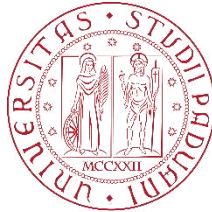


UNIVERSITÀ DEGLI STUDI DI PADOVA

DEPARTMENT OF POLITICAL SCIENCE, LAW,
AND INTERNATIONAL STUDIES

**Master's degree in
Human Rights and Multi-level Governance**



**A PSYCHOSOCIAL APPROACH TO HUMAN RIGHTS:
THE CASE OF CHILD REFUGEES AND PATHWAYS TO
RESILIENCE**

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A.Y. 2022/2023

First and foremost I would like to dedicate this thesis to all the children in Brazil with whom I worked over the years and whom I still hold love and admiration for, and who motivated me to pursue this vocation.

I hope this thesis and all my future efforts help make this world slightly better for you.

I thank God for giving me this passion and allowing me to pursue it. I thank my family, especially my mom and dad, for supporting me through all the tough times, for allowing me to follow my dream, and for always believing in me. I thank my love, Alfons, for being my shelter and my rock, and I thank Fernanda for guiding me and always being by my side.

I love you all.

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Acronyms

ACEs Adverse Childhood Experiences
AFS Adolescent Friendly Spaces
CDENF Children's Rights Steering Committee
CFS Child Friendly Spaces
CPESC Civil, Political, Economic ,Social, Cultural
CRC Committee on the Rights of the Child
IASC Inter-Agency Standing Committee
MHPSS Mental Health and Psychosocial Support
NGO Non-Governmental Organization
PFA Psychological First Aid
PTSD Post-Traumatic Stress Disorder
TF-CBT Trauma-focused Cognitive Behavioral Therapy
UFM Unaccompanied Foreign Minors
UN United Nations
UNCRC United Nations Declaration on the Rights of the Child
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations' International Children's Emergency Fund
UMR Unaccompanied Minor Refugee

*“The refugee child is first and foremost a child”
(United Nations High Commissioner for Refugees, 2023)*

A Psychosocial Approach to Human Rights: the case of child refugees and pathways to resilience

Over the past decade, the world has witnessed a global refugee crisis of unprecedented proportions. In 2022, a drastic revelation shocked the world community as the United Nations High Commissioner for Refugees (UNHCR) painfully declared that the number of displaced persons had passed a frightening milestone: one hundred million people forced from their homes (Concern WorldWide, 2021). This shocking statistic translates to more than 1.2 % of the entire international population being pushed into the realm of displacement, underscoring the significance of this humanitarian catastrophe (Concern WorldWide, 2021). Among the displaced, as many as 32.5 million people find themselves classified as refugees, fleeing dangerous circumstances in search of safety (UNHCR, 2022b). The reasons for this mass flight are as varied as they are serious and are rooted in a complex web of interconnected elements. Hunger and severe poverty, exacerbated by the growing specter of weather trade, are forcing people to make the decision to leave behind the lives they knew. Meanwhile, the ominous prospects of violence, struggle, and persecution perpetuate across the globe, driving countless individuals to seek refuge elsewhere (Refugee and migrant crisis | Oxfam International, 2019).

Of particular concern is the fact that 40% of these refugees are children under the age of 18, highlighting the vulnerability of the youngest among the forcibly displaced. The plight of refugee children has reached unprecedented levels, with an estimated 43.3 million children, constituting 40% of the total forcibly displaced population who endured the hardships of displacement by the end of 2022, as reported by UNHCR (2022b). Remarkably, an average of 385,000 children were born as refugees each year between 2018 and 2022, highlighting the protracted nature of their displacement and the challenges they face from birth. These figures underscore the immense volume and impact of conflict, violence, and crises on children - the highest number since World War II (United Nations, 2022) - reminding us of

the urgent need for humanitarian assistance and protection for the world's most vulnerable young populations.

Before going further, it is essential to define some terms that are often misunderstood. The terms "refugee," "asylum seeker," "migrant," and "immigrant" all encompass a range of people in transit, including children who experience violent displacement. Refugees, perhaps the most recognized group in this context, are people forced to flee their homelands in the face of violence, persecution, or war to seek safety. Their journey to safety is often characterized by a desperate attempt to escape immediate threats to their lives. To be precise, the United Nations defines refugee as someone who:

“Owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.” (Refugees | United Nations, 2021, paragraph 1).

In parallel, there are asylum seekers, who share a common thread with refugees in that they too seek safety from the dangers of their home country. According to Save the Children (2013), every refugee, at the beginning of his or her journey, starts out as an asylum seeker, hoping that he or she will be granted the shelter he or she so desperately needs. However, it is crucial to note that not all asylum seekers achieve refugee status, as their claims must go through a complex legal process to be recognized.

Finally, migrants, on the other hand, begin their journey by choice, in search of better opportunities or to improve their lives. Unlike refugees and asylum seekers, they are not forced to leave by immediate threats or persecution. Instead, migrants voluntarily leave their homes for a variety of reasons, such as economic prospects, family well-being or personal

motivations. The distinction between refugees and migrants is based on the concept of choice and the possibility of returning to one's country of origin. Refugees are often seen as involuntary migrants, forced to flee imminent threats of violence, injury or death. In contrast, immigrants are unusually likely to voluntarily make decisions motivated by economic and personal reasons, such as escaping poverty, seeking better job opportunities or improving their family's well-being in many ways (Save the Children, 2013).

When it comes to children or adolescents, all of the above definitions share a common ground: children and adolescents are "refugees," they are "minors," and they are "unaccompanied." In analyzing this group and from a legal and psychological perspective, these three factors form the basis of understanding unaccompanied refugee children and adolescents (Guarnaccia & Lopez, 1998). When it comes to children, classifying them as "voluntary" migrants is a challenge, as they often do not have the freedom to decide to move and the economic and social resources necessary to force them to travel on their own have not sought asylum or are living abroad without legal documents. This approach recognizes that the conditions preventing their movement are both fragile and complex. For this reason, in this thesis the terms "migrant minor", "foreign minor" and "child refugee" will be used interchangeably.

One last definition that is important to highlight is the term "unaccompanied foreign minor" (UFM). In European contexts, UFM refers to a child under the age of 18, who is a citizen of a non-EU member state or stateless, and who is, for whatever reason, in the national territory, without the legal assistance and representation of parents or other adults legally responsible for him or her (Ministero del Lavoro e delle Politiche Sociali, n.d.). The term can be used interchangeably with the term "unaccompanied minor refugee" (UMR). This definition is useful as the UFM will be discussed later in Chapter III of this thesis. The choice to focus this thesis on UFM is due to the fact that all of the challenges faced by child refugees described so far are exacerbated in the context of unaccompanied children. They face a much more fragile and endangered situation as they are separated from their family and are at higher risk for violence and human trafficking, among other threats. This in turn makes them exceedingly more vulnerable to the negative impacts of migration.

On another note, a surprising notion regarding the global refugee crisis is that 52 percent of all refugees come from just three countries: Syria, the Arab Republic, Ukraine, and Afghanistan (UNHCR, 2022b). Among these countries, Syria stands out as being responsible for the largest refugee crisis in Europe. According to Aliyev (2021), the situation in Syria is dire, with some 7 million children forced to endure harsh living conditions in the war-torn country. These Syrian children not only endure the hardships of war, but also suffer unspeakable abuse and sexual violence. UNICEF (2016c) reported 1,500 cases of violence against children's rights in 2015, despite the tragic loss of young lives accounting for a staggering 60 percent of these acts. Moreover, with an estimated 8.4 million Syrian children suffering from overpopulation in their country, 6 million of them are in need of humanitarian aid and more than 2 million live in areas where animals are virtually inaccessible.

Europe has long been a major destination for refugees, a place of transit or temporary stopover since the 1990s; however, the migration crisis on the continent has intensified in recent years, mainly due to conflicts in the Middle East (Aliyev, 2021). According to the International Organization for Migration (2015), one-fifth of the 870,000 refugees and migrants who crossed the Mediterranean in 2015 were children, making them the most vulnerable group among refugees and migrants. Dangerous journeys often involve unsafe boats and ships, with grave danger to their lives, violence, disease, trade, human rights violations, and other life-threatening challenges.

According to Eurostat data (2019), between September 2014 and January 2015, 802,000 asylum seekers applied for asylum in Europe, with a large share of asylum-seeking children 160,000 children in 2014 and 214,355 children registered as refugees in Europe in the following months, accounting for 27 percent of refugees. The largest numbers come from Syria, Afghanistan, and Iraq, countries torn by conflict, accounting for 49 percent of refugees. Some children in this vulnerable group have disabilities, require special care, are temporarily separated from their parents or travel alone, and each faces unique challenges and risks. In addition, severe travel conditions expose infants to a higher risk of disease.

And, unfortunately, these numbers will most likely only get higher. This is because the 21st century has intensified the global refugee crisis, which is now fueled by another fearsome enemy and frequent source of persecution and conflict: often unstoppable natural disasters and climate change. Although natural disasters have been large-scale drivers of internal displacement, these events have also begun to squeeze individuals across international borders, posing a serious challenge to the rules of the current international regional refugee system, which lacks the complexity of those fleeing their homes due to environmental violence and must therefore be managed appropriately (United Nations, 2021). For this reason, the issue of refugees is continuously gaining more attention from politicians and the scientific community around the globe. As such a relevant and increasing concern, it is important to draw attention to all aspects of migration, especially from a human rights and psychological standpoint - which is what this thesis aims to do.

Moving forward, one important aspect of migration and refuge seeking that usually gets set aside is the major impact it has on an asylum-seeker's or refugee's mental health. For a long time, human rights defenders across the globe have been fighting for refugee protection, refugee acceptance and refugee integration. Little has been the focus on the long-term effects of migration in a refugee's well-being, especially the children. And even so, when some attention has been given to this issue, it has mainly focused on major mental health disorders, such as PTSD. In contrast, this thesis aims at expanding on the issue of mental health and psychosocial well-being beyond the absence of disorders. It will argue that psychosocial well-being should be the goal underlying every intervention related to refugee protection, and specifically child protection interventions.

After all, it is no news that the journey that refugees undertake exposes them to a complex web of stressors that significantly increase their susceptibility to mental health problems, from the risks they face before their flight to their home countries to the difficulties they encounter during their journey and the challenges they face upon arrival in a foreign land (Hebebrand et al., 2015). For instance, research has shown that refugees, compared to the general population, have a higher risk of experiencing a range of adverse mental health

outcomes, and this is due to the amount of stress and risk factors they encounter both before and during as well as after the migration journey (Derluyn & Broekaert, 2008).

More specifically, the refugee experience takes place in three distinct phases, each characterized by unique challenges and stressors that significantly impact the mental well-being of children and families. The pre-migration phase, marked by political violence, war and social upheaval, presents a harrowing environment in which refugees face constant threats to their safety. In particular, for children who have been involved in direct armed conflict as child soldiers, the trauma suffered is profound and makes them vulnerable to the devastating consequences of rape, torture, depression, and substance abuse. Access to education and employment opportunities is severely limited during this phase, compounding the difficulties faced by young refugees (Mohamed & Thomas, 2017).

The second phase is the migration phase, which, according to Hebebrand et. al. (2015), further exacerbates the uncertainty and disruption of refugees' lives. During the journey, families are often separated, and children may find themselves in refugee camps or detention centers during transit. This phase is fraught with anxiety and instability as refugees face an uncertain future.

Lastly, once they arrive in the host country, the post-migration phase offers a glimmer of hope for a safe and prosperous life. However, initial optimism can gradually give way to mourning for the loss of homeland, family, friends and possessions. According to Silove et.al. (2017), research in host countries has highlighted how the conditions they face, including prolonged detention, insecurity of resident status, laborious refugee vetting processes, limited access to essential services, limited employment or training opportunities, adjustment to a new culture, unfamiliar norms, and challenges in securing basic needs can be overwhelming, and this synergistically aggravates the outcomes of their trauma, exacerbating the signs and symptoms of PTSD and melancholia.

All that being said, when it comes to children, it is safe to say they are significantly more vulnerable to all of the threats described so far. These young individuals face a myriad of emotional, developmental, and behavioral problems, ranging from sleep problems, concentration disorders, and nightmares to more serious conditions such as depression, anxiety, and post-traumatic stress symptoms. Unaccompanied refugee children are even more at risk, as the unique experiences and stressors they face can provoke a wide range of reactions, including withdrawal, aggression, and even acts of suicide. It is critical to recognize that developmental context plays a key role in shaping a child's perception of and response to potentially traumatic events, and these experiences can have lasting effects on emotional development, confidence building, and autonomy (Slone & Mann, 2016).

In addition to developmental factors, it is essential to consider the broader ecological context when assessing the mental health of refugee children. The contexts of war and terror expose children to a multitude of traumatic events that impact various aspects of their lives, including family dynamics and interpersonal relationships. The complex interplay between these contextual, interpersonal and intrapersonal factors significantly influences a child's mental well-being. The parent-child relationship, in particular, can be profoundly affected by the stressors of displacement, with reciprocal interactions shaping the child's psychological and emotional response (Derluyn & Broekaert, 2008).

This interplay between psychological well-being and both genetic and social factors has indeed been evidenced by recent research, which has shown that the factors associated with poor mental health among refugees are multifaceted and include socio-demographic characteristics such as age, gender, rural background, educational level and socio-economic status (Derluyn & Broekaert, 2008). These findings underscore the intricate interplay between pre-existing vulnerabilities and the challenges encountered in the post-migration context, highlighting the importance of a more integrative approach when designing interventions targeted at psychological well-being.

As researchers seek to better understand the mental health of refugee children, it is becoming increasingly evident that the broader ecological context must be considered as crucial factors that exacerbate and mitigate the challenges faced by these vulnerable young individuals (Derluyn, I., & Broekaert, E., 2008). Contemporary models of refugee mental health have responded to these challenges by adopting a multisystemic and ecosocial framework. These models recognize that mental disorders are not exclusively the result of intrinsic or individual factors but are instead influenced by a complex interplay of environmental elements. This perspective blurs the line between normative and pathological responses, recognizing that the ecological context plays a key role in determining how individuals respond to stressors and adapt to circumstances (Fazel, 2017).

As it can be seen, in recent years, there has been a remarkable shift in the paradigm of understanding and managing refugee mental health problems. This shift has been driven by the growing realization that the refugee experience is complex, multifaceted, and influenced by a multitude of environmental factors. According to Silove et al. (2017), historically the field of refugee mental health has been characterized by debates between proponents of individualized, trauma-focused psychotherapy and advocates of psychosocial models that emphasized community-based approaches and self-managed recovery. These debates highlighted the need for a more holistic and inclusive understanding of the refugee experience, as well as the importance of addressing not only individual mental health but also the well-being of entire communities.

By adopting this broader, ecological perspective, the field of refugee mental health has moved toward a more inclusive and comprehensive approach. This paradigm shift is a positive step forward in understanding and addressing the complex mental health needs of refugees, emphasizing the importance of context and community in the healing process (Vaghri et. al., 2019).

Unfortunately, though the scientific community has taken this important step, the human rights community has not. Still, interventions aimed at promoting child rights and child protection are compartmentalized, usually being separated and limited to ‘anti-trafficking’,

‘anti-violence’, promoting nutrition and promoting education, among others. This, however, is not an effective way to achieve an overall psychosocial well-being of a child, as it is highly restrictive. By understanding developmental psychology, it becomes clear that a child’s well-being is determined by a variety of factors, ranging from genetic, social, economic and so on. Therefore, a simple categorized approach to human rights based on promoting each right individually will not succeed.

It is true that the field of rights of refugee children is still recent and underdeveloped, and that might account for the lack of comprehensive interventions in the area. Nonetheless, the recent developments in the field of psychology evidence the ineffectiveness of specialized interventions in guaranteeing general well-being in at-risk children, like refugees, and urge for a better solution. Due to the pressing and growing issue of the refugee crisis and the vulnerability of child refugees, this solution can no longer wait. Children deserve to have comprehensive interventions that can guarantee a healthy development in its entirety, much more than simply keeping them from harm.

Therefore, this thesis will underline a desperate need for an approach that considers all of the different layers of a child’s development and every aspect that can present itself as a risk or a protective factor for its healthy fulfillment. It will also argue for a new comprehensive approach to children’s rights based on a psychosocial framework that considers the child’s refugee experience in its entirety. Lastly, it will propose a pathway into achieving this general psychosocial well-being which lies in holistic programs that aim at promoting resilience.

After this brief introduction, the first chapter of this work will focus on the history of children’s and refugee’s rights and will argue that a refugee child has the same rights as any other child, plus the rights of a refugee, as they are a special protected category. The following chapter will investigate the mental health issues child refugees face and introduce the concept of resilience as well as the socio-ecological model of resilience. The third chapter will finally illustrate what it means to have a psychosocial approach to human rights and describe a case study of a psychosocial project performed by Save the Children Italia that perfectly exemplifies the importance of this approach. Lastly, there will be a discussion on the topics presented and a conclusion of the thesis.

Chapter I

The rights of the Migrant Child

Childhood is a critical period of rapid growth and development that spans multiple domains including physical, mental, spiritual and social development (Oberg, 2019). Children who are exposed to adverse conditions such as hunger, limited access to education and health services, low socioeconomic status, violence, war, abuse and exploitation are particularly vulnerable. These negative experiences, called Adverse Childhood Experiences (ACEs), significantly impact a child's ability to grow (Manyema et al., 2018). Accumulation of ACE can lead to adverse health effects and have lasting effects later in life. Studies show that children with ACE are more likely to develop mental health problems such as depression, anxiety and post-traumatic stress disorder (PTSD). In addition, ACE is associated with chronic diseases such as heart disease, diabetes and cancer, as well as high-risk behaviors such as substance abuse and risky sex. It is also associated with lower academic performance and income in adulthood (Vaghri et.al, 2019).

