here, I think it's a grieving process that is very hard for them, although they have a lot of support from the professionals. But even so, it is very difficult because they cannot talk much with their family, and they see that they cannot start studying until they can get the documentation. They think everything is faster and they can work when they arrive. This is not the case either. They have a very bad time. 80% of the boys (approximately) should go to therapy” (P23, Spanish female social worker aged 45).

In addition to the topics identified in the verbatims, the analysis of the interviews and the focus groups also allowed us to identify the facilitators and stressors that the adolescents perceived for their emotional and relational well-being. These are divided by migration stage and portrayed in [table 2](#).

In the pre-migration stage, the adolescents mentioned two stressors: having a low socio-economic status or living in poverty and witnessing or experiencing a dramatic situation. Regarding the first, this was the reason that motivated their decision to

migrate in many cases, as they had to look for better chances to make a living and send money to their families. The second category was formed by dramatic experiences such as homelessness, losing a parent or even witnessing the death of a close person, which were non-normative traumatic experiences that negatively affected their well-being.

**Table 2.** Facilitators and stressors for the emotional and relational well-being of adolescents identified in their verbatims

<b>Migration stage</b>	<b>Facilitators</b>	<b>Stressors</b>
Pre-migration stage		Low socio-economic status or poverty Witnessing a dramatic situation
Transit stage		Dramatic experiences Homelessness Being held captive Unsafe travelling conditions
Post-migration stage	Access to resources Obtention of legal documents Enrolment in high school / vocational training Living in a flat Social relations Regular contact with their families Bonds with the professionals in the centre Peer relationships at the centre Contacts outside the centre Perception of a receiving society	No access to resources No obtention of legal documents No enrolment in high school / vocational training Living in the centre Lack of social relations No contact with the family No peer relationships at the centre No relationships with Spanish people Perception of a rejecting society

Due to their unnatural nature, all stressors of the transit stage were classified as dramatic situations. These included all kinds of perils and varied depending on the distance from the home country to their destination and the routes and means of transport used to travel. Homelessness was repeatedly mentioned as a period many adolescents underwent during their journeys. Some claimed there were times when they did not have anything to eat or drink due to being in a boat or hidden under a truck, which endangered them to the point where they believed they could have died. It was common that they experienced extreme fear when being held captive or travelling in conditions in which they felt unsafe.

The post-migration stage was characterised by facilitators and stressors that were complementary to a big extent and that are explained jointly. Two main categories affected their emotional and relational well-being at this stage: access to resources and social relations.

Within access to resources, one of the main factors was the obtention of the legal documents. As already portrayed in the topic identified from the verbatims, having the legal documents enabled the adolescents to enrol in school or vocational training and profit from a series of rights that were denied if they did not obtain them. They described this as one of the most difficult challenges to handle, along with the frustration it entailed. The other factor highlighted by the adolescents was the difference between living in the residential care centre or in the flat. As the second enabled them to live a life similar to the one of any other adolescent in the host country, it was described as something beneficial for both their emotional and relational well-being. On the contrary, remaining at the centre meant they had to adapt to strict norms and had fewer opportunities to interact with people outside the centre.

Social relations were divided into relationships with different groups of people. The first one mentioned by all adolescents was the relationship with their families. As being an unaccompanied migrant minor meant not having their families by their side, this was experienced as sad by all of them as they realised they were on their own in Spain. Nevertheless, they talked to them over the phone to tackle this absence whenever possible. The relationship with the care professionals of the centre, especially social educators, buffered this lack of adult references in some way. When adolescents established a strong bond with them, they felt safe and as if they were their family. The same happened with peers at the centre. When they established a close relationship with them, which was described by most of them, they referred to them as brothers, as they found someone they could trust and who could understand what they had been through. However, in very few cases, the adolescents did not establish this kind of relationship with their peers due to not sharing the same cultural background, causing them distress and making them feel lonely.

Relationships with other peers or people from the host country were also described as a source of well-being, and the lack of them as something that hindered their integration in Spain. Finally, the attitudes of the Spanish society they perceived were also key to their well-being. While around half of the adolescents pointed to them as a receiving society that made them feel at home, the other half perceived attitudes of rejection towards them, which negatively impacted their relational and emotional well-being. Some discriminatory attitudes they perceived were very explicit, and others more indirect, both making them feel frustrated as they did not identify with what was being assumed about them without knowing them.