According to Vaghri et.al. (2019), a child seeking asylum is particularly susceptible to contracting her ACE before, during, and after travel. Continued exposure to harmful experiences at this stage can have detrimental effects on health at various developmental stages later in life. Therefore, it is important to protect and promote the well-being of refugee and asylum-seeking children throughout their childhood in order to mitigate the negative impacts of ACE and ensure a healthy and prosperous future. The physical health of refugee and asylum-seeking children is often compromised by living conditions, lack of access to healthcare and malnutrition. These children are at higher risk of infectious diseases such as tuberculosis, hepatitis B, HIV and malaria, and suffer from tooth decay and poor oral hygiene due to lack of medical and dental care. Reproductive and sexual health education for adolescents is also limited, leaving these children vulnerable to sexually transmitted diseases and unwanted pregnancies.

Trauma is a common experience for refugee children, with many witnessing violence, death and traumatic events while fleeing their countries of origin. This trauma can have direct and indirect negative effects on a child's well-being and development, including long-term physical and psychological effects such as anxiety, mood disorders, depression, sleep disorders, PTSD, and interpersonal difficulties (Williams et.al., 2018). Eviction trauma can be exacerbated by separation from a parent or loss of a loved one. Separation at an early age predisposes children to a variety of psychological problems and hinders their ability to socialize later. The sustained levels of stress these children experience is toxic and can have serious health consequences, including anxiety and susceptibility to psychiatric disorders (Hertzman & Boyce, 2010). This issue will be further discussed in Chapter II.

The plight of refugee children is characterized by inadequate nutrition and material deprivation. These are related to pre- and post-migration factors and socioeconomic status. An individual's ability to flee their country of origin and the means available during asylum travel are often determined by their financial resources. High-income countries usually have the resources to provide basic material needs for refugee children upon arrival. However, unemployment rates among refugees are disproportionately higher than those for economic migrants and the general population, even years after resettlement. This condition leads to material and social deprivation, which adversely affects children's development and health, further prolonging the time of deprivation (Vaghri et.al, 2019).

Furthermore, education is another highly significant impact of displacement, as millions of children in refugee camps and cities of displacement are denied their right to education. The impact is that countless children are in refugee camps and cities in the countries of refuge. This loss of education has a huge impact on human capital. Syria, for example, lost nearly \$11 billion to education losses as of 2012, equivalent to about 18% of Syria's 2010 Gross Domestic Product. The right to education is emphasized in various international treaties, agreements, and universal goals. Unfortunately, millions of children are denied this right. In low-income countries, limited resources and a disproportionate flow of these children compared to developed countries have led to a higher proportion of out-of-school refugees and asylum-seeking school-age children (UNHCR, n.d.).

Girls are more likely to be denied the right to an education because they often have to help with household chores and care for younger siblings and relatives. Families living in poverty, even in resettlement countries, may demand that their daughters marry young in order to obtain goods or reduce the number of children to support. . Hygiene, access to private toilets and menstrual products, and stigma around menstruation often force girls to skip school. Educational lag has lasting effects on literacy, academic performance, employment opportunities and future socioeconomic status. It is therefore important for host countries to ensure that all refugee and asylum-seeking children, regardless of gender, have access to a quality education taught by teachers trained according to a formal curriculum (UNHCR, 2016). This educational standard puts these children on par with their peers and accelerates their integration into the host culture (Vaghri et.al, 2019).

Finally, refugee and asylum-seeking children face many challenges as they try to adapt to a new culture and integrate into their host country. One of her biggest hurdles is learning the language and customs of her new home. Social integration is a gradual process and can be hampered by discrimination, bullying, and xenophobia, which can adversely affect a child's self-esteem and overall well-being. They may experience problems of cross-cultural adaptation, which may exacerbate their feelings of displacement and confusion. Integration into society is an ongoing process, but language barriers, cultural differences, and a lack of cultural awareness between professionals and the general public can further hinder the process. It is therefore also important that host countries prioritize the acceptance and integration of refugee and asylum-seeking children and provide them with the support and resources they need to succeed in their new environment (Fazel et al., 2012).

As it can be seen, there are many adverse events that can affect a child's life, with migration being a highly complex one that encompasses several detrimental consequences. In this chapter, there will be a thorough analysis of the system that currently protects children from adverse situations, with a special focus on the protection systems of the migrant and refugee child.

1.1 The Rights of the Child

Before examining the rights of the migrant child, we shall first carefully outline the history and developments towards the creation of the rights of the child. In order to do so, it is important to highlight why there is a need for specific rights for children in the first place. Many will argue that the rights of the child are no different than the rights of any other person, and for this reason there is no need for a special declaration on children's rights, as these are already encompassed in the Universal Declaration of Human Rights. However, this thesis will demonstrate that this is not the case, as children are in fact a special category of human beings that deserve special protection.

Firstly, let's grasp what children are and what part they take in society. Essentially, the very understanding of childhood is a fairly modern concept, as children were seen as simply "adults in development" in most societies throughout history. Nowadays, a child, by definition, is a person under the age of 18, and is considered a person like any other, instead of a "person to be" (Oxford Dictionary, 2023).

Children form over 25% of the world's population (Statista, 2022) and are those most vulnerable in society, seeing as they are under constant threat of being marginalized and exploited (United Nations Global Compact, n.d.). Currently, children are facing a highly critical situation, with the recent developments such as the Covid-19 pandemic in 2020, as well as the climate changes that result in natural disasters and crisis related to natural resources, and the complexity of the humanitarian emergencies following ongoing conflicts (UN Committee on the Rights of the Child et.al, 2022). Although such developments affect the entire populations where they take place, it is safe to say that children are bound to be the most affected.

It is crucial to recognize that nowadays children all over the world are under attack. Their futures are being denied, as so are their freedom and their dignity. Not all children have the opportunity to be educated, not all children have access to nutrition and healthcare, and these

are only a few among the many violations that children suffer on a daily basis (World Vision, n.d.).

According to World Vision (n.d.), one of the most egregious violations of children's rights is child labor. Millions of children around the world are engaged in hazardous labor, working long hours in dangerous conditions instead of going to school and playing with their friends. Child labor puts children's physical and mental health at risk. It not only robs children of their childhood, but also denies them the opportunity to receive an education, which is essential for their future success. Another violation of children's rights is child marriage. Every year, millions of girls are forced into marriage before they reach the age of 18. Child marriage not only denies girls the right to make choices about their own lives but also exposes them to physical and emotional abuse. It also an obstacle towards their education, healthcare, and protection from sexual abuse.

But there are still other major violations of children's rights. Millions of children around the world live in poverty, lacking access to basic necessities like food, water, and shelter. Poverty affects every aspect of a child's life, from their physical health to their mental well-being, and can hinder their ability to succeed in life (World Vision, n.d.). Moreover, the data presented by Amnesty International highlights (n.d.) the alarming state of children's rights violations across the globe. One of the most pressing issues is the lack of access to primary education, which affects over 60 million children worldwide. This has severe implications for their future prospects and denies them the opportunity to learn and develop critical skills. Additionally, the high prevalence of sexual assault, with an estimated 150 million girls and 73 million boys affected annually, is a violation of their basic rights to safety and protection. The fact that some children as young as six are treated as adults in criminal courts further underscores the extent of the violation of their rights. Furthermore, the absence of basic hygiene facilities in schools puts almost 820 million children at greater risk of infection, infringing upon their right to health.

These violations not only have immediate consequences but can also have long-term effects on the physical, emotional, and psychological well-being of children. Addressing these issues is crucial to ensure that children are protected and have the opportunity to thrive and reach their full potential, and this is where children's rights come into place.

1.1.2. Why do we need rights for children?

Human rights are a fundamental set of rights that are essential for all individuals to live in dignity, regardless of their race, gender, nationality, or any other personal characteristic. Human rights ensure that everyone is treated with respect and fairness and are given the freedom to develop their full potential. All individuals have human rights, regardless of any wrongs they may have committed in the past. In addition to the basic rights available to everyone, there are specific rights that are tailored to children. Children require special rights because they need extra protection that adults do not. Children are particularly vulnerable, and their rights must be safeguarded to ensure their well-being and healthy development. (Children's Rights Alliance, 2016b).

The need for children's rights cannot be overstated. As highlighted by Cole-Alback (2021), children have unique needs, interests, priorities, and concerns that differentiate them from other vulnerable groups. While it is true that childhood is a temporary stage of life, the evidence shows that adverse experiences during childhood can have long-lasting effects, making it necessary to provide children with rights and protection. Cole-Alback (2021) explains that one of the primary reasons for the importance of children's rights is the fact that children are biologically immature and dependent on adults for their physical and emotional well-being.

Without their own rights, children can be subject to the whims of adults, who may not always have their best interests at heart. Therefore, when primary caregivers cannot meet their needs, it is the responsibility of the state to find an alternative that is in the best interests of the child (Unicef, n.d.d.). Moreover, to justify the need for international legislation on

children's rights, Unicef (n.d.d.) put forward the important notion that government policies impact children more than any other group in society. For this reason, policies that do not consider children's well-being will have negative consequences on the future of society.

Unicef (n.d.d.) goes on to highlight that children's views should be heard and considered in the political process. They are not traditionally involved in political processes, but their opinions and views should be given attention in schools, local communities, and governments. After all, many changes in society are having a disproportionate impact on children. Changes such as the transformation of the family structure, globalization, climate change, digitalization, mass migration, and shifting employment patterns have strong impacts on children, which can be devastating, especially in situations of armed conflict and other emergencies.

Lastly, yet another reason for children's rights is that the healthy development of children is crucial to the future well-being of society. Children are vulnerable to poor living conditions such as poverty, inadequate health care, nutrition, safe water, housing, and environmental pollution. The effects of these factors can threaten the future of children and, therefore, the future of societies in which they live. Therefore, failing children can lead to huge costs for society in the future (Unicef, n.d.d.).

In sum, children's rights are crucial for their development and well-being. As members of society, children should be entitled to their rights just like adults. Policymakers and governments should consider children's well-being in all areas of their policies. Children's views and opinions should also be given attention, as they are important stakeholders in society. By prioritizing children's rights, societies can ensure a brighter future for all.

In October of 2022, the experts of the United Nations issued a call of all state members regarding children's rights:

“Childhood is a special, protected phase of life during which children have specific rights as recognized in the Convention on the Rights of the Child. It must, therefore, remain recognized and treated as separate from adulthood. Today, we call on all States to uphold their international legal obligations under the Convention on the Rights of the Child and ensure that all children, without discrimination, are allowed to be children, to grow, learn, and play in a safe, inclusive, and caring environment, and to thrive with dignity. Everywhere. And at all times.” (UN Committee on the Rights of the Child et.al, 2022).

1.2. The Convention on the Rights of the Child

1.2.1. Historical Developments that lead to the UNCRC

Though nowadays the concept of children’s rights may seem widespread, it was not always this way. In fact, it is safe to say the notion of children’s rights is a rather modern and revolutionary one. The very idea that children might need special protection was not even debated before the 19th century, and only became prevalent after the First World War when Eglantyne Jebb, the founder of the international NGO Save the Children developed the very first Declaration of the Rights of the Child, in 1924 (Cole-Albäck, 2021). And, the social, economical and cultural developments that led to this declaration are certainly not straightforward.

The idea of children’s rights as a legal concept is something that developed only in the 20th century. Prior to that time, the rights of the child were understood in moral, political, and sometimes even in economic terms (Robinson, n.d.) Hilary Cliton once argued that children were seen as completely dependent of their parents or caregivers, so much so that they were not even considered as citizens, being politically “powerless” (Robinson, n.d.). Children

were taken as mere property that belonged to their parents, and so their ‘societal function’ varied according to the demands of each time period.

In fact, before the 16th century, not even the notion of a child or childhood was yet developed. Children were considered to be ‘adults in the making’, and so were part of the same class as adults. That meant that both children and adults held the same responsibilities and duties. And, at the same time, these minors were also regarded as completely at mercy of the unlimited power of their parents, without having a proper individual identity (Hart, 1991)

Fortunately, during the following centuries, children were gradually starting to be considered a ‘special class’ and ‘parents were expected to maintain, educate, and protect them’ (Hart, 1991, p. 53). In the 19th century, society entered what is called the ‘child-saving era’, in which children finally started to be seen as vulnerable and in need of protection. It came to be clearer the factors that put minors in danger, such as immigration and urbanization. This, in turn, led to the understanding that health and welfare were vital to safeguard children, and that they should no longer be left to the absolute judgment of their parents, but rather their safety needed to be guaranteed by other actors in society, like private and religious actors, and, most importantly, the state (Hart, 1991).

Following this new trend, the 20th century was a period in which there was an important cultural shift which put children as ‘the future of society’ (Hart, 1982, p.4). They were now viewed as ‘potential adults’ and were for the first time considered ‘persons’ under the law. And it was this new perspective that led to the major legal changes that took over this period, particularly the child labor reform (Hart, 1991).

Before the 20th century, child labor was a common factor in society, and it was never problematized. Indeed, children were a strong part of the workforce. And, with the industrial revolution, the exploitation of minors took place in disastrous proportions, as they were treated as ‘cheap labor’. It was a common misconception that child labor was actually

beneficial for the little ones, as it improved their discipline and was a way they could contribute to their household (Hart, 1991).

But by the new 20th century perspective which esteemed children as valuable, not only economically, but as persons, children's rights started to gain their space in society. There was a process of sacralization of children, in which the state started to intervene with parental control legislation, recognizing children as a special and most vulnerable class. In countries like the United States and the United Kingdom state intervention went on to reduce child labor, as well as abuse and neglect. But, more than that, the government acted towards guaranteeing child education.

In a decisive development, it was in the 20th century that education finally replaced working as a place for the individual development of children and acquisition of discipline (Zelizer, 1994). The school setting became where children could evolve their capabilities to subsequently become adults.

If before children were believed to share the same responsibilities and duties of adults and forced to work at a very early age, the imposition of compulsory schooling managed to delay this process of adultization (Aries & Baldick, 1962). It can be stated that it was then that the concept of childhood made its first appearance. And, not coincidentally, it was during this cultural shifting period that the first Declaration on the Rights of the Child was developed.

1.2.1.1. The Declaration on the Rights of the Child (1924). The first decades of the 20th century were extremely turbulent. By the end of the First World War, there were 20 million deaths and 21 million wounded (Mouge, 2011), not to mention the immense hunger and economic crises that took over Europe at the time. But with these disastrous consequences of the war, it came to be known that the children were the most affected by it (Robinson, n.d).

Eglatyne Jebb, a British national, was the first to draw attention to the unjust suffering that the war caused the children all over the world. She started a movement for children and founded the International Save the Children Union, and was able to direct the United Kingdom's funds towards charitable institutions that would help not only British children, but the children of the defeated countries as well (see chapter III). But her most important contribution may have been the Declaration on the Rights of the Child, also known as the Declaration of Geneva, which was adopted by the then called League of Nations (Robinson, n.d.).

Jebb drafted the document in 1924, as she came to realize that charitable organizations could only do so much, and that the real change would only come with political engagement in the matter (Robinson, n.d.). The document was, however, extremely simple. It consisted of only five points:

“1. The child must be given the means requisite for its normal development, both materially and spiritually.

2. The child that is hungry must be fed, the child that is sick must be helped, the child that is backward must be helped, the delinquent child must be reclaimed, and the orphan and the waif must be sheltered and succoured.

3. The child must be the first to receive relief in times of distress.

4. The child must be put in a position to earn a livelihood and must be protected against every form of exploitation.

5. The child must be brought up in the consciousness that its talents must be devoted to the service of its fellow men.” (League of Nations, 1924, pp. 01).

The declaration was certainly a success. Because of the simplicity of the statements, it was greatly widespread. Actually, it is this simplicity of the document that can be seen as both its strength and its weakness. By virtue of the simple manner in which Jebb claimed the rights of the child, it managed to appeal to various sectors of society, ranging from cultures around the world, which in turn helped raise a substantial amount of funding for children's health, shelter, relief and education. Indeed it was never Jebb's intention to create a document which required government intervention, but rather statements that could assign responsibilities to all individuals in assuring such rights. For this reason, though effective in terms of charitable activities, the document unfortunately did not promote any sort of enforcement of accountability measures, as it did not directly allocate the duties to any particular entity (Robinson, n.d.).

Nonetheless, the significance of this document cannot be denied. It was certainly the first step towards an international form of legal guarantee for children's rights. It was the first incident that later led to the legal developments that would make the 20th century be called "The Century of Children's Rights". For the first time, children were seen as human beings in the complete sense of the term and were finally entitled to their own specific rights (Bureau IBCR, 2020).

1.2.1.2. Towards the Convention on the Rights of the Child. Despite the major step that the Geneva Declaration brought towards the protection of children, until twenty two years later there would be no further developments in that direction. It was only after the Second World War that another significant movement would come to life. It took another horrifying war for the vulnerability of children to be taken seriously.

After the atrocities of the holocaust and the war, the now well-established United Nations created the United Nations International Children's Emergency Fund (UNICEF), in 1946. The purpose of this emergency fund was to extend on Eglatyne Jebb's fight against the consequences of war on children, and so its mandate was to save and improve the lives of children all around the globe, irregardless of their nation's actions during the war (UNICEF,

n.d.a.). And, two years later, in 1948, the United Nations General Assembly created the Universal Declaration of Human Rights (UDHR), which in its 25th article clearly states that children are entitled to ‘special care and assistance’, as well as ‘social protection’ (United Nations General Assembly, 1948).

It is safe to say then, that it was after the Second World War that the real advancements towards children protection and safeguarding started to take place at an international level. By creating a special emergency fund dedicated specifically to children, and clearly stating in its universal human rights declaration that children deserve special attention, the United Nations paved the way for the universal understanding of children as a protected category of persons, with their own unique set of rights and needs, due to their particular risks and vulnerabilities. This new perspective was vital for what came next.

In exactly eleven years after the Universal Declaration of Human Rights, the United Nations passed the Declaration of the Rights of the Child. It was the first time there was an official international consensus on the matter of children’s rights. The document consisted of ten simple principles that underlined the rights of every child, and these can be summed up as:

- “1. The right to equality, without distinction on account of race, religion or national origin.
2. The right to special protection for the child’s physical, mental and social development.
3. The right to a name and a nationality.
4. The right to adequate nutrition, housing and medical services.
5. The right to special education and treatment when a child is physically or mentally handicapped.
6. The right to understanding and love by parents and society.
7. The right to recreational activities and free education.

8. The right to be among the first to receive relief in all circumstances.
9. The right to protection against all forms of neglect, cruelty and exploitation.
10. The right to be brought up in a spirit of understanding, tolerance, friendship among peoples, and universal brotherhood” (Declaration of the Rights of the Child, 1959 | Humanium, n.d., paragraph 8).

Hence, these ten principles served as the basis for the creation of the Convention on the Rights of the Child later in 1989. This event finally marked the recognition of the need to protect children’s rights in all dimensions of society, being it socially, economically, culturally and civically, as children are themselves actors in all such dimensions (UNICEF, n.d.b.).

1.2.2. The United Nations Convention on the Rights of the Child

The Convention on the Rights of the Child (UNCRC) was certainly the most significant breakthrough when it comes to children’s rights. In 1989, world leaders finally came together and made a commitment to children around the world (UNICEF, n.d.c.). In contrast with the United Nations’ Declaration of Human Rights, the convention was a legally binding document, which put forward clear rights that belonged to all children irrespective of their race, gender, economic status or nationality, and the states who signed the convention were therefore legally committed to protect and fulfill such rights. Not only that, the convention clearly defined childhood as a separate category, in which children were no longer considered ‘adults in the making’ (UNICEF, n.d.c.).

The convention is the most ratified document of all time, having 196 countries ratifying it, thus leaving only one country left to do it (Save the Children UK, n.d.). It clearly appealed to the most basic principles that can be seen in all societies around the globe. Because of this convention, governments of different nations have changed their own internal legislation,

have allocated particular funding to child education, nutrition and health care and have worked harder to protect children from any forms of violence or exploitation (UNICEF, n.d.c.).

The UNCRC is composed of fifty four articles that have been categorized over time. In 2008, Alderson divided the convention’s articles based on the kind of rights it regarded. He made a major distinction between three categories: provision, protection and participation. Provision means rights to services and goods; protection are rights against ill treatment, violence and exploitation; and participation are articles regarding rights of involvement in decision-making (Cole-Albäck, 2021; Verhellen, 2006). The articles Alderson classified as provision ones are Art. 24, 27, 28 and 29. The ones classified as protection are from Art. 1 un Art. 5, as well as articles 18, 19, 22,23 and from Art. 32 until Art. 40. Lastly, he put the articles from Art. 12 until Art. 17 as participation ones.

This kind of categorization is important to understand how the UNCRC works and what kind of issues it tackles. As a matter of fact, Verchellen (2006) had developed another way of looking at the articles, by dividing them as civil, economic, political, cultural and social rights, following the terminology used with human rights, which is called the CPESC model (Cole-Albäck, 2021). The articles assigned to each category can be found in the table below:

Table 1:

The Civil, Political, Economic, Social and Cultural Rights of the Child

Civil	2, 4, 6-8, 19, 34, 37, 40
Political	4, 12-15, 17
Economic	4, 32, 36
Social	4, 24, 28, 29
Cultural	4, 31

Note. Based on Verchellem (2006)

Yet another way to categorize these articles that has been widely spread is the one provided by Unicef:

Table 2

The Articles of the DRC and their respective categories

General measures of implementation	4, 41, 42, 44(6)
Definition of child	1
General principles	2, 3(1), 3(2), 3(3), 6, 12
Civil rights and freedoms	7, 7, 13-17, 37(a)
Family environment and alternative care	5, 9-11, 18(1), 18(2), 19, 27(4), 20, 21, 25, , 39
Basic health and welfare	6, 18(3), 23, 24, 26, 27(1-3)
Education, leisure and cultural activities	28, 29, 31
Special protection measures	22, 30, 32-40

Note. Based on Unicef , n.d.e., as cited in Cole-Albäck, 2021.

As can be observed, the UNCRC tackles many important issues that can affect children’s lives. Ranging from protection, participation and provision, to civil, political, economic, cultural and social rights, these which include the rights to education, basic health and welfare and freedom. The adoption of such a thorough and comprehensive convention marks the beginning of a new era for children’s rights. Nonetheless, simply describing the rights of children and signing the convention do not guarantee that these rights will be enforced by the governments and stakeholders. The creation and ratification of the UNCRC was just the first step towards making children’s rights a reality. To guarantee the correct implementation and enforcement of such rights it is crucial that monitoring mechanisms are put to place.

1.2.3. Enforcement and Monitoring of Child Rights

1.2.3.1. The Principles of the UNCRC. Regarding the implementation of the United Nations Convention on the Rights of the Child, it is first and foremost important to elucidate the four core principles it lays down. These four principles underpin all children's rights and are intended to guide all actions towards child rights protection, as they represent the requirements for the fulfillment of all other rights (Child Rights International Network, n.d.). The principles consist of the best or superior, interest of the child (Article 3), the principle of the right to life, survival, and development (Article 6), the non-discrimination principle (Article 2) and the principle of the right to be heard (Article 12):

“Article 2 1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members (United Nations General Assembly, 1989, pp.2).

Article 3 1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents,

legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures. 3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision (pp.02).

Article 6 1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child (United Nations General Assembly, 1989, pp.03).

Article 12 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.” (United Nations General Assembly, 1989, pp.04).

The first principle of the superior interest of children is crucial in ensuring their well-being and protecting their rights. This principle mandates that all decisions regarding a child must imperatively guarantee children's rights (Children’s Rights Alliance, n.d.). That means that the best interests of the child must always be a primary consideration in all actions and decisions concerning a child. This implies that when making decisions that affect children,

their well-being should be given priority over other considerations. For example, when making national budgetary decisions affecting children, governments must consider how cuts will impact on the best interests of the child. Therefore, by putting the best interests of the child at the forefront of decision-making processes, governments can ensure that policies and decisions are made in a way that promotes children's well-being and development (Humanium, 2011).

According to the Children's Rights Alliance (n.d.), the superior interest of the child targets the well-being of each child on several fronts, including physical, mental, and social well-being. It is vital to note that every child is unique, and their individual characteristics must be taken into account when determining their needs to promote their well-being. Physical well-being is crucial to a child's growth and development. This includes ensuring good health and providing proper nutrition. Children who lack access to proper nutrition may experience stunted growth or developmental delays, which can have a long-lasting impact on their lives. Mental well-being is also essential in promoting a child's well-being. Providing the child with the opportunity to develop intellectually is crucial in ensuring they have the skills and knowledge necessary to succeed in life. Mental well-being also involves providing a safe and stable environment where the child can thrive emotionally. Social well-being is also an essential aspect of a child's well-being. Ensuring the child has the opportunity to flourish socially and spiritually can have a positive impact on their emotional and mental well-being. Children who feel socially isolated may experience anxiety or depression, which can affect their overall well-being.

The right to survival and development is another important principle of children's rights. This principle emphasizes the vital importance of ensuring access to basic services and to equality of opportunity for children to achieve their full development. For example, a child with a disability should have effective access to education and health care to achieve their full potential. Governments must ensure that all children have access to the resources and services necessary for their survival and development, and that they are not deprived of these resources because of discrimination or other factors (Humanium, 2011).

Linked to this principle is then the principle of non-discrimination, another fundamental principle of children's rights. It states that all children have the same right to develop their potential in all situations and at all times, regardless of their gender, race, ethnicity, nationality, religion, disability, parentage, sexual orientation or any other status. Discrimination against children can occur in various forms, such as denying them access to education, health care, and other basic services. It is the responsibility of governments and societies to ensure that every child has equal access to these services, regardless of their background or status (UNICEF, 2019).

Finally, the views of the child must be heard and respected in all matters concerning his or her rights. Children have the right to express their views freely in all matters affecting them and their views should be given due weight in accordance with their age and maturity. For example, those in power should consult with children before making decisions that will affect them. By involving children in decision-making processes, governments can ensure that policies and decisions take into account the needs and perspectives of children and are more likely to be effective in promoting their well-being and development (Humanium, 2011).

It is important to highlight that the state is the primary stakeholder when it comes to ensuring children's rights and must establish an effective protection system to prevent and fight against various problems that can damage a child's well-being. The state's role includes ratifying and implementing international standards of protection of children's rights, ensuring care for certain child profiles, and fighting against customary practices that encourage discrimination and mistreatment.

An effective child protection system must include laws, policies, procedures, and practices intended to prevent and fight against various problems of mistreatment, violence, and discrimination that can damage a child's well-being. The state must ensure that care is provided for certain child profiles, such as disabled children and refugees, and that they

receive satisfactory and lasting solutions (UNICEF, 2011). In addition to the state's role, parents and the community must play a role in identifying and reacting against possible cases of discrimination, neglect, or mistreatment. They must have the competencies, knowledge, and motivation to provide effective protection for children. Therefore, the state together with the other stakeholders in society have the crucial role to establish a protective background for children to ensure their well-being and protect their rights (Children's Rights Alliance, n.d.).

In the following session, it will be described how the implementation of children's rights is monitored by the United Nations, examining the specific mechanisms behind it and how they work.

1.2.3.2. Monitoring of the UNCRC. The 1989 United Nations Convention on the Rights of the Child (UNCRC) represents a critical milestone in recognizing the importance of children's rights (Robinson, n.d.). It presents a holistic view of the child, recognizing their individuality, as well as their place within their family and community. The UNCRC asserts that children's rights should be determined by their age and stage of development, allowing them to take on responsibilities that are appropriate for them. This vision of children's rights underscores the importance of treating children as a whole entity, with an emphasis on their well-being and development. The Convention highlights that all children, regardless of their background or circumstances, have the right to a basic quality of life, and it is the responsibility of society to ensure that this right is upheld. By recognizing children's rights in this way, the Convention serves as a powerful tool in protecting and promoting the well-being of all children (UNICEF, n.d.d.). However, the Convention's implementation remains challenging. Even though nations that ratified the Convention are bound to it by international law, there is no court attached to it, which means that children cannot complain about any infringement of its provisions (Robinson, n.d.).

Instead, the Convention on the Rights of the Child is enforced through ongoing monitoring by an independent team of experts called the United Nations Committee on the Rights of the

Child. The Committee, made up of 18 experts in the field of children's rights from different countries and legal systems, reviews these reports and provides implementation and improvement recommendations to each individual State. The Committee on the Rights of the Child is a crucial body in ensuring that children's rights are protected and promoted worldwide. Its eighteen international independent experts monitor the implementation of the UNCRC and provide recommendations to State parties based on the reports submitted to them (Robinson, n.d).

The Committee on the Rights of the Child (CRC) enforces the implementation of the UNCRC in the EU through periodic reporting. Governments that ratify the Convention or one of its Optional Protocols are required to report to the Committee every five years on the situation of children in the country and explain the measures taken to realize their rights. Hence, every five years states must reflect on their progress in implementing the UNCRC according to reporting guidelines, which specify the information required to be submitted. In terms of education, the Committee requires information on laws, policies, their implementation, quality standards, financial and human resources, and measures to ensure the full enjoyment of respective rights from early childhood to tertiary and vocational education and training, especially for disadvantaged and vulnerable children. Specific issues to be addressed include the right to education, vocational training and guidance, the aims of education, quality of education, cultural rights of children belonging to indigenous and minority groups, and education on human rights and civic education. The Committee also welcomes submissions from other interested parties, including NGOs, who produce alternative reports that involve children in the process (Lundy, 2012).

The Concluding Observations provide country-specific guidance on how to further improve children's rights in a particular country. The General Comments published by the Committee also offer analysis and interpretation of themes or Articles of the UNCRC, giving guidance on how to understand them. This information is not only essential for States parties but also for professionals working with and for children. The Committee's work ensures that the UNCRC is not just a theoretical framework but a practical tool for improving the lives of

children. As such, it is critical that States parties submit their reports to the Committee and implement its recommendations to ensure that children's rights are protected and promoted (Cole-Albäck, 2021).

In addition to regular reporting, the Committee may request additional information or complementary reports. To ensure that governments are meeting the standards for the realization and protection of children's rights, the Committee urges all levels of government to use the Convention as a guide in policy-making and legislation, develop a comprehensive national agenda, and involve civil society, including children themselves, in the process of implementing and raising awareness of child rights (UNICEF, n.d.f).

Non-governmental organizations also play a significant role in raising public awareness about the Convention on the Rights of the Child and supporting its implementation. The Convention acknowledges their contributions by specifically inviting their participation in the reporting and monitoring process. Governments are urged to involve all sectors of society in the preparation of reports, and individual non-governmental organizations or coalitions can prepare alternative reports for the Committee's consideration (UNICEF, n.d.f). UNICEF, as a specialized United Nations agency, also plays a role in the monitoring process. It is entitled to be present when the Committee reviews implementation of the Convention in a given country, can provide expert advice, and submit reports. The Committee can also require the State to turn to UNICEF for technical advice or assistance (UNICEF, n.d.f).

Ultimately, the enforcement of the Convention on the Rights of the Child is a comprehensive process that involves ongoing monitoring by an independent team of experts, reporting by governments, involvement of non-governmental organizations, and participation of UNICEF. By following the guidelines and recommendations provided by the Committee, governments can ensure that they are meeting the standards for the realization and protection of children's rights as outlined in the Convention and its Optional Protocols (UNICEF, n.d.f). While the UNCRC recognizes that children have the same human rights as adults, such as the right to freedom of thought, conscience, and religion, it also promotes the idea that

human rights for children should be distinguished from those for adults to take into account the child's vulnerability and needs as they develop. However, relying solely on legal means to protect children's rights may not be enough to ensure that they grow up in a family environment characterized by happiness, love, and understanding. To effectively promote children's rights, it is essential to ensure that they are brought up to respect the ideals of peace, dignity, tolerance, freedom, equality, and solidarity. Therefore, while the Convention provides a framework for promoting and protecting children's rights, it is necessary to go beyond legal measures to create the conditions necessary for children's healthy development and well-being (Robinson, n.d.).

In a nutshell, it can be concluded that children deserve particular attention because of their vulnerability, and the principle of the superior interest of children is crucial in ensuring their well-being and protecting their rights. The state must take the lead in establishing and implementing an effective protection system, while parents and the community must play a role in identifying and reacting against possible cases of discrimination, neglect, or mistreatment. By providing a protective background, we can guarantee that every child has the opportunity to thrive physically, mentally, and socially (Children's Rights Alliance, n.d.). Non-discrimination, the best interests of the child, the right to survival and development, and the views of the child are all essential principles that must be upheld to protect the rights of all children. It is the responsibility of governments and societies to ensure that these principles are respected and that every child has access to the resources and services necessary for their survival, development, and well-being (Humanium, 2011).

Lastly, in an effort to stress the importance of the role of state members in the promotion of children's rights, take the statement issued by the United Nations:

We emphasize that Member States have the primary responsibility to protect, respect, and fulfill children's rights, both in times of peace and in times of war. Whatever their age, gender, or status; whatever country they live in; or wherever they come from, all children

are entitled to all their human rights, including the right to life, survival, and development; the right to the enjoyment of the highest attainable standard of health, including mental health; the right to education; the right to engage in play and recreational activities; the right to be protected from all forms of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation; the right to access justice and humanitarian assistance; the right not to be deprived of liberty unlawfully or arbitrarily; and the right to express views freely in all matters affecting them, amongst others (UN Committee on the Rights of the Child et.al, 2022, pp.01).

1.3. The rights of the refugee child

This next session will shift the focus from the rights of every child and go in detail into the particular rights of the refugee child. Ultimately, a refugee child is still considered a child and for this reason is under protection of all the rights mentioned so far by the Convention on the Rights of the Child. However, a child under refugee status or a child in the course of migration are exposed to specific risks and threats to their well-being, that are particular to their reality. Consequently, these children are in need of a specific body of law that lays down their rights to protect them from harm and to attend to their different needs (International Organization for Migration, 2008).

According to Save the Children and colleagues (2007), child migration in Europe is a complex problem with many causes and forms. Children migrate for many reasons such as to escape war or natural disasters, or to seek better employment or educational opportunities, among many others. The United Nations Convention on the Rights of the Child is the primary instrument protecting the rights of migrant children, but other international treaties and directives also regulate the treatment of migrant children, both at borders and within destination countries. It is important to recognize that children of immigrants are children

first and have the same rights as any other child. Additionally, Save the Children () goes on to claim that ensuring the protection and promotion of the rights of immigrant children is not only a moral obligation but also a legal responsibility of the countries to which they migrate. A coordinated child rights-based approach is needed to manage the complexities of child migration. Policies need to address the specific needs of different groups of migrant children, including unaccompanied minors, abandoned children and those trafficked for exploitative purposes.

Taking the United Nations Convention on the Rights of the Child (UNCRC) as a basis towards child refugee protection, there are several important articles that should be carefully investigated: Article 2, Article 3, Article 12, Article 22, Article 37 and Article 29, with Article 22 being the most specific to their situation. In order to discuss these articles and their relation to the rights and needs of child refugees, The Convention and its above-mentioned articles will be addressed in the following paragraphs.

1.3.1. The UNCRC and the rights of the migrant and refugee child

The preamble to the UNCRC emphasizes the right of every child to "the full and harmonious development". The rights of refugee children are particularly relevant and important in at least five areas: personal life and development, normal family life, health and well-being, safety and security and participation in the community. Like all children, refugee children have the right to self-development and a normal family life. They also have the right to access health and well-being resources and to be protected from harm and abuse. Finally, refugee children have the right to participate in their communities, including access to education and other opportunities to develop their skills and abilities. When refugee children claim their rights, the best interests of the child are paramount, as stated in Article 3 of the UNCRC. It is therefore important that the rights of refugee children are fully protected and that all children reach their full potential (Lawrence et.al., 2019).

As elucidated by Vaghri and colleagues (2019), the principle of non-discrimination is a fundamental right guaranteed to all children under Article 2 of the United Nations Convention on the Rights of the Child. Unfortunately, many children and their families are forced to leave their homes because of discrimination based on ethnicity, religion or sexual orientation. The mere act of seeking shelter or asylum can expose these children to further disadvantage and vulnerability. This underscores the importance of protecting the rights of refugees and asylum-seeking children under article 2. In the new country, these children may belong to minority groups, be members of the LGBTQ2 community, or be former child soldiers, making them even more vulnerable. States parties have an obligation to take positive action to ensure de facto equality for both children entering their jurisdiction and those returned to their countries of origin. This includes ensuring equal access to education, health care and other essential services, and combating discriminatory practices and attitudes.