## DISCUSSION

Unaccompanied migrant minors represent a vulnerable group among children their age, and special attention must be paid to the factors that influence their lives and affect their emotional and relational well-being to be able to impact them positively. This study pursued the goal of contributing to fostering their well-being through the identification of these factors so that future interventions and services provided to unaccompanied minors can consider them. The results found are discussed in light of the academic literature.

Usually, the topics stressed when conducting research on children's and adolescents' well-being are conceived from an adult-centric perspective, often disregarding their own views (James & James, 2012). In this study, we intended to put adolescents at the centre of a core matter in their lives: their emotional and relational well-being. The Child-Centred Approach adopted allowed us to access their views and lived meanings on the matter and highlight the topics that were most important to them. Although care professionals of the centre were interviewed, their inputs only served to provide context to the adolescents' verbatims and provide background information and a professional view in matters concerning integration and mental health. Surprisingly, and contrary to what [Bravo &](#)

Santos-González (2017) found, the inputs of the professionals and the adolescents were considerably similar. The only topic on which we found bigger differences was mental health. However, this is not surprising considering that most adolescents were unfamiliar with the term and did not like to talk about the things that made them feel vulnerable. Additionally, the inputs of the psychologist and some social educators on mental health were conceived from a more professional perspective in which they analysed what the adolescents lived since leaving their home country and until arriving in Spain and could draw direct lines between the stressors encountered and the consequences for their well-being.

Regarding the topics identified that affected their emotional and relational well-being, these are analysed jointly. Although emotional and relational well-being are two separate dimensions of overall well-being, these hold strong bi-directional connections in which the balance of one affects the other, according to the structural model of child well-being adopted in this study (Minkkinen, 2013). Despite the fact that this study focused mainly on the topics identified in the post-migration stage, the factors fostering or hindering their well-being pertaining to the pre-migration and transit stages will also be discussed as the adolescents mentioned them as variables that affected their well-being.

In the pre-migration stage, the identified stressors were mainly low socio-economic status and experiencing dramatic situations. These have been widely recognised in the literature as negatively impacting well-being. Alonso-Fernández et al. (2017) found that migrant children with lower socio-economic status (as derived from their families' situation) had a lower quality of life when compared to their peers with and without a migration background with a higher socio-economic status. Plenty & Jonsson (2017) found that immigrant adolescents whose families had a lower socio-economic status were subject to social exclusion among peers more often than their non-migrant peers. The negative impact of the lack of resources to face the existing challenges is also envisioned in the psycho-social model of well-being (Dodge et al., 2012).

Regarding dramatic situations, these are often specific to underprivileged contexts or war contexts, which are usually the ones that unaccompanied migrant minors flee in search of better life opportunities. These were also found to be the primary stressor of the migration stage. The distress experienced while witnessing these dramatic situations can be analysed as extreme life circumstances that have a negative impact on emotional well-being, according to Park et al. (2023). Several studies comparing unaccompanied refugee adolescents and their peers from the host countries found that experiencing or witnessing traumatic events such as torture, violence, a severe injury or accident, or the death of a close relative contributed to causing peer problems, anxiety, depression, and stress (Karadag & Gokcen, 2021; Karadag & Ogutlu, 2020; Stefaneck et al., 2012). Although the present study did not intend to diagnose psychopathology in adolescents, it was observed that many of them stated feeling sad, frustrated, or angry at times. This was supported by care professionals, who confirmed that many of these adolescents had gone through traumatic experiences that negatively affected their mental health.

In the post-migration stage, interviewees pointed to the obtention of legal documents as one of the main stressors they encountered. Apart from the time they had to wait until they finally got their legal documents, they also pointed to how vital these documents were to participate in society. Without documents, if older than 16, they cannot be enrolled in school or vocational training and can only dedicate their time to learning the host country's language. This was described as very frustrating, as they could not move towards reaching their expectations, which mainly included finishing school or doing vocational training to find a job and start earning money. This frustration and fear of not obtaining the legal documents and being able to meet the families' expectations has previously been described in other studies as something that negatively impacts their well-being (Manzani & Arnosó Martínez, 2014). Additionally, not obtaining the legal documents and the frustration of their expectations were closely intertwined, and at the same time, these had a direct negative impact on the reflective dimension of their

emotional well-being. This dimension gathers the judgements about life satisfaction and the ability to achieve one's goals (Park *et al.*, 2023). Considering that the adolescents' most repeated emotion was frustration and that they all complained about not being able to earn a living, which was the goal of coming to Spain in the first place, it can be assumed that this was extremely detrimental to their emotional well-being.