The authors also describe how the principle of the best interests of the child, as set out in Article 3 of the UNCRC, is an important factor in ensuring that the rights of refugee children are protected throughout the evacuation cycle. The best interests of the child should be paramount in all decisions relating to child asylum claims. Implementation of this principle requires that decisions made at all stages of the eviction must be documented through a formal and comprehensive assessment for each child, defined as the “Best Interests Assessment (BID)” process. This process should take into consideration the child's safety, health, family situation, education, and other relevant factors. To ensure that the rights and welfare of refugee children are protected, it is essential that this principle is respected at all stages of the displacement cycle. The right of children to maximum survival and development, as set out in Article 6 of the UNCRC, is an important aspect in addressing the issue of child migration. Violations of this right can often be identified as one of the main causes of migration, undermining child rights protections as children embark on perilous journeys in search of safety. It is the responsibility of State Parties to take special measures to protect children, such as through immigration policies that prioritize the protection of children's mobility rights and avoid repressive detention and deportation practices.

Lastly, Vaghri and colleagues (2019) explain how the principle of the child's right to optimal development should also inform decisions made regarding child asylum seeking, particularly in relation to the deportation or detention of a child's parent or guardian. Ultimately, the protection of the child's right to maximum survival and development must remain a primary consideration throughout all stages of the displacement cycle, and measures must be taken to ensure that children are not exposed to further harm or violations of their rights in the process. Under the principle of respect for the views of the child (Article 12), it is essential for State Parties (SPs) to recognize the importance of child participation in immigration matters that impact both the child and their parents. This principle is based on the idea that children have a right to express their views freely and be given due consideration in matters that affect them, according to their age and maturity. Children should not be viewed as passive relatives of adult refugees and asylum seekers. They often have their own migration projects and migration reasons. In both cases, the child's best interests must be considered, and it is the SP's duty to ensure that the child's voice is heard and respected.

Finally, Article 37 of the United Nations Convention on the Rights of the Child prohibits the use of torture or other forms of cruel, inhuman or degrading treatment or punishment of children. It also states that depriving a child of liberty should only be used as a last resort and for the shortest reasonable period of time. Children in detention must be treated with dignity and respect and separated from adults unless it is in their best interest not to do so. Similarly, article 39 requires States parties to protect the physical and mental health of children who are victims of neglect, exploitation, abuse, torture or any other form of cruel, inhuman or degrading treatment. It calls for appropriate measures to be taken to facilitate a healthy recovery and reintegration into society. treatment or punishment. These articles underscore the need for countries to provide protection to children who have experienced violence, abuse, or who are involved in armed conflict, and to prioritize social reintegration and reintegration (International Organization for Migration, 2008).

1.3.1.1. Article 22 of the UNCRC:

“1. States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

2. For this purpose, States Parties shall provide, as they consider appropriate, cooperation in any efforts by the United Nations and other competent intergovernmental organizations or non-governmental organizations co-operating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, as set forth in the present Convention.” (United Nations General Assembly, 1989, pp.06).

The drafting of Article 22 in the UNCRC drafting process took place at a time when international law first began to distinguish between refugee children and adult refugees. Accordingly, the provisions of this article ensure that:

“(i) refugee children are entitled to adequate protection and international assistance, and

(ii) all rights under the UNCRC and other international human rights treaties and humanitarian law must be protected,

(iii) state parties must work with the United Nations and relevant agencies to protect and assist such children,

(iv) Family reunification is a primary duty of governments to serve the best interests of children, especially with respect to unaccompanied and separated children.” (Vaghri et.al., 2019 pp. 8-9).

Article 22 of the UNCRC ensures that all children who leave their country because of war, persecution or natural disasters are entitled to adequate protection and care, including access to health care, education and shelter. These rights apply to all children around the world, wherever they are. However, in many cases the rights of refugee and asylum-seeking children are not respected and they are subject to discrimination and abuse. Although host countries have clear obligations under the UNCRC, they often fail to meet their responsibilities to these children. Such discrimination can adversely affect the health and development of these children and violate their human rights under the UNCRC. It is imperative that States fulfill their obligations to provide adequate protection and accommodation to refugee and asylum-seeking children in accordance with the principle of non-discrimination and the best interests of the child (Vaghri et.al., 2019).

Article 22 of the UNCRC emphasizes the importance of adequate protection and humanitarian assistance for children seeking refugee status or recognized as refugees. This applies to both accompanied and unaccompanied minors and is subject to international and national laws and procedures. Article 22(2) recognizes that unaccompanied minors are particularly vulnerable and need special protection and support. UNCRC, including Article 9, which states that separation from parents should be done only when necessary in the best interest of the child, and Article 10, which affirms the right of family reunification should

be read in conjunction with other relevant provisions of Article 20, which guarantee the protection of children without families. (International Organization for Migration, 2008).

Furthermore, according to Vaghri and colleagues (2019), Article 22 also states that refugee and asylum-seeking children should not be treated as migrants, but as children with the same rights as any other child in the host country. This implies that when humanitarian assistance is needed to provide adequate protection for these children, this support should avoid discriminatory consequences, such as discriminatory treatment in cases of family reunification, and prohibit the detention of children and their parents for immigration purposes. In addition, national immigration policies should not undermine their rights to education, health and protection under the UNCRC.

Nonetheless, even if the article states that all refugee children are to be treated first and foremost as children, the purpose of this article is not to reiterate the rights of all children, but instead ensure that this specific set of children maintain the rights of the UNCRC while respecting the provisions and protections of other international human rights or humanitarian instruments. In other words, there are further documents, such as the Interagency Guiding Principles for Unaccompanied and Separated Children, that provide guidance for State Parties to protect these vulnerable children and should therefore be integrated to the child refugee protection system, alongside the above-mentioned articles of the UNCRC. A good example of how this can be done is by taking Article 22's emphasis on the child's best interests principle and the principle of family unity. In this case, the UNHCR's Best Interests Guidelines can provide a framework for assessing the best interests of children. The guideline argues for the principle of best interests of the time to be the first consideration in all activities involving refugee and asylum-seeking children, and family reunification should therefore be based on a sound evaluation that puts the best interests of the child first, which is called the Best Interest Determination (BID). These BID processes require a holistic child rights-based approach that considers human and financial resources, child rights training and inter-agency coordination.

1.3.2. The monitoring and enforcing of the rights of the Child Refugee

Protecting the rights of refugee and migrant children is an ongoing challenge that requires long-term commitment by governments and international organizations. The Council of Europe Strategy on Children's Rights (2022-2027) is an important guide for action in this area. To complement it, the Children's Rights Steering Committee (CDENF) will oversee the implementation of their strategy and serve as a platform for sharing knowledge, best practices and experiences to help support unaccompanied and other children in migration situations. The Committee's key policy areas include promoting best practices for effective guardianship of unaccompanied and separated children, sustainable solutions and effective integration of children affected by migration; and support Member States in implementing migration-related age assessment policies. To meet the challenge of protecting and promoting the rights of children on the move, the Council of Europe has adopted a coordinated child rights-based approach through two successive Action Plans. The Action Plan on Protecting Vulnerable Persons in the Context of Migration and Asylum in Europe (2021-2025) and the Action Plan on Protecting Refugee and Migrant Children in Europe (2017-2019) aim to ensure access to rights and child-friendly procedures, provide effective protection, and enhance the integration of children who remain in Europe (Council of Europe, n.d.).

Moreover, international treaties play an important role in protecting the rights of refugee children, as they set the standards that States must uphold. By ratifying treaties such as the 1951 Geneva Convention on Refugees and the 1967 Protocol, governments commit to uphold certain standards and ensure the protection of refugee children. These agreements ensure that children who have a well-founded fear of persecution are granted refugee status and cannot be forcibly returned to their country of origin. The agreement also guarantees the right of refugee children to receive the same treatment as nationals in primary education and at least the same treatment accorded to non-refugee aliens in secondary education (United Nations High Commissioner for Refugees, 1994).

Naturally, when talking about enforcing mechanisms of child refugee's rights, it is inevitable to describe the work do the Convention on the Rights of the Child. According to the United Nations High Commissioner for Refugees (1994), the Convention is particularly relevant to refugee children, as it covers almost all aspects of children's lives, including health, education, social and political rights, without any form of discrimination. As a result, the UNCRC has become a powerful advocacy tool and its widespread ratification has made it an essential framework for protecting the rights of refugee children. The comprehensive standards of these agreements are critical to the welfare of refugee children, as they ensure that they are not treated differently from their adult peers and citizens. In particular, the UNCRC has universal standards agreed upon by countries in all regions of the world, regardless of population, economic development, or political system. The UNCRC also serves as the normative framework upon which UNHCR acts, and its guiding principles ensure that the human rights of children, especially their best interests, are a primary consideration. Also according to the UNCHR (1994), another important step forward was the widespread acceptance of the Declaration and Plan of Action adopted at the World Children's Summit. This encourages countries to develop national action plans that include refugee children in the category of children in particularly difficult situations. Therefore, the UNHCR is committed to ensuring compliance with UNCRC standards by all States, international organizations and non-governmental organizations to ensure that the welfare of refugee children is protected regardless of their status.

In a nutshell, it is important to recognize that refugee and migrant children have the same rights as other children. It is the responsibility of the state to ensure that these children are protected and have access to information, a voice and a safe and non-violent environment. International and European legal instruments provide a framework to protect and secure the rights of these children. The Council of Europe is committed to upholding these protections and ensuring that all refugee and migrant children can fully enjoy their rights, in accordance with the United Nations Convention on the Rights of the Child and the European Convention

on Human Rights. By prioritizing the welfare and rights of refugee and migrant children, we can create a fairer and more equitable world for all (SOS Children's Villages, 2022).

After analyzing the rights of refugee children and how these are currently enforced worldwide, the next session will go into further detail in what the situation of refugee children is at present and how the consequences of migration and asylum-seeking affect children's development.

1.3.3. The situation of refugee children

The plight of migrant and displaced children has become a pressing global issue in recent times. Millions of children are on the move, forced to leave their homes due to various reasons such as conflict, poverty, and climate change, in the hope of finding a better life. However, many of these children encounter severe challenges on their journeys, at their destination, or upon their return. These challenges often arise due to their lack of safe and regular pathways, leaving them vulnerable to child labor, early marriage, smuggling, human trafficking, violence, exploitation, and discrimination. They also often miss out on education and proper medical care, making it difficult for them to integrate into new communities and reach their full potential. The COVID-19 pandemic has compounded these challenges, making it even harder for children on the move to find safety and security. In this context, it has become more crucial than ever to address the needs of migrant and displaced children and ensure they have access to adequate protection, support, and care (UNICEF, 2018)

The challenges faced by unaccompanied minors seeking asylum in the EU are multi-faceted and complex. One key challenge that has been identified is the inadequate reception services available to these young people. They often face a lack of appropriate accommodation, inadequate living conditions, and insufficient mental health support services. Additionally, there is often a lack of communication between reception authorities and social workers,

which can further exacerbate these problems. This lack of trust in authorities, including police officers, is a major issue that must be addressed.

Another challenge faced by unaccompanied minors is the difficulty in obtaining documentation and regularization of their status in the first EU country that they arrive in. This can result in lengthy and complicated procedures, which can be especially concerning for young people who may be uncertain about their future. The asylum procedure itself is also seen as a key challenge, with many participants highlighting the length and complexity of the process, as well as the difficulty in obtaining family reunification. This can lead to young people leaving the reception services and moving to another country, further complicating their situation (Missing Children Europe & The Malta Foundation for the Wellbeing of Society, 2021). The transition to adulthood is also a significant challenge for unaccompanied minors seeking asylum in the EU. When they turn 18, the support that they have received often ends, leaving them vulnerable to homelessness and exploitation (Missing Children Europe & The Malta Foundation for the Wellbeing of Society, 2021).

A specific set of unaccompanied children that tends to suffer the most is that of undocumented ones. According to the Platform for International Cooperation on Undocumented Migrants (n.d.), undocumented children are among the most vulnerable populations of migrants. They live in precarious conditions and are at high risk of exploitation, violence, and abuse. They lack access to basic social rights such as education, healthcare, and housing, and are often forced to work in hazardous conditions, which poses a significant threat to their physical and emotional well-being. These children are also exposed to the risk of trafficking and exploitation, as they are frequently exploited by smugglers and traffickers who seek to profit from their vulnerability. Despite the fact that undocumented children are entitled to the same human rights as any other child, they are often excluded from basic social services and are subject to harsh immigration control measures, including detention and deportation. These measures are often carried out in violation of children's rights and can have long-lasting negative impacts on their development and well-being.

The Platform for International Cooperation on Undocumented Migrants also explains how, in addition to the harm caused by immigration control measures, undocumented children also face significant challenges in accessing justice. Limited access to information and quality legal representation makes it difficult for these children to obtain the legal assistance they need to protect their rights. Moreover, the fact that immigration enforcement is carried out by the police negates children's right to access justice through police or judicial remedies, further limiting their ability to seek protection from abuse or violence.

But the issues of refugee children do not stop there. Beyond the issues upon arrival and those regarding documentation, these children are presented with barriers to education and, later, with access to the workforce. Young refugees often face challenges in accessing quality education and skill-building opportunities due to various factors such as language barriers, lack of recognition of prior education, and limited resources in refugee camps or urban areas. The lack of access to education and skills training can lead to a generation of young refugees with limited opportunities for self-improvement, integration, and future employment (Norwegian Refugee Council, 2018).

Regarding this issue, UNICEF (2022) has found that refugee children are five times more likely to be out of school than other children due to school safety concerns, language barriers, and financial issues. In many cases, these children are not offered education upon arrival in detention, and often seek out opportunities to earn money to support their families. However, they may not be allowed to work legally and may instead turn to informal employment or even street begging (Missing Children Europe & The Malta Foundation for the Wellbeing of Society, 2021). For this reason, the limited access to quality education in refugee emergencies can therefore have a detrimental impact on the long-term success and well-being of children (UNICEF, 2018; Giovetti, 2022).

Furthermore, it is important to highlight that these challenges are particularly prevalent for Syrian children, where the emotional toll of conflict and trauma often leaves them

unprepared for formal schooling and some end up in child labor to support their families (Giovetti, 2022). Access to education is a crucial aspect of a child's upbringing, but in regions of conflict, it is often compromised. If the case of Syria is taken as an example, it shows us that conflict can disrupt even the most successful education systems. According to a report in August 2019, over 2 million children in Syria are out of school, and 1.3 million more are at risk of dropping out. The situation is not much better for refugees in host countries, where over 800,000 children remain out of school. There are various reasons for this lack of enrollment and the risk of additional students dropping out. When refugee children migrate to neighboring countries, they must learn a new curriculum and a new language, which can be daunting. Many children also face discrimination and harassment from other students when enrolled in school (Anderson, 2020).

According to Anderson (2020), in urban areas of host countries, inadequate resources and capacity issues are a significant challenge. Many schools have policies requiring refugees to obtain government-issued documentation or legal status before they are allowed to enroll, creating significant barriers to access to education. Even within refugee camps, access to meaningful education still has its challenges. Children arrive at refugee camps already at a disadvantage, and if there has been a disruption in their schooling, they will have to catch up in their subjects while adjusting to an entirely new cultural and social environment. The emotional trauma from their migration and the previous violence many children have witnessed also affects their cognitive, emotional, and social development, which increases their academic challenges.

Furthermore, there is yet another issue unaccompanied children have to face: separation from family. Unfortunately, according to Giovetti (2022) at least 300,000 unaccompanied and separated children were registered in 80 countries over the course of two years. This puts them at a higher risk of violence, exploitation, and abuse. Young female refugees, in particular, face significant challenges related to gender inequality, discrimination, exploitation, child marriage and violence. This can include domestic violence, forced

marriage, and sexual assault. Young LGBTI refugees may also face significant discrimination and harassment (Norwegian Refugee Council, 2018).

But all of this is not to say that these kinds of challenges above mentioned only concern unaccompanied children. After all, even if the family does not get separated during migration, it does not mean it will go unaffected. Family dynamics can be significantly disrupted in overcrowded housing conditions, after traumatic events, or in radically different financial realities. This can lead to dysfunctional shifts in family dynamics, leaving children in a particularly vulnerable position. In some cases, children may be tasked with caring for younger family members, resulting in undue burden and even malnutrition. This can have a lasting impact on the well-being and future prospects of refugee children (Giovetti, 2022).

Yet another issue that the refugee youth often experiences is discrimination, racism, and xenophobia in particular, both from host communities and other refugees. This can lead to feelings of isolation and marginalization and create additional barriers to integration and social cohesion. The "culture clash" between refugees and host communities can lead to misunderstandings and tension, which can further exacerbate discrimination and prejudice (Norwegian Refugee Council, 2018). This can make it difficult to rebuild a sense of normalcy or access essential services and child protection. Naturally, these challenges will exacerbate the already difficult circumstances of refugee children and make it harder for them to succeed in life (Giovetti, 2022).

Finally, refugee children are often left out of data surrounding refugees, which adversely affects their representation in policy decisions and social services (Giovetti, 2022). These children are not seen nor heard. They often lack opportunities to share their experiences and have their voices heard by policymakers and authorities. This can lead to a lack of understanding about their unique experiences and needs (Missing Children Europe & The Malta Foundation for the Wellbeing of Society, 2021)

In conclusion, by analyzing the situation of migrant children, it becomes clear that to address the challenges faced by them requires a holistic and comprehensive approach that addresses issues related to reception services, documentation and regularization, asylum procedures, access to information, guardianship, education, work and training, the transition to adulthood, and the need for these young people to be seen and heard (Missing Children Europe & The Malta Foundation for the Wellbeing of Society, 2021).

Nonetheless, though comprehensive, this approach is not enough to guarantee the psychophysical wellbeing of migrant children. Indeed, a holistic approach to child protection can never be sufficient if it does not also encompass the psychosocial aspect of their wellbeing. Unfortunately, this concept is a rather modern one, and is not yet widespread among the child protection systems. The next session of this thesis aims to dive into the psychosocial approach to child protection and illustrate why it is not only the most suitable approach, but most importantly it is an ultimate necessity when strategizing upon child protection and wellbeing.

Chapter II

Resilience

In recent years, there has been a growing interest in understanding the psychological effects of migration on children among academics, decision-makers, and practitioners. UNICEF (2016) has shed light on the various aspects surrounding the subject. The UN agency has played a vital role in highlighting how while some studies have underlined the benefits of migration for children, such as improved access to education and exposure to diverse cultures, many others have emphasized the negative impact on their mental health. For most of these studies, the main areas of concern are trauma and stress-related disorders, particularly among forcibly displaced children. Naturally, the risk of developing mental health conditions like anxiety, depression, and PTSD is heightened in these circumstances. However, UNICEF (2016) makes a progressive claim that the effects of migration extend beyond these conditions, affecting a child's social and emotional development. Challenges in adapting to a new country, language, and culture can lead to feelings of isolation, loneliness, and a sense of losing one's identity and home. Additionally, migration can disrupt a child's family and social networks, negatively impacting their attachment and sense of belonging, as it was thoroughly discussed in the previous chapter. This chapter instead aims at underlining the ways in which these negative psychosocial effects can be avoided, and which events may present themselves as risks for the development of these effects. The intention behind this chapter is to cast a light on the importance of these risk and protective factors and introduce the concept of resilience as a way to navigate the issue.

Understanding vulnerability among refugee children is crucial for providing effective support and care for this highly marginalized population. As noted by Lustig et.al. (2004), the impact of war and persecution, flight, and resettlement can have long-lasting effects on children's psychological development, as they are dependent on adults' decisions and often at the mercy of unpredictable violence and political upheaval. Understanding the unique

challenges and needs of refugee children is crucial to providing appropriate support and care to help them overcome these traumatic experiences and rebuild their lives.

Lustig et.al. (2004) highlight how early studies have consistently highlighted how migrant children have an increased risk of mental health problems, and these findings are supported by several factors. The primary and most frequently cited factor is the stress caused by the migration process itself. The stressors present before migration, as well as the ones happening during the journey and even the ones after the arrival represent on their own strong risks for the development of mental health issues among refugee children. Stevens & Vollebergh (2008) investigate the causes for this occurrence. Firstly, during the migration process migrants face the loss of family, friends, familiar customs, and surroundings, while also needing to adapt to a new cultural environment with different moral values, standards, and language. Incompatibilities between the home and host cultures can lead to feelings of alienation. Additionally, many migrants come from countries with limited educational resources and encounter poverty, unemployment, and accommodation challenges in their new homes. Asymmetric acculturation within families, where children adopt the host country's culture faster than their parents, can create intergenerational conflict and stress. Children are directly and indirectly affected by these processes, and they may also lack support from parents who are preoccupied with their own migration stresses.

A second explanation focuses on the stress caused by restrictive processes in the host society. Migrant populations often occupy a weak social position due to discrimination and restrictive policies, hindering their integration. This weak social position, combined with racism, prejudice, discrimination, and oppression, can create segregated environments that adversely affect mental health. Thirdly, it is argued that the cultural background of migrant groups plays a role in the development of mental health problems in their children. Cultural factors such as familial roles, communication patterns, affective styles, and values can directly influence child behavior or indirectly affect the likelihood of certain problems through parental suppression or facilitation of behavior (Stevens & Vollebergh, 2008).

In light of these specific stressors that affect the psychosocial development of migrant children, the study of the mental health of forcibly displaced children is a crucial area of research and clinical work. Understanding the complex interplay between biological, psychological, social, and cultural factors is essential in assessing the spectrum of mental health outcomes, ranging from successful integration to chronic mental illness. While some refugee children exhibit resilience and strength in adapting to their new circumstances, others may face difficulties due to their previous experiences, family dynamics, schooling challenges, and biological predispositions. Recognizing these risk and protective factors is crucial for developing targeted interventions to support the mental well-being of refugee children during the resettlement process (Fazel & Betancourt, 2018).

The need for psychosocial protection for refugee children is essential due to the critical role that childhood plays in intellectual, emotional, and personality development. Traumatic and stressful experiences during this period can have lifelong consequences, manifesting in both immediate and delayed effects that may impact individuals into adulthood (Ajdukovic & Ajdukovic, 1993). Moreover, according to UNHCR (1994), the need for psychosocial protection for child refugees is deeply rooted in the standards set by the Convention on the Rights of the Child. As previously discussed in Chapter I, according to Article 3.1 of the Convention, every child has the right to necessary protection and care for their well-being. Additionally, Article 39 states that children who have experienced abuse or neglect have the right to physical and psychological recovery and social reintegration. The concept of psychosocial well-being acknowledges the interconnectedness of psychological and social factors in a child's life. It encompasses both preventive measures to enhance overall well-being and targeted support for children who have experienced harm or have specific needs.

The first session of this chapter will dive into the particular risks of refugee children and the effects they can have on their psychosocial development.

2.1. The risks of Refugee Children

As can be seen, the mental health of refugee children is a matter of great concern, as they face significant risks of developing various mental illnesses. Conditions such as post-traumatic stress disorder (PTSD), anxiety, depression, and other emotional and behavioral issues pose significant challenges for these vulnerable individuals, often resulting in disrupted sleep patterns, difficulty focusing, and social withdrawal (UNHCR, 1994). In this session, the first negative effect of migration to be examined is stress, one which underlies many others, and affects almost every single migrant.

2.1.1. Stress

Stress is a multifaceted and complex concept frequently encountered in scientific literature, characterized by its ambiguity and versatility. It encompasses various dimensions, serving as a stimulus, a response to a stimulus, or the physiological consequences of such responses. Stressors, defined as circumstances that threaten significant life goals, whether related to physical well-being or psychological equilibrium, form the foundation of the stress experience. The experience of stress alone is not itself negative, it is a natural human reaction to threat stimuli. However, when this experience gives rise to distress, it is then marked by negative psychological reactions like anxiety, sadness, and feelings of being overwhelmed (Kumar et al., 2013). Researchers have devised taxonomies to categorize stressors based on their impact on essential aspects of life, such as physiological needs, social connections, self-concept, and available resources. Exposure to stressors initiates intricate physiological changes, priming the body for the fight-or-flight response, which involves resource reallocation and the suppression of non-essential bodily processes. However, the long-term consequences of chronic or recurrent stress can extend beyond the immediate response, potentially leading to disturbances in growth and development and contributing to the development of psychiatric disorders, including depression, post-traumatic stress disorder, and various anxiety disorders. Understanding the multifaceted nature of stress and its wide-

ranging effects on both the mind and body is crucial for addressing the challenges it presents and promoting overall well-being (Kemeny, 2003).

The impact of stress on the developing brain cannot be underestimated. As emphasized by the United Nations High Commissioner for Refugees (1994), when the body experiences a source of stress, cortisol and other hormones are released in response. Cortisol is crucial for regulating the body's stress response and effectively coping with adverse situations. However, sustained or chronic stress response leads to frequent and prolonged release of cortisol, which can cause damage to the hippocampus—the brain region critical for learning and memory. This implies that sustained activation of the stress response system can result in impairments in learning, memory, and stress regulation.

In addition to neurological challenges, mental health issues are prevalent among displaced children. They often experience profound physical and emotional traumas, deprivation of basic necessities, disrupted education, and separation from caregivers. The migration process itself exposes them to harsh living conditions, violence, and uncertainty. Upon resettlement, they face new challenges related to adaptation, education, social exclusion, and discrimination. These circumstances increase their vulnerability and can contribute to feelings of marginalization, helplessness, and the potential for radicalization. Addressing the mental health needs of refugee children is essential to ensuring their overall well-being, mitigating the long-term effects of stress, and promoting their successful integration into society (UNHCR, 1994).

2.1.1.1. Post-traumatic Stress Disorder. The most researched psychopathology related to refugee children is certainly Post-traumatic Stress Disorder, especially in those children who have experienced conflict and war in their home countries. Pacione et.al. (2013) states that the connection between war experiences and the development of post-traumatic stress disorder (PTSD) and depression in refugee children is well-established. A meta-analysis of data from 7,920 war-affected children revealed that PTSD criteria were met

by 4.5% to 89.3% of children, with an overall pooled estimate of 47%. Similarly, 43% of children met criteria for depression, and 27% met criteria for a non-PTSD anxiety disorder (Attanayake et. al., 2009; Pacione et.al., 2013).

Another large review of surveys conducted among refugees and conflict-affected populations revealed a prevalence of post-traumatic stress disorder (PTSD) and depression of approximately 30%, although rates varied significantly across studies. The strongest predictors of PTSD were exposure to torture, while the total number of trauma events experienced was associated with higher rates of depression. However, larger and more rigorous studies reported lower prevalence rates, with an estimated PTSD rate of 15%, which is still significantly higher than the 1.1% prevalence found in non-refugee populations. Research focusing on asylum seekers shed light on the impact of the post-migration environment on the mental health of displaced populations. Conditions of adversity such as prolonged detention, insecure residency status, restrictive refugee determination procedures, limited access to services, and lack of employment or educational opportunities compounded the effects of past traumas, exacerbating symptoms of PTSD and depression (Silove et.al, 2017).

While not all refugee children meet the diagnostic criteria for PTSD, various internalizing and emotional problems have been reported, such as adjustment disorders, sleep disturbances, nightmares, grief reactions, inattention, social withdrawal, and somatization. Adjustment disorder can manifest with a range of internalizing and externalizing symptoms and often arises from the acute and chronic stressors experienced throughout the migration and resettlement process (Pacione et.al., 2013; Hart, 2009; Fazel & Betancourt, 2018).

While the interpretation and understanding of mental health symptoms in refugee children are complex, it is crucial to provide appropriate support and resources tailored to their unique needs. Recognizing the potential psychological impact of trauma and adopting culturally sensitive approaches can help mitigate the challenges faced by these children and facilitate their recovery and successful integration into their new communities. By acknowledging the

nuances of their experiences and providing comprehensive mental health care, we can contribute to their overall well-being and help foster resilience in the face of adversity (Hart, 2009) .

The recent surge in research focusing on the mental health of young refugees has shed light on various aspects that were previously overlooked. As mentioned above, many studies conducted on school-age children have highlighted the high levels of psychological distress among this population, with an increased risk of developing post-traumatic stress disorder (PTSD), depression, and anxiety. However, according to Hodes (2018), recent investigations have expanded the scope to include previously neglected areas, such as the examination of parent-child relationships and their impact on mental health within a broader socio ecological framework. New research has found that unaccompanied refugee minors (URMs) experience higher exposure to traumatic experiences and losses compared to their accompanied peers, leading to a higher prevalence of psychiatric disorders. Depressive symptoms in URMs are associated with post-migration stressors and acculturative stress. The living arrangements and support available to URMs have been shown to have a significant impact on their psychological well-being, with higher levels of support correlating with lower psychological distress.

Though Post-traumatic Stress Disorder is the most well-researched and debated negative effect of migration and war experience, it is far from being the only one. Unfortunately, PTSD is only a side of migration and war, one that is more easily recognized. But this thesis goes beyond this area. As previously argued, the effects of migration on refugee children can be long-lasting and can seriously impair their psychosocial development, leading up to depression, anxiety, conduct disorder and so on (Garmezy, 1988). For this reason, it is crucial to recognize and address the diverse mental health challenges faced by refugee children affected by war. By focusing not only on psychopathology but also on protective factors, interventions can be tailored to promote resilience and well-being among these vulnerable populations.

2.2. The three phases of Migration and their Stressors

The experiences of refugees can be divided into three distinct stages, each accompanied by its own set of stresses (Fazel & Stein, 2002). Firstly, while still in their country of origin, refugees often endure significant trauma due to war, combat, and the resulting violence and loss of loved ones. This period is marked by instability, disrupted education, and widespread parental distress and insecurity. Secondly, the journey to a safe haven can further exacerbate stress levels. It can be a protracted and dangerous ordeal, exposing refugees to life-threatening situations. Children, in particular, may be separated from their parents either unintentionally or as a deliberate strategy to ensure their safety. Tightening immigration controls have led to an increase in children being entrusted to smugglers, either as the sole representative of their family or in the hope of improving their chances of obtaining refugee status. Lastly, the process of resettlement in a new country can present its own set of challenges and difficulties (Fazel & Stein, 2002). This period is often referred to as a "secondary trauma" phase due to the problems encountered. Refugees must navigate the process of proving their asylum claims while also integrating into a foreign society. Children must adjust to new schools, establish social connections, and may even be required to assume adult responsibilities prematurely, such as serving as a vital language bridge between their family and the outside world. Overall, the three stages of refugee experiences involve multiple layers of stress and hardship that can significantly impact the mental and emotional well-being of refugee children. It is crucial to recognize and address these challenges in order to provide the necessary support and assistance for successful integration and recovery (Bronstein & Montgomery, 2011). The next session will be divided in the three phases of migration and will examine the possible stressors present in each one.

2.2.1. *Pre-migration Stressors*

2.2.1.1. Combat Experience. Firstly, Lustig et.al. (2004) describe how the involvement of children in combat and armed conflicts presents a grave concern, and its profound impact on their mental health cannot be underestimated. Shockingly, an estimated 300,000 children under the age of 18 have participated in armed conflicts worldwide, with many more enrolled in armed forces even in non-conflict regions. These young combatants, by their own testimonies, endure unimaginable risks such as rape, torture, injuries, substance abuse, depression, anxiety, and suicidal thoughts. The consequences of their participation go beyond tangible losses of home, possessions, friends, and family members. They often experience a loss of trust in authority figures who are unable to meet their basic needs or who themselves perpetrate violence. Furthermore, child soldiers are vulnerable to losing their moral compass, rationalizing actions such as looting as permissible and justifying politically motivated killings. The experiences endured by these children have a profound and devastating impact on their lives. Not only do they face unimaginably difficult living conditions and traumatic experiences, but they are also forced to become active participants in acts of extreme violence. The implications of such circumstances on their physical and psychological well-being are severe and long-lasting (Derluyn & Broekaert, 2008).

2.2.1.2. Personal factors. Moreover, in a longitudinal study conducted in Sweden, it was found that pre-existing vulnerabilities such as delayed development, long-term physical illness, or psychological problems significantly predicted mental ill-health, poor social adjustment, and low self-worth among individuals 3.5 years after their arrival. On the other hand, individuals who did not exhibit any evidence of such vulnerabilities before being exposed to adverse events had a higher likelihood of experiencing emotional well-being (Fazel et.al., 2017). Pre-existing vulnerabilities might be health issues, injuries, psychological disturbances or genetic predispositions. Interestingly, it was found that individual characteristics such as age can be defining when it comes to vulnerability. As previously mentioned, not all children experience trauma in the same way, and they definitely do not show the same responses.

When it comes to personal factors such as age, the complex interplay between age and adverse experiences underscores the need for comprehensive and nuanced research to better understand the unique challenges and needs of refugee children. It is crucial to consider the diverse individual and contextual factors that contribute to the psychological well-being of these children in order to develop targeted interventions and support systems that can effectively address their specific needs. Fazel et.al. (2012) have done substantive work when it comes to analyzing the relationship between age and psychological symptoms in the context of forced migration. According to them, factors such as the age at the onset of adverse events, age at migration, and age-related policies in host countries, including education, accommodation, and asylum decisions, all intersect and influence age-specific responses. The nature and duration of adverse exposure further contribute to the complexity of age-related psychological symptoms. For instance, older teenagers who experience a relatively short period of exposure to violent conflict may benefit from a longer period of stable psychosocial development, whereas children who grow up in protracted conflict situations are likely to face greater cumulative adversity. This increased adversity may heighten the risk of psychological difficulties in these children, but it could also potentially strengthen their capacities for resilience.

2.2.1.3. Family Factors. Lastly, the familial experiences of adverse events play a significant role in children's psychological functioning. Parental exposures, especially if parents have been tortured or are missing, have a stronger association with children's mental health problems than the children's own exposures (Montgomery & Foldspang, 2006). Fazel et.al. (2012) described a study with Central American refugees which showed that adverse events experienced by the family before the child's birth greatly influenced the child's psychological outcomes, while this pattern was not observed in Southeast Asian or Middle Eastern refugees. Additionally, in a previous study (Fazel et.al., 2002), the authors also found that other family factors such as maternity depression, PTSD, torture or showed helplessness in either parent and unemployment can severely affect children's mental health and present themselves as vulnerabilities for the development of mental health issues during migration.

2.2.2. During Migration Stressors

2.2.2.1. The Travel. Migration stressors encompass a wide range of challenges and hardships experienced during the journey itself. These stressors often lead to traumatizing experiences for individuals on the move (Jaycox et al., 2002). The journey may span months and involve cramped conditions within trucks, train compartments, or lorry containers, where access to sufficient food, proper sleeping arrangements, and adequate washing facilities are severely limited. Moreover, there is a constant underlying fear associated with the illegal nature of the journey, knowing that their presence in certain territories may be unauthorized. Migrants often find themselves dependent on human smugglers or traffickers, which introduces additional risks and vulnerabilities. Interceptions by police or immigration authorities add to the distress, as individuals are subjected to uncertainty, potential detention, or deportation (Derluyn & Broekaert, 2008). These migration stressors contribute to a significant burden on the physical and mental well-being of migrants, compounding the challenges they face throughout their journey.

2.2.2.2. Separation. A very important issue regarding the journey of refugee children is that many young refugees find themselves without identifiable guardians, having traveled extensively without adult supervision. The reasons behind this separation can vary greatly, including instances where children are sent ahead to pave the way for other family members, become unintentionally separated during the migration process, are abducted to become child soldiers, or are already orphans or street children. In some cases, families may choose to separate as part of a survival strategy, while in others, parents may decide to leave their children behind in the host country in the hopes of providing them with better opportunities for the future (Derluyn & Broekaert, 2008).