Alternatively, once they obtained their legal documents, they could attend school or vocational training, which was identified as a facilitator by them. Similar results were found in other studies, where participants mentioned that going to school not only helped them learn new things but also made them happy and enabled them to make new friends in the host country. However, they also mentioned that, while remaining in the centre, most of their friends were the peers with whom they lived (López Belmonte *et al.*, 2019).

Another critical aspect that proved to be an influencing factor in their emotional and relational well-being was the presence or lack of meaningful relations with different people. According to Minkkinen *et al.*'s structural model of child well-being (2013), these would directly impact their social well-being, as they represent positive situations between the adolescents and the close people they have in their lives, including adults, caregivers, and friends. Regarding family relations, not having them by their side meant that they missed them a lot, which worsened their well-being, as many stated that the only thing missing to be happy was being with their families. However, they claimed that regularly talking to their families made them happy. In line with this finding, a study found that most unaccompanied minors talked periodically to their families over the phone, highlighting the importance of being in touch with them (López Belmonte *et al.*, 2019). The importance of the bond established between these adolescents and their families is supported by the paramount role that families have in contributing to the formation of their children's cultural and ethnic identity, especially in a context with a different culture and beliefs where they face acculturative stress without adult references of their own culture (Suárez-Orozco *et al.*, 2018).

Nevertheless, looking at the bonds established between the adolescents and the care professionals, it was clear that they were positive for their relational well-being, as they referred to them as family because they knew they could count on them. This result is in line with several studies which found that adolescents are in a sensitive stage in which they pursue being accepted by the environment, and especially for unaccompanied minors, affectionate bonds with their caretakers are essential for their emotional well-being (Eriksson *et al.*, 2019; Kalverboer *et al.*, 2017). This provides more evidence of the bi-directional relation between emotional and relational well-being, where positive factors that affect one have positive consequences on the other.

The identified need for establishing relations in the host country close to a family, although not a real one, was also observed in the bonds with their peers at the centre, calling them brothers. This need was also found in a study by Eriksson *et al.* (2019) with the same population. This was the bond that represented the strongest support for the adolescents at the centre. Nevertheless, although only mentioned by a few, not establishing meaningful bonds with their peers represented a stressor. When they referred to a lack of relationship with their peers at the centre, they felt lonely and sad, as found in other studies (Eriksson *et al.*, 2019). This finding shows the close connection between the factors that directly affect these adolescents' relational well-being and the consequences on their emotional well-being.

Regarding the lack of bonds outside the centre in our study, adolescents pointed to the inability to get to know people due to a lack of opportunities. However, once they got to know people from the host country, some experienced prejudice or even racism, which they could not understand, as they perceived they were blamed for things they would never do. This has also been found in other studies, where unaccompanied migrant adolescents expressed that it was hard to establish meaningful relationships with native peers because they had prejudices towards them or were socially discriminated against by them (Caravita *et al.*, 2020; El-Awad *et al.*, 2017; Eriksson *et al.*, 2019). However, other

adolescents in our study, mainly some living in the flats, were able to establish bonds with native peers and some had never been victims of racist or discriminating attitudes. These mixed experiences with the Spanish society can potentially boost or hinder the integration process in Spain. In this sense, as integration is regarded as a two-way process in which the native citizens should provide these adolescents with opportunities to socially participate in life (European Commission, 2005), among other domains, the fact that only a few had the chance to establish bonds with native peers and that some still perceived negative attitudes from the host society against them, shows that there is still a long way to go until these adolescents are fully integrated into society, which negatively affects both their emotional and relational well-being.