It is crucial to consider, as Rutter (1971) highlighted, that the reasons and circumstances surrounding a specific separation can be more significant than the separation itself in determining the adverse effects on the child. Separation from parents, particularly the mother, consistently emerges as a significant risk factor for the psychological well-being of

children and adolescents facing multiple and cumulative stressors or living in adverse situations. Refugee and migrant children and adolescents, facing the challenges of displacement, are particularly susceptible to the negative consequences of family separation after migration. The presence of parents and other family members during the migration process can help mitigate the perception of terrifying and traumatic experiences.

As for the specific consequences of this separation, two major psychosocial development issues that may arise are: difficulties in self-regulation and in building a sense of self-efficacy. The ability of children to self-regulate is heavily reliant on the emotional state of their caretakers, making unaccompanied refugee youths even more vulnerable to psychiatric symptoms following traumatic experiences (Lustig et.al., 2004). Furthermore, the troubles with self-regulation can lead to a hard time developing a sense of self-efficacy. Lustig et.al. (2004) described a study conducted with 455 Vietnamese children compared refugees in camps without their parents in Hong Kong and Southeast Asia to a matched sample of children who had never left Vietnam (local children). The study examined internalizing and externalizing behaviors as well as perceived self-efficacy. The findings revealed that unaccompanied minors had lower externalizing behavior scores compared to local children.

Separation, therefore, undermines the protection and social support crucial for children in coping with the psychological effects of trauma and distress. Children may lose their entire social infrastructure, including not only their parents and relatives but also the security provided by grandparents, neighbors, and teachers. The presence of significant adults in their lives is severed, along with much of the child's sense of security, stability, safety, and roots (Derluyn & Broekaert, 2008).

2.2.2.3. Exposure to Traumatic Events. Terr (1991) provides valuable insight into the different types of traumatic experiences children can encounter. The distinction between "type I" events, which are sudden and unexpected, and "type II" traumas, characterized by prolonged and repeated exposure to stressors, is particularly relevant to understanding the experiences of refugee children. Unlike type I events, which involve a single overwhelming

stressor, refugee children often face type II traumas due to the prolonged and multifaceted challenges they encounter before, during, and after their flight from their home country. The term "sequential traumatization" (Derluyn & Broekaert, 2008) accurately captures the ongoing and cumulative nature of these experiences, highlighting that they are not isolated incidents. In their home countries, refugee children are exposed to prolonged periods of war, armed conflicts, and violence, which have a significant impact on their psychological well-being (Derluyn & Broekaert, 2008).

Moreover, an interesting discovery in the area of trauma is that it is the cumulative effect of trauma that usually predicts psychological disorders such as PTSD. Some studies show that the number of traumatic events before migration does not necessarily predict the development of PTSD. Instead, the results of two studies suggest that the total number of lifetime traumatic events may have a greater impact, underscoring the importance of considering the entire refugee experience rather than solely focusing on pre-migration events. Fazel et.al. (2012) describe how in one longitudinal study, it was observed that a high number of adverse events before displacement continued to affect the mental health of refugees even nine years after their arrival. However, those who showed signs of recovery from initial symptoms were more likely to have experienced fewer additional adverse events after displacement compared to those who remained symptomatic. These findings highlight the complex relationship between the timing and cumulative nature of traumatic events, as well as their impact on the long-term mental health outcomes of refugees and emphasize the significance of considering both pre-migration and post-migration traumatic events in understanding the psychological well-being of refugees. While cumulative exposure to traumatic events plays a crucial role, it is essential to acknowledge that the timing and sequence of events can also influence mental health outcomes. By taking into account the entirety of a refugee's experience, interventions and support systems can be tailored to address the specific needs of individuals and promote their recovery and resilience in the face of migration stressors.

2.2.2.4. Loss. As mentioned above, the experience of migration for refugees, particularly children and adolescents, encompasses profound uprooting and multiple losses that extend beyond the physical displacement. These losses encompass their homes, family members, friends, social networks, familiar environments, schools, belongings, cultural heritage, social status, accustomed ways of living, customary family dynamics, traditions, and even their future prospects (Ajdukovic & Ajdukovic, 1998). Eisenbruch's concept of "cultural bereavement" (Eisenbruch, 1990) aptly captures the profound impact of these losses, acknowledging that they can have significant physical and mental health implications, leading to deep sadness and feelings of regret. After all, the migration process involves a significant disruption of their lives, leading to the loss of various aspects that are fundamental to their well-being and identity. The act of relocation itself and the ensuing disruption of their social and cultural milieu further exacerbate the sense of loss, resulting in a diminished sense of self-identification, social isolation, and a compromised sense of security and well-being (Derluyn & Broekaert, 2008).

2.2.3. Post-migration Stressors

Post-migration stressors significantly impact the well-being of refugees and immigrants, compounding the challenges they face in coping with prior traumatic experiences. The chronic stress experienced after arrival in the host country, particularly during the resettlement process, has been linked to a lower quality of life and overall health outcomes (Steel et.al., 2016). There are numerous post-migration events or stressors that immigrants and refugees encounter, including discrimination, health issues, and socioeconomic changes. Understanding and addressing post-migration stressors is crucial for supporting the well-being and successful adaptation of refugees and immigrants in their new environments.

2.2.3.1. Refugee Camps. The first post-migration stressor a child refugee will encounter happens as soon as they arrive in the host country. Many refugee children reside in large-scale refugee centers, where they live in large groups with limited privacy and have limited support from staff personnel. Some may even be placed in closed refugee centers,

which can significantly contribute to emotional distress. In these centers, there is evidence of inadequate access to resources such as water, food and medical care. Unfortunately, there is a high number of cases of malnutrition among infants and toddlers (Lustig et.al., 2004). Furthermore, the dependency these children experience in their everyday lives and their future prospects starkly contrast with the independence they had to develop to survive the difficult living and fleeing circumstances they faced before. These living conditions and dependencies further exacerbate the challenges and hardships faced especially by unaccompanied refugee children and adolescents (Derluyn & Broekaert, 2008).

2.2.3.2. Acculturation. Moreover, though it is true that the arrival of refugee children in a new country initially brings a sense of relief, hope, and joy as they leave behind the difficulties of war, dangerous living conditions and uncertainty, shortly after their arrival, they become aware of the unfamiliarity of the new society and realize that they will face numerous barriers in establishing themselves and finding their place in this new country. The encounter with different social structures, unfamiliar school systems, role patterns, cultural habits, rules, and customs, combined with language barriers, can make the initial impressions of the new society confusing and alienating. This, in turn, leads to stressful experiences and difficulties in school. Refugee children often find themselves caught between the need to integrate into the host society and the challenge of disconnecting from the society they left behind. This balancing act can result in acculturative stress, as children work to adapt to the culture and family systems of their new host country (Derluyn & Broekaert, 2008). The process of acculturation may also lead to a loss of contact with traditional values and ways of living, leaving a significant void in their lives. As a result, refugee children are often double disadvantaged, as they no longer belong to their community of origin and struggle to find a new position in the host country. The acculturative stress experienced by these children can manifest in various emotions and behaviors, including depression, anxiety, feelings of marginality and alienation, heightened psychosomatic symptoms, and identity confusion (Derluyn & Broekaert, 2008). These post-migration stressors can therefore give rise to psychiatric consequences and pose challenges to the process of acculturation.

The traumatic events experienced during emigration, as well as the ongoing stressors encountered in the host country, can contribute to difficulties in adapting to a new culture (Steel et.al., 2016). The post-migration period is characterized by a complex process of sociocultural adaptation, which varies among refugees and their integration with the host community. Refugee children, who often have limited or disrupted education, are faced with the challenge of adapting to a new education system. Unfortunately, racial discrimination and bullying are prevalent, especially in areas already burdened with socioeconomic disadvantages and accommodating asylum seekers (Fazel et.al., 2012).

2.2.4. Conclusion

As it can be seen, refugee children face many specific challenges that can highly affect their mental health and psychosocial development. In the light of the issues described above, the next session of this chapter will focus on the most efficient way to tackle these challenges: through the promotion of resilience. As the difficulties encountered by refugee children are complex and therefore entail diverse effects and causes, there cannot be one simple intervention that can confront these impacts. Instead, a puzzling situation such as this calls for a multi-faceted and elaborate form of approach, one that combines several interventions that address the different facets of psychosocial well-being in refugee children, so as to provide a holistic set of treatment.

As this thesis has already highlighted the different risk factors that can become obstacles to the development of resilience, the next session will focus on the protective factors that can in turn be used as interventions that target the development of resilience in refugee children as a way to improve their psychosocial well-being.

2.3. Resilience

As previously discussed, it is safe to say that refugee children and adolescents living in refugee camps face numerous challenges, making them highly susceptible to mental health disorders. Nevertheless, an important notion to take into account is that not all children exposed to such stressors suffer negative consequences; instead, many exhibit adaptive functioning and resilient outcomes. The reason for this development lies in the concept of resilience and its protective factors. It is therefore crucial to explore and comprehend such protective factors that contribute to resilience among these children living in camps. This knowledge can be instrumental in designing resilience-building programs (Kaar, 2021). This concept, however, is not a straightforward one. This thesis will argue that the need of adopting a multidimensional perspective on resilience, as individual sources of resilience are influenced by higher levels and systems. In this session we shall first dive into the concept of resilience itself.

Unfortunately, so far the study of refugee mental health has primarily focused its research efforts on understanding wellbeing by assessing psychopathology. One of the main focuses of research, as previously highlighted, is the development of post-traumatic stress disorder (PTSD), or other types of psychological disorders such as depression and anxiety. But this type of research has largely set aside other factors of well-being, like investigating positive and subjective dimensions of well-being. This reflects a traditional bias in psychology research towards a deficit-based mental health model, rather than one centered around positive psychological functioning.

Nevertheless, recent research indicates that positive wellbeing and mental illness are distinct constructs, suggesting that individuals require more than just the absence of mental illness to truly thrive (Tozer, Khawaja & Schweitzer, 2018). These additional conditions encompass subjective elements such as happiness, positive emotions, and overall life satisfaction, as well as positive psychological factors like personal growth, autonomy, self-acceptance, and having a sense of purpose in life. The present thesis aims at focusing on this side of research,

one that can provide recommendations for interventions that focus not only on avoiding psychopathology but providing a general improvement on the mental health of children refugees.

The first point that needs to be emphasized is that despite refugees being more susceptible to various factors that increase their vulnerability to mental health problems, it does not automatically guarantee that they will inevitably encounter such consequences. This is primarily due to the fact that refugees possess a multitude of personal, familial, and communal strengths, including resilience and social support networks, which have the potential to alleviate the detrimental effects of these determinants. These protective factors play a crucial role in shielding against adverse mental health outcomes and fostering the overall well-being of refugees, underscoring the significance of acknowledging and harnessing these strengths to effectively support their mental health needs (Simich & Andermann, 2014). The combination of the protective factors in a child's life can lead to them developing what is called 'resilience', which will act as a shield to the negative outcomes that could arise out of the trauma and stress they went through.

Resilience refers to the capacity to effectively adapt and cope with adversities or challenging circumstances. It entails the ability to maintain competence in the face of demanding situations that strain an individual's coping resources. Resilience represents a healthy process of recovering from significant stress or trauma, demonstrating the capability to rebound and restore one's overall well-being. The cultivation of resilience is crucial for navigating life's difficulties, as it empowers individuals to not only withstand adversity but also thrive amidst it, thereby enhancing their psychological and emotional well-being (Agaibi & Wilson, 2005). This definition is designed to be applicable across different levels of systems and disciplines.

Resilience, as defined by Masten & Barnes (2018), is not limited to individuals alone but extends to encompass various complex adaptive systems, including families, economies, ecosystems, and organizations. This comprehensive understanding of resilience is

particularly significant in the context of children refugees' psychosocial well-being. It emphasizes that an individual's resilience is not solely determined by their own internal characteristics but is influenced by the collective adaptive capacity of their environment. The concept of resilience goes beyond a simple inherent trait and incorporates individual coping and adaptive abilities, as well as the presence of supportive relationships, especially close attachment bonds with caregivers and effective parenting. These relationships provide multifaceted protection for young children, highlighting that resilience is a dynamic interplay between various interconnected systems rather than a static attribute.

Resilience theory, as outlined by Cicchetti & Rogosch (1997), further emphasizes the multifaceted nature of resilience by focusing on strengths rather than deficits. Resilience cannot be reduced to a binary characteristic but involves the presence of both risk factors and protective factors that contribute to positive outcomes and mitigate negative ones. Zolkoski & Bullock (2012) add that resilience is deeply influenced by the context in which it operates. It requires the recognition of notable threats that pose challenges to an individual's development, which can arise from adverse life events, environmental factors, or socioeconomic conditions. Moreover, understanding resilience necessitates identifying past or current dangers that may disrupt normal development, such as hardships, trauma, or adverse circumstances. Recognizing and assessing these risks allows for a better understanding of the factors that influence an individual's resilience, facilitating the development of strategies to support and enhance their ability to thrive despite adversity.

Be it as it may, the study of resilience goes beyond these definitions. In fact, resilience has been widely debated, with no consensus among the scholars to which exactly can guarantee the development of resilience when facing adversities. Still, that does not mean that there haven't been important discoveries over the years which have helped build crucial interventions in the field. Indeed, the science of resilience has been shaped by pioneering scientists and their collaborative efforts to understand, prevent, and treat mental health problems and the consequences of significant developmental threats. Influential figures such as Michael Rutter, Anna Masten, Michael Ungar, and Emmy Werner recognized the

significance of studying trajectories marked by positive adjustment and recovery following adversity. Their research focused on uncovering why some individuals were resilient while others were more vulnerable to hardship. By examining resilience, researchers aimed to identify the protective factors and mechanisms that enable individuals to thrive in the face of challenges and adversity, emphasizing the importance of understanding the impact of life experiences on children and the diverse responses observed among individuals. Each of these pioneer researchers and their findings will be shortly discussed next.

The first author to be discussed is Michael Rutter. Resilience, according to Rutter, is not solely dependent on individual psychological traits or exceptional abilities. Rutter (1987) upholds what was argued in the previous paragraphs of this thesis, by viewing resilience as an ordinary adaptation that can occur when individuals have access to the necessary resources. Rutter challenges the notion of "superkids" or "invulnerables" and highlights that variations in resilience among individuals may be attributed to genetic factors that influence their susceptibility to environmental changes or physiological responses to environmental threats. He emphasizes that the environment plays a crucial role in shaping these differences, emphasizing that it is the context in which a child grows up that acts as a catalyst for resilience or vulnerability (Marley & Mauki, 2018). In this perspective, resilience is seen as a dynamic process influenced by the interaction between an individual's genetic predispositions and the environmental factors they encounter.

The second pioneer author is Anne Masten, whose perspective on resilience highlights the significance of considering developmental timing and transitions as "windows of opportunity" for interventions. By understanding the developmental cascades, interventions can be strategically timed to have the maximum impact on children's outcomes. Different risks may exert a stronger influence during specific stages of development, suggesting the importance of targeting risks at critical times (Masten, 2011). Additionally, Masten emphasizes the need for interventions to have positive objectives and promote competence, recognizing that competence begets further competence. She advocates for interventions that are based on hypothesized factors derived from multiple interacting systems and emphasizes

the iterative nature of intervention approaches, where data from previous interventions inform and shape future interventions. This perspective underscores the dynamic and complex nature of resilience and the importance of considering developmental processes and multiple systems in designing effective interventions.

Moreover, resilience, as conceptualized by Ungar, encompasses seven key tensions that contribute to an individual's ability to navigate challenges and adapt effectively. These tensions include access to material resources, relationships, identity, power and control, social justice, cultural adherence, and cohesion. Each tension highlights different aspects of an individual's life that play a significant role in shaping their resilience. For instance, access to material resources encompasses factors such as financial stability and basic necessities, while relationships emphasize the importance of supportive connections within one's family and community. Identity, power and control, social justice, cultural adherence, and cohesion further contribute to an individual's resilience by encompassing elements like purpose, self-appraisal, empowerment, social equality, cultural values, and a sense of collective responsibility (Ungar, 2013).

According to Marley & Mauki (2018), Ungar's perspective emphasizes the critical role of the environment in understanding resilience. Rather than solely focusing on individual differences, he proposes a social ecological understanding that recognizes the influence of the environment on an individual's ability to adapt and thrive. The availability of meaningful resources and supportive environments within the social ecology significantly impacts an individual's resilience. Personal characteristics and predispositions are shaped by the environment, suggesting that interventions and support should be directed towards creating contexts that foster resilience. By considering the contextual, individual, and cultural processes specific to each setting, a comprehensive understanding of resilience can be developed, enabling tailored approaches that address risk factors and promote growth. This approach moves beyond simplistic theories and embraces a nuanced understanding of social ecology, thereby facilitating the identification and support of processes that contribute to resilience in diverse populations and settings.

Lastly, Marley & Mauki (2018) also summarized Werner's work. Werner's research underscores the importance of targeting protective factors at multiple levels—individual, family, and community—to promote resilience. She emphasizes the significance of fostering a sense of coherence in young individuals, instilling confidence in their ability to navigate and predict their environment. Protective factors identified by Werner include dispositional attributes like sociability and activity level, as well as affectional ties within the family and external support systems such as church and work. Werner recognizes that as stress levels increase, the need for protective processes becomes even more crucial. These protective factors can operate directly, providing support to individuals, or indirectly, enhancing support within the family unit. However, while progress has been made in understanding protective processes, Werner highlights the need for a deeper understanding of their effects. In her study, she observed that most children were able to overcome adversity and thrive, except in persistently adverse circumstances. Based on this, she suggests that promoting resilience should focus on cooperation with nature's design rather than imposing wholesale intervention and control. Werner emphasizes that change is possible when individuals have access to appropriate resources and cites examples of older children experiencing positive transformations through new experiences, meaningful encounters, and a sense of commitment and care (Marley & Mauki, 2018).

As it can be seen from these different points of view of resilience, by being such a multifaceted construct, it encompasses biological, psychological, and dispositional attributes, as well as the availability of social support and other aspects of social systems, including family, school, friends, and the wider community. The interplay among these various factors contributes to an individual's resilience and their ability to navigate challenges and maintain well-being in the face of adversity. Understanding the determinants of mental health requires a multi-level framework that considers macro, community, family, and individual factors. These determinants operate at different levels and interact dynamically, influencing mental health outcomes. This approach is increasingly applied to the study of refugee mental health, including specific subpopulations within the refugee

community (Zolkoski & Bullock, 2012). For this reason, the following session aims at investigating the risk and protective factors that influence resilience, which will in turn provide grounds for intervention.

2.4 Risk and Protective Factors: Protective Factors

As discussed so far, resilience, being a concept within the realm of public health, has traditionally been approached through a deficit perspective that highlights risk factors for illness. While this perspective plays a crucial role in identifying areas requiring intervention, there is a shifting recognition of the significance of an asset perspective. This alternative viewpoint places emphasis on identifying and harnessing protective factors that can prevent negative health outcomes and promote overall well-being. By adopting an asset-based approach, researchers and practitioners aim to understand the strengths and resources that individuals, communities, and systems possess to foster resilience and facilitate positive health outcomes (Simich & Andermann, 2014).

Up until this point, the present thesis has underlined the most important risk factors that can come forward as obstacles for the development of resilience among refugee children. This work is crucial as the presence of multiple risks in a child or adolescent's life often leads to various developmental challenges. These risks, whether they are general or specific, tend to co-occur and can have detrimental effects on multiple aspects of their development. Problems such as substance use, violent behavior, poor academic achievement, school dropout, teenage pregnancy, juvenile crime, mental health disorders, and emotional distress are frequently associated with the accumulation of these risks (Zolkoski & Bullock, 2012).

Nonetheless, this thesis aims at going beyond the study of risk factors and the interventions that could mitigate them. Rather, the objective of this work is to evidence the protective factors that can in turn promote resilience, and focus on interventions that could prevent the development of serious mental health issues and could instead promote refugee children's

general well-being in the face of adversities. After all, the complex nature of the challenges faced by unaccompanied minor refugees (UMR) complicates the provision of practical support by healthcare systems. Many of the evaluated risk factors that contribute to their difficult circumstances lie in the past and are beyond the control of the authorities responsible for their care. Therefore, it becomes crucial for future studies to focus on identifying preventive and changeable factors that can be targeted to develop more effective interventions (Hohne et.al., 2020). For this reason, the last section of this chapter is then intended to investigate the protective factors of resilience, being them individual, family and community centered.

Psychosocial factors play a significant role in promoting wellbeing among refugee youth, and these factors can be categorized into individual-level, family and community-level, and society-level factors. At the individual level, personal resilience, the degree of acculturation into the host society's culture, and faith in a religion or spirituality are examples of factors that can influence wellbeing. Family and community-level factors encompass the health and functioning of the family unit, social support from peers and community members, and a sense of school connectedness. Additionally, factors at the societal level, such as access to healthcare and education, as well as the efficiency of immigration processes, can impact the wellbeing of refugee youth (Reed et.al., 2012).

2.4.1. Individual Factors. Resilient children possess temperamental characteristics that elicit positive responses from both family members and strangers. The most common personal characteristic found is that these children exhibit a strong sense of autonomy and a pronounced social orientation and tend to form close bonds with caregivers during their early years (Murphy & Moriarty, 1976). Also, according to Werner (1984), resilient children display sociability alongside a strong sense of independence, maintain an optimistic view of life even in the face of adversity, and actively engage in acts of helpfulness. The author also highlighted the importance of confidence and faith in one's ability to overcome challenges as a central component in the lives of resilient children. Moreover, it is important to underline

that self-regulation and that positive self-concept is considered one of the most fundamental protective factors, plays a crucial role in fostering resilience (Kanji & Cameron, 2010; Masten and Coatsworth, 1998).

In addition, Kanji & Cameron (2010) outlined certain personal factors that have been evidenced in several studies so far, such as intelligence, social connections, coping skills, temperament, physical health, gender, and internal motivation also contribute to a child's resilience. They also highlight cognitive factors, including cognitive appraisal, such as interpreting events in a positive light and integrating adversity into one's self-narrative cohesively, as well as optimism, play a significant role in building resilience. Lastly, the authors emphasize how demographic factors like age, sex, gender, race, and ethnicity, as well as social relationships and population characteristics, demonstrate varying degrees of relation to resilience. Some factors that enhance resilience may be specific to certain life stages, while others may operate consistently throughout the lifespan (Kanji & Cameron, 2010).

Building on this perspective of resilience being more open to enhancement in certain life states, it is crucial then to look at the different protective factors for resilience and identify their specific windows of opportunity that can in turn be targeted for preventive interventions. According to (Masten & Barnes, 2018), certain periods in human development are characterized by plasticity, allowing for greater adaptability and the potential for building resilience. Additionally, contrary to common thought, the authors found that certain windows of opportunity can arise as a result of adversity itself, or maybe through the convergence of various conditions that create an opportune moment for change. Therefore, by recognizing these critical periods, interventions can be strategically implemented to foster resilience, maximize positive outcomes, and mitigate the negative effects of adversity.

2.4.2. Environmental–Systemic Factors. Beyond individual factors, there are several other factors that can protect the development of resilience, being them at the macro or the microlevel. At the microlevel, there is the role of parent-child relationships, enlarged

family dynamics, peer and school relations. Social support, particularly from family and peers, has been consistently linked to resilience.

When it comes to parent-child relationships, it has been found that there is a link between a child's ability to integrate socially and the expression of positive emotions from parts of their mother (Eisenberg et al, 2003). Also, having a nurturing mother has been connected to higher self-esteem and self-confidence (Kanji & Cameron, 2010), which as previously discussed, are factors that highly enhance the development of resilience.

Kanji and Cameron (2010) have also highlighted the importance of a secure attachment to the mother and healthy, non-abusive relationships with both parents in reducing behavior problems in children who have faced adversity. They found that good parenting skills and mental stability in the mother were key factors contributing to positive outcomes. Additionally, factors such as family structure, family cohesion, supportive parent-child interactions, stimulating environments, parental support, and a stable and adequate income contribute to family-based protective factors for resilience (Zolkoski & Bullock, 2012; Benzies and Mychasiuk, 2009).

2.4.2.1. Community level factors. But social support can also come from positive peer relationships and supportive teachers as well as from other supportive adults present in the child's immediate surroundings. Research suggests that community-level factors have a notable impact on the well-being of refugee children, particularly those in foster care, by providing them with social support from individuals of the same ethnic background (Condly et.al., 2006). Studies have consistently shown the positive impact of peer support on resilience, highlighting that positive outcomes can be achieved despite adversity when individuals have a supportive peer network (Black and Lobo, 2008; Durkin, 1995) (more information in this regard will be examined in Chapter III).

The community level includes many different contexts, from schools to neighborhoods, all which play a crucial role in shaping social relationships. Access to high-quality education,

community services, opportunities for sports and arts, cultural enrichment, and a safe environment free from violence all contribute to the development of resilience in individuals. According to Kanji & Cameron (2010), strategies at the community level aim to address social isolation and improve the social and physical environment. These can include interventions to foster a sense of school connectedness and initiatives that promote better housing and financial prospects for refugee children and their families. By enhancing community-level factors, we can create a more supportive and conducive environment for the well-being and successful integration of refugee children.

Moreover, according to Zolkoski & Bullock (2012), role models outside the family, such as teachers, school counselors, coaches, and community workers, can serve as influential figures and buffers for children at risk. These individuals provide support, guidance, and positive role modeling, contributing to the development of resilience in children. In addition to role models, the community itself plays a crucial role in fostering resilience. Community protective factors include the presence of early prevention and intervention programs, ensuring safety in neighborhoods, offering relevant support services, providing recreational facilities and programs, ensuring accessibility to adequate health services, promoting economic opportunities for families, and having religious and spiritual organizations. These factors collectively create an environment that supports and nurtures the well-being and resilience of children and families, helping them overcome challenges and adversity.

2.4.2.1. Societal level factors. At the societal level, protective factors for resilience encompass the broader societal factors that contribute to creating a conducive climate for positive outcomes. This includes social and cultural norms as well as governmental policies (Kanji & Cameron, 2010). Social and cultural norms that promote inclusivity, equality, and support for individuals facing adversity can foster resilience. Similarly, governmental policies that prioritize social welfare, access to education, healthcare, and employment opportunities can provide the necessary support and resources for individuals to develop resilience. By shaping the overall societal environment, these factors play a crucial role in creating a foundation that enables individuals to thrive and overcome challenges.

Lastly, cultural traditions, religious rituals, and community support services are recognized for their diverse protective functions. Different cultures are likely to have specific traditions, beliefs, or support systems that serve to safeguard individuals, families, and community functioning in the face of adversity. For example, according to Goldstein & Brooks (2013) healing ceremonies, blessings, or purification rituals found in various cultures and religions worldwide may help mitigate the impact of traumatic experiences within a specific cultural context. Similarly, among minority groups, factors such as a strong ethnic identity, competence in intergroup relationships, and racial socialization are essential in navigating challenges arising from oppression and discrimination. These cultural protective factors contribute to the resilience of individuals and communities, strengthening their capacity to confront and overcome adversities within their unique cultural milieu. While further research is needed, acknowledging and supporting these cultural strengths can enhance resilience and well-being.

2.5. Conclusion

In essence, this session has underlined the different protective factors that promote the development of resilience. The following session will focus on the socio-ecological model, a model that aims at defining a broader picture which includes all these protective (and risk) factors into all the social systems present in an individual's life. By doing this, the socio-ecological model becomes a crucial tool in designing psychosocial interventions as it gives a comprehensive and complex view of how all individual, family, peer, community and societal level risk and protective factors interact in a way that can foster or hinder the development of resilience.

2.6. The Socio-ecological Model of Resilience

“The ecology of human development is the scientific study of the progressive, mutual accommodation, throughout the lifespan, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded.” (Bronfenbrenner, 1977, p.514).

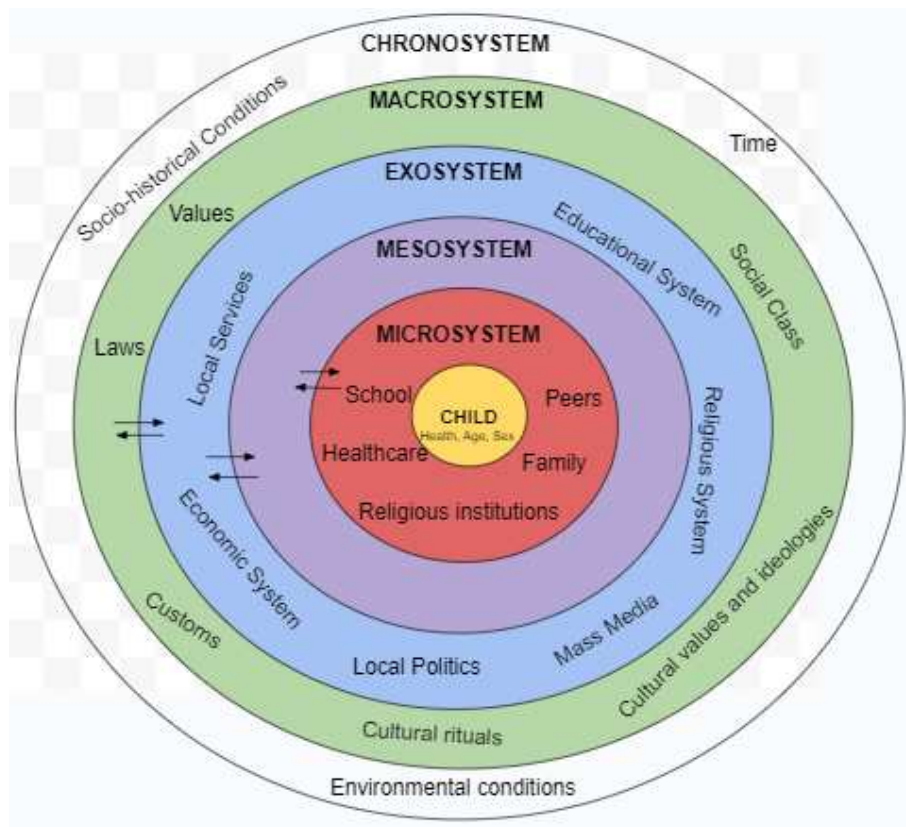
By understanding the different risk and protective factors that influence a child’s general psychosocial development, it becomes clear that the development of resilience and overall wellbeing cannot be reduced to single factors, or single areas of their lives. Instead, the development of strong resilient patterns in a child's life is due to several internal and external components that are in constant interaction with each other. In fact, it could be said that a child’s development is an ecological one, meaning it is composed of different ecosystems that intertwine.

The most prominent author that supports this hypothesis is Urie Bronfenbrenner, a renowned developmental psychologist, who in 1977 described an Ecological Systems Theory (Bronfenbrenner, 1977) of child development, which became extremely relevant and led to the first advancements in this field. Bronfenbrenner's ecological systems theory is a comprehensive framework for understanding human development and the complex interactions between individuals and their environment. This theory emphasizes the importance of multiple interconnected systems that influence human growth and behavior. The theory provides a holistic view of development and highlights the impact of various environmental factors at different levels.

According to Bronfenbrenner (1977), human development is influenced by a series of nested systems that surround individuals. These systems are organized into different levels, each with its own unique influence. The theory consists of five key systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

Figure 1

The socio-ecological systems



Note. Based on Bronefenner, 1977.

The microsystem is the closest and most immediate system to the individual. It refers to the immediate environment in which a person directly interacts, such as family, school, and peer groups. The microsystem has a direct impact on an individual's development and encompasses the relationships and experiences they have in these settings. For example, the quality of parent-child interactions and the support provided by teachers can significantly shape a person's development.

The mesosystem describes the interactions and connections between different microsystems. It focuses on how various settings within an individual's microsystem interact and influence each other. For instance, the relationship between a child's family and their school, or the connection between a person's workplace and their community, can impact their development. The mesosystem recognizes that the influence of one setting can spill over into another, shaping an individual's experiences.

The exosystem refers to external environments that indirectly affect individuals' development. These environments are not directly experienced by the person, but they have an impact on their life. Examples include a parent's workplace, community resources, or mass media. Changes or events in the exosystem, such as a parent losing their job or a community experiencing a natural disaster, can have indirect effects on an individual's development.

The macrosystem refers to the broader cultural and societal context in which individuals are embedded. It encompasses the beliefs, values, customs, and laws of a particular culture or society. The macrosystem shapes the norms and expectations that influence individuals' behavior and development. Factors such as socioeconomic status, cultural traditions, and political systems are part of the macrosystem.

In 2005, Bronfenbrenner added yet another layer to the model. The chronosystem recognizes that human development occurs over time and that the influence of the various systems can change as individuals grow and develop. It takes into account the historical and temporal

aspects of development. Events such as divorce, the birth of a sibling, or societal changes can impact an individual's development differently at various stages of their life (Bronfenbrenner, 2005).

Bronfenbrenner's ecological systems theory emphasizes the dynamic interactions between individuals and their environment. It highlights the importance of considering multiple systems and their interconnections when studying human development. The theory recognizes that individuals are not passive recipients of their environment but active contributors who shape and are shaped by the systems around them.

This theory has had a significant impact on research and practice in various fields, including psychology, education, and social work. It provides a framework for understanding the complexity of human development and the importance of considering multiple levels of influence. It underscores the need for interventions and support systems that address not only individual factors but also the broader environmental contexts in which individuals live.

This model is incredibly relevant for understanding child development, but not only for educators and psychologists. This model is a way to plan and understand any time of intervention for children. For instance, Cicchetti and Lynch extended this model to childhood and traumatic stress, highlighting the importance of considering the broader context of risk and protective factors operating across these social ecological systems.

Therefore, by acknowledging the influence of culture, economics, families, and individual traits on refugees' overall well-being, this ecological/transactional model holds significant relevance for the development of interventions aimed at fostering resilience in the face of adversity. It emphasizes the interconnectedness of multiple systems and underscores the need to address various levels of influence to effectively support individuals in their resilience-building journey (Lustig et.al., 2004). The concept of "ecological resilience" has emerged to shift the emphasis from individual variables to resilience processes occurring at various contextual levels. When considering children and war, the concept of ecological

resilience encompasses the assets and processes found across different socio-ecological levels that have demonstrated a positive correlation with favorable developmental outcomes following exposure to armed conflict situations. This broader definition of ecological resilience aims to encompass the multifaceted factors that contribute to the well-being and successful adaptation of children affected by war, acknowledging the interconnectedness between individuals and their social and environmental contexts (Tol et.al., 2013).

The research conducted by Anderson et al. (2004) emphasizes the importance of adopting an ecological approach to understanding the experiences of refugee children. By drawing on the work of Urie Bronfenbrenner, the authors advocate for a comprehensive examination of the various ecological systems that influence these children. This includes analyzing the child's microsystem, which comprises their school, home/family, support services, and peer groups, as well as the interactions within the mesosystem (e.g., between home and school). Additionally, the exosystem, encompassing government agencies and religious communities, and the macrosystem, which encompasses society's ideology, laws, and customs, are integral components in comprehending the influences on refugee children (Hart, 2009). Anderson et al. (2004) further propose that the experience and development of refugee children can be conceptualized within three phases: pre-migration, during-migration, and post-migration. By this reasoning, Hart (2009) argues that In the post-migration phase, educational professionals working with refugee children must recognize that these children carry with them past experiences and expectations of their previous ecosystems and roles within them. The ability of refugee children to adapt and cope within their current ecosystem is contingent upon factors operating at different levels of the ecological framework.

In conclusion, this comprehensive examination of risk and protective factors affecting refugee children's mental health underscores the importance of understanding the complexities of their experiences throughout different stages of migration. Premigration risk factors such as trauma exposure and forced migration have significant detrimental effects,

while dispositional and environmental factors such as positive self-esteem and supportive peer relationships act as protective factors. The post-migration period introduces additional risk factors, including family dysfunction, parental incapacity, and ongoing resettlement stressors that can undermine well-being. Unaccompanied minors face heightened vulnerability, particularly when subjected to multiple separations or substitute caregivers. Displacement, seeking asylum, and acculturative stressors further contribute to mental health risks, compounded by delays in immigration processing, discrimination, and financial hardship. However, positive factors such as good academic achievement, social support, close ethnic community ties, and the preservation of cultural and religious traditions can facilitate successful adaptation. Early intervention and appropriate psychosocial assistance are crucial protective factors, although help-seeking rates remain low. By recognizing and addressing these multifaceted factors, interventions can better support the mental health and well-being of refugee children during their resettlement journey (Lau & Thomas, 2018)

Subsequently, in the next chapter of this thesis there will be a focus on how to effectively implement human rights interventions that take into consideration all of the diverse factors elucidated up until this point. Chapter III will dive into specific psychosocial approaches and interventions and will investigate a case-study of a psychosocial intervention conducted in a joint effort by Unicef Italia and Save the Children Italian with unaccompanied foreign minors.