Finally, regarding results found on mental health, opposite perceptions were shared by professionals and adolescents. On the one hand, it was surprising that, while being asked directly about their mental health or happiness, most adolescents pointed to feeling happy or quite happy in the host country. Very few opened up about usually feeling depressed and sad in their daily lives, and the ones who were more open to doing so were Pakistanis, in contrast to their African peers. However, when asked about the migration journey, leaving their families behind, adapting to the new rules and norms of the centre, or facing difficulties obtaining their legal documents, they usually described feeling sad, lonely, angry and frustrated. On the other hand, when asking care professionals, they all agreed that the traumatic experiences these adolescents had witnessed or experienced during migration and the challenges faced in the home country worsened their emotional and relational well-being and overall mental health. Many pointed to them undergoing a grieving process due to losing their families, friends, and homes, but also the frustrated expectations, causing them to develop internalising symptoms or difficulty regulating their emotions. This finding has been widely shared in the literature, where migrant children have been found to develop internalising disorders more often than their native peers due to their experiences related to migration and adaptation to the host country dynamics. Difficulties in emotion regulation and anger management have also been observed in this population (El-Awad et al., 2017; Thommessen et al., 2013).

Nevertheless, when pointing to the dissent in the adolescents' and care professionals' views, professionals stated that the adolescents did not like to talk about their feelings or journey until arriving in the host country for cultural reasons or mistrust. These views are supported in the literature. Raghallaigh and Gilligan (2010) observed that unaccompanied minors suppressed their emotions not only because of cultural norms that implied not expressing one's feelings but also as a way to cope with the difficult thoughts and images that arose when remembering past traumatic experiences. However, although this way of dealing with difficult emotions is a helpful strategy in the short term to deal with their current circumstances, it is deemed problematic in the long run (Beiser & Wickrama, 2004). Regarding mistrust, other studies have found that migrant adolescents find difficulty in expressing their emotions to care professionals, in case they might use this information against them (Bravo & Santos-González, 2017). Considering that these adolescents have been through several traumatic experiences that might have entailed deceit and others taking advantage of them, it is unsurprising that they keep their emotions to themselves.

## CONCLUSIONS

This study tried to give space to listen to unaccompanied migrant adolescents' voices to recognise their agency in matters that concern their lives. A series of topics influencing their well-being were identified based on their lived experiences. They should be considered to tackle the difficulties that their situation entails. Emotional and relational well-being of unaccompanied minors represent vital elements of their mental health that should be prioritised in every decision made around their lives. When arriving in Spain, these adolescents are sent to separate care structures in which they have to adapt to

norms, face the challenges of obtaining their legal documents and see their expectations regarding their future become frustrated.

Professionals working with them at the centre and outside of it and the general population should try to establish meaningful bonds with them so that they can feel safe and welcome. Only in this way will they eventually open up about their thoughts and feelings if they feel prepared to talk about them to reduce their burdens. Care professionals, teachers and civil society are also called to listen to their voices and incorporate them into matters that affect their lives, as they usually have perspectives different from adults' and have the right to be heard and be recognised as agents.

## LIMITATIONS

The present study faced several limitations that might have impacted the results and should be considered. First, strict measures hindered access to more participants since the data was collected during the pandemic because of the Covid-19 outburst. This also prevented researchers from establishing a trusting relationship with the interviewees, which might have affected their answers. Second, regarding the participants, only those who could speak Spanish participated, which might imply a possible bias in the selection. In this sense, although they could speak Spanish, there were cultural and idiomatic barriers that might also have hampered the quality of responses owing to the difficulty of adolescents understanding the questions and researchers understanding their answers.

Additionally, there was a gender bias, as all adolescent participants were male, resulting in a lack of female perspectives in the present study. Finally, although the adolescents' participation was voluntary, many did not seem willing to open up about their experience and did not elaborate much on some topics that arose and were interesting for the study. As a result, some interviews are shorter than expected and superficial.

The incorporation of the care professionals' inputs into the results could risk the focus that the article tries to put on the adolescents' lived experiences and the meaning provided to them. However, they were included to contextualise the adolescents' inputs into the context of the residential care centre and Spanish bureaucratic processes for their integration and active participation in society. The professional opinions of the social educators and the psychologist were also included more extensively in the topic of mental health as it is a dimension that adolescents could develop to a lesser extent.

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