Chapter III

A Psychosocial Approach to Children's Rights

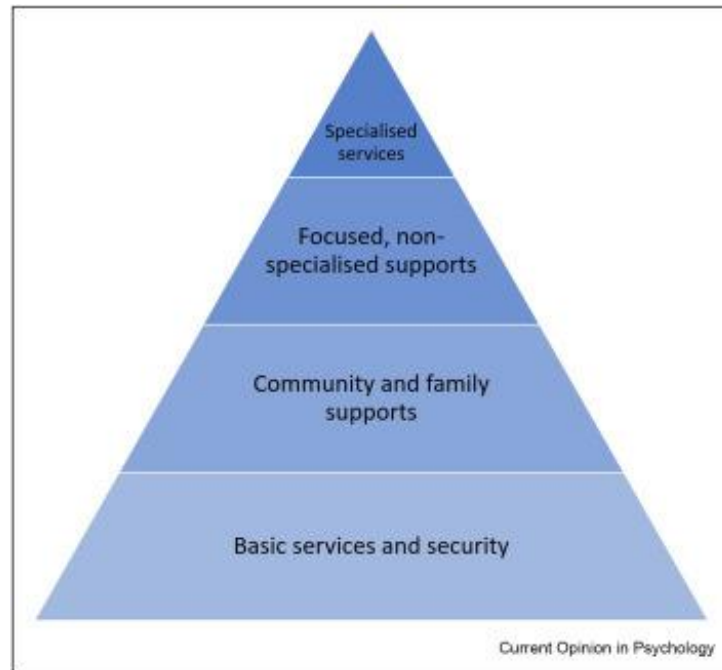
So far this thesis has discussed the origin and necessity of children's rights, it has explained the unique challenges faced by migrant children and it has highlighted the special effects of migration on the mental health and the psychosocial development of children. Subsequently, this thesis has claimed for the need of a psychosocial approach for all human rights interventions for children, especially in the case of refugees, and so it went on to describe the concept of resilience, its risk and protective factors, and the socio-ecological model of resilience. This last chapter aims at putting into practice the concepts discussed up until now by explaining the exact nature of what a psychosocial approach to children's right is, identifying mental health and psychosocial interventions, illustrating the change in paradigm in two of the most important international organizations for children and, most importantly, studying a pilot mental health and psychosocial intervention conducted by Unicef and Save the Children with unaccompanied migrant minors in Sicily (Italy) that illustrates perfectly the concept of resilience and the socio-ecological model.

3.1 Mental Health and Psychosocial Interventions

According to Dangmann et. al. (2022), most Mental Health and Psychosocial Interventions are based on the "Inter-Agency Guidelines for Mental Health and Psychosocial Support" approach. This approach builds on the concepts of the ecological model and formulates a pyramid for psychosocial interventions, like Figure 4 bellow.

Figure 2

The pyramid for Psychosocial Interventions



Note. Based on IASC, 2007.

The bottom layer of the pyramid, Basic Services and Security, requires appropriate interventions that are tailored to the specific context. This could involve providing clean water and shelter during humanitarian emergencies, or improving access to services such as healthcare and mental health support in high-income countries during resettlement. How these essential services are delivered is crucial as it can determine whether they have a positive or negative impact. In addition to basic needs, services in this layer encompass economic support, asylum or resettlement policies, care services for unaccompanied minors, and ensuring the rights and demands of individuals are met. Implementing restrictive immigration policies may exacerbate stress and suffering for both current residents and

newcomers, as well as influence public attitudes and openness. While there is a lack of high-quality evidence for interventions at this level, long-term studies suggest that a welcoming reception in the host country and low discrimination levels contribute to lower rates of distress and better educational outcomes (IASC, 2007).

Moving up to the next layer, Community and Family Supports, the focus is on interventions that strengthen supportive environments. For example, parent-training programs aim to enhance positive interactions between parents and children or address parental symptoms. Other interventions target the improvement of intercultural competence among teachers, social workers, and volunteers, as well as their ability to provide trauma-informed care. Enhancing relationships between schools and parents and implementing peer support programs are also part of this layer's interventions. In the Community and Family Supports layer of the pyramid, interventions are focused on strengthening supportive environments. This includes parent-training programs that aim to enhance positive parent-child interactions and address parental symptoms. Efforts are also made to improve the intercultural competence of teachers, social workers, and volunteers, as well as their ability to provide trauma-informed care. Additionally, interventions aim to foster better relationships between schools and parents and implement peer support programs (IASC, 2007).

Moving to the next layer, Focused, non-specialized Supports, variations of trauma-focused cognitive behavioral therapies (TF-CBT) are commonly utilized. These interventions aim to alleviate symptoms and enhance coping capacities in individuals. While they draw from psychotherapy techniques, they do not strictly adhere to standard treatment protocols. They often incorporate additional elements such as creative expressive techniques (e.g., drama, music), relaxation exercises, psychoeducation, and counseling. These interventions are frequently conducted in group settings outside of clinical environments, such as schools or families, and are led by non-specialized health personnel or teachers. The effects of these interventions show promise but also display significant heterogeneity, including null and negative results. Different outcomes are observed among older and young children, as well as between refugee and non-refugee migrant children. This has spurred further research into

understanding the factors that mediate and moderate their effectiveness (Dangmann et al., 2022).

Finally, at the top of the pyramid are Specialized services, which provide clinical treatment for individuals with severe or complex trauma. General guidelines for post-traumatic stress disorder (PTSD) in children recommend trauma-focused psychotherapies like TF-CBT and narrative exposure therapy (NET). However, there is uncertainty regarding the efficacy of these methods for refugee children, and in certain humanitarian settings, they may not be appropriate or feasible (Dangmann et al., 2022).

Many major International Agencies and International Non-profit Organizations have taken on the Inter-Agency Guidelines for Mental Health and Psychosocial Support approach, like Unicef and Save the Children. In the next session there will be an examination of how Unicef has put into practice the new approach to Children's Rights based on the IASC guidelines.

3.2. UNICEF

Unicef has developed a new and progressive approach to mental health guided by the principles mentioned above. Not only that, but they have expanded this approach into the basis of all their programming. In 2022, UNICEF launched a 'Global Multi Sectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings'. According to this new framework, the IASC's principles should guide all programming efforts aimed at enhancing the mental health and psychosocial wellbeing of a population. Embracing an MHPSS approach entails providing activities in a manner that promotes positive mental health and psychosocial wellbeing for children, families, and communities. This approach emphasizes the involvement of children and the community in the development and delivery of services (UNICEF, 2022).

The new UNICEF's MHPSS framework puts at its core the social ecological model, which positions the child as the central figure surrounded by family, caregivers, communities, and the wider society with its diverse cultures and norms. When developing and implementing

MHPSS programs, this model serves as a valuable tool for comprehending the intricate relationships between children or adolescents and each element of their environment. By gaining insight into these dynamics, MHPSS initiatives can effectively address the interplay between various factors and the mental health and psychosocial needs of children. By considering the broader context in which children and adolescents exist, MHPSS programs can tailor interventions to cater to their specific requirements, thereby promoting positive outcomes and fostering their overall well-being (UNICEF, 2022).

Moreover, UNICEF also introduces a life course approach. This approach recognizes the importance of understanding the developmental stage of children and adolescents and how environmental factors can influence their risk and protective factors. The MHPSS Framework categorizes different age ranges from perinatal development to adulthood, providing a helpful guide for designing interventions. However, it is crucial to recognize that not all children within a specific age group will have the same needs. Children with mental health and psychosocial conditions may experience delays in reaching developmental milestones and require additional support. Therefore, a life course approach to MHPSS should be flexible and tailored to the specific needs of children, their families, and the community.

Lastly, an important point to highlight about this new framework is that in order to adequately meet the diverse needs of children and caregivers in MHPSS, multiple entry-points are required. This involves collaboration between MHPSS actors and various systems that support the well-being of children and families, including mental health, protection, and social services. While the number of individuals requiring specialized services may be relatively small, they often belong to marginalized and vulnerable groups. It is essential for actors from different sectors to understand the continuum of MHPSS needs and ensure effective referrals within the various layers of support. Integrating MHPSS within existing systems, such as health and social protection structures, yields better outcomes compared to standalone programs. Entry-points for MHPSS support can also be found in schools, community centers, youth clubs, religious groups, and other organizations. It is crucial to

avoid targeting specific sensitive groups in a manner that exacerbates discrimination and exclusion (UNICEF, 2022). Instead, promoting inclusive support and advocating for the well-being of all community members, while being mindful of referral pathways for sensitive groups, is recommended. According to UNICEF (2022), adopting a multisectoral approach is necessary to establish continuity of services, coordination, and communication across sectors, ensuring a comprehensive continuum of care.

This last piece of information is very much in line with the theme of this thesis. In fact, it is the perfect example of how the socio-ecological theory of resilience can and should be applied to the field. The next session will introduce the case-study chosen to illustrate the relevance and use of a psychosocial approach to children's rights. Save the Children Italia has recently added a new Unit to work solely on the issue of Psychosocial Support, and with it, it has brought forward its own Psychosocial Framework to its programs. It is clear that there is indeed a new trend towards a psychosocial approach to children's rights in major organizations, being them UN agencies or non-governmental organizations. In fact, UNICEF and Save the Children are both experts and leaders in the field, which fortunately reflects a major cultural change in the matter.

3.3. Case-study: Project “I Support my Friends”, from Save the Children Italia, funded by Unicef.

3.3.1. Save the Children

As discussed in Chapter I, Save the Children is an internationally renowned organization that has a rich history of impactful work dedicated to improving the lives of children. Founded in 1919 by Eglantyne Jebb, Save the Children emerged in response to the devastating aftermath of World War I, recognizing the urgent need for protecting and advocating for the rights of children affected by conflict and crisis. Since its inception, Save the Children has been at the forefront of championing children's rights, providing essential assistance, and driving policy changes to address the systemic issues that perpetuate inequality and injustice. Through its comprehensive approach, the organization has successfully implemented programs in education, healthcare, child protection, and emergency response across more than 100 countries, reaching millions of vulnerable children. Save the Children's enduring commitment to child well-being has made a significant difference in communities worldwide, striving to create a world where every child can access quality education, healthcare, and protection from harm (Save the Children, n.d.).

Save the Children's work encompasses a wide range of initiatives aimed at breaking the cycle of poverty and improving the lives of children. The organization places a strong emphasis on education, recognizing its transformative power in empowering children and providing them with opportunities for a brighter future. Save the Children establishes schools, develops innovative teaching methods, and supports teacher training to ensure that children, particularly those in marginalized and disadvantaged communities, have access to quality education. Additionally, the organization focuses on healthcare, delivering life-saving interventions and promoting child and maternal health. Save the Children's efforts extend to child protection, aiming to prevent and respond to violence, exploitation, and abuse. By

working closely with local communities, governments, and other stakeholders, Save the Children advocates for policy changes that prioritize children's rights, amplifies their voices, and ensures their inclusion in decision-making processes. Through its long-standing commitment and effective interventions, Save the Children has become a leading force in improving the lives of children, leaving a lasting impact on communities and inspiring positive change worldwide (Save the Children, n.d.).

3.3.1.1. Save the Children's Psychosocial Framework. In 2019, Save the Children International Published a Psychosocial Framework that would guide all its programmatic activities, from child protection to education. According to a study conducted by the institution in 2019, Save the Children came to the realization that their work was already largely based on the psychosocial approach (Save the Children, 2019). With this in mind, they decided to design a framework that would institutionalize this approach into all their programs.

Firstly, Save the Children (2019) distinguishes between a Psychosocial Approach and a Psychosocial Intervention. The term "approach" refers to the perspective or lens through which we study a phenomenon or address a problem or situation. When it comes to the psychosocial approach, it entails a specific viewpoint that considers the psychological and social aspects of a situation and their interconnectedness. This perspective serves as a framework for analyzing and understanding the complexities of a situation, enabling the development of interventions, and providing comprehensive responses. By acknowledging the interplay between psychological and social elements, the psychosocial approach allows for a holistic understanding and effective solutions that encompass both dimensions. It emphasizes the importance of recognizing how psychological factors and social context interact and influence individual and collective well-being.

On the other hand, the term "approach" refers to the perspective or lens through which we study a phenomenon or address a problem or situation. When it comes to the psychosocial

approach, it entails a specific viewpoint that considers the psychological and social aspects of a situation and their interconnectedness. This perspective serves as a framework for analyzing and understanding the complexities of a situation, enabling the development of interventions, and providing comprehensive responses (Save the Children, 2019). And, as previously mentioned, by acknowledging the interplay between psychological and social elements, the psychosocial approach allows for a holistic understanding and effective solutions that encompass both dimensions. It emphasizes the importance of recognizing how psychological factors and social context interact and influence individual and collective well-being.

In accordance with the research previously discussed on Chapter II, Save the Children's Psychosocial Approach (2019) argues that psychosocial interventions inherently encompass a systemic perspective, recognizing the multidimensional nature of the phenomena under observation. Such interventions consider the interplay between individual factors (primarily children and adolescents) and their relationships with the external world, including family, community, society, and culture. Children possess agency and can actively influence their social interactions, even from a young age, demonstrating their capacity for evaluation, responsibility, and pro-social behaviors, despite their unique limitations and characteristics. This systemic and multi-level vision embraces concepts such as circularity, reciprocity, intersubjectivity, and interactionism, highlighting the interconnectedness of individuals and their environments.

Save the Children (2019) also builds its work on the IASC (Inter-Agency Standing Committee) pyramid of multi-level services. It aids in understanding the varying degrees of psychosocial intervention, from basic support to specialized care. Importantly, psychosocial considerations and support should not be seen as standalone activities but rather integrated into existing programs to enhance the quality of services provided. According to the new framework, psychosocial interventions are aimed at enhancing individuals' personal and social functioning by utilizing their own internal resources. These interventions focus on

restoring, maintaining, and improving overall well-being. They encompass various strategies such as providing support for coping skills, enhancing self-esteem and self-efficacy, promoting positive changes in thinking, emotions, and relationships, facilitating the development of social support networks, connecting individuals to necessary resources, alleviating environmental stressors, and offering a safe space for personal expression and emotional containment. The term "psychosocial" emphasizes the interconnectedness between psychological interventions and other contextual interventions that address the fundamental needs of individuals, such as socio-economic, socio-educational, and social-health needs. By recognizing the holistic nature of individuals and their diverse needs, psychosocial interventions strive to foster comprehensive and effective support systems that promote overall well-being.

But the most relevant part of this case-study is that the new Save the Children's approach helps demonstrate how to put into practice the psychosocial approach to children's rights based on the socio-ecological model. According to the institution, child development involves the growth and development of children as they become functional members of society. It entails observing how children interact with their environment and understanding their progress in various areas. Save the Children brings forward an important notion of the four areas that constitute child development. These areas include social development, which focuses on a child's ability to socialize, share, experience positive emotions, form bonds, and feel a sense of belonging within groups. Cognitive development encompasses language skills, problem-solving abilities, decision-making, and learning. Psychomotor development involves physical skills such as walking, coordination, and manual dexterity. Additionally, the development of autonomy relates to a child's sense of self-determination, self-esteem, and self-efficacy. The term "psychosocial" emphasizes the close relationship between psychological and social factors in child development. It highlights how a child's emotions, thoughts, perceptions, and understanding interact with their sociocultural environment. Psychosocial development is influenced by a child's personality, genetics, relationships, and environment. It encompasses various psychological aspects such as perception, learning

from experiences, self-awareness, forming attachments, building satisfying relationships, and adhering to social norms within their culture (Save the Children, 2019).

Understanding how these four main areas of child development work enables an institution such as Save the Children to build interventions that target the whole of these areas throughout their programs, in order to tackle the entirety of a child's development of resilience and in turn achieve greater general well-being. Save the Children (2019) claims that in an evolutionary perspective, six fundamental aspects or domains are integral to every child's life and can be stimulated to foster resilience. Firstly, the secure base domain emphasizes the importance of nurturing relationships with responsive adults throughout childhood and adolescence.

Moreover, education, encompassing formal schooling and other learning environments, provides opportunities for children to develop skills and attributes that enhance resilience. Positive and supportive school experiences, guided by teachers who promote self-efficacy, contribute to educational attainment and overall well-being. Friendships offer support and opportunities for social skill development, with the quality of attachments influencing the quality of peer relationships. Encouraging children to engage in activities aligned with their talents and interests builds self-confidence and self-efficacy. Cultivating positive values and empathy promotes prosocial behavior. Lastly, developing social skills and competence enhances resilience and positively impacts children's development in school and the broader community. Overall, these domains collectively contribute to children's well-being and resilience, enabling them to navigate challenges and thrive in their growth and development (Save the Children, 2019).

In this new framework, resilience processes are explored to support positive development trajectories, leading to enhanced psychological and social well-being. Rather than being a mere indicator, well-being becomes the ultimate result and impact of resilience processes. The desired outcomes of resilience include increasing the resources that enable children and adolescents to adapt well and develop their skills, establishing and sustaining safe and

nurturing relationships that support their growth, and improving environmental conditions that facilitate the realization of their potential. This requires the care and educational systems to equip themselves with protection and safeguarding tools that create safer environments for children and adolescents. Additionally, schools need to provide encouragement and a positive and inclusive model, while neighborhoods and communities should offer child-friendly spaces and ensure access to basic services. Awareness programs targeting communities and the promotion of social policies that prioritize the resources and well-being of children and adolescents are also essential (Save the Children, 2019).

In order to put all of this into practice, Save the Children (2019) chose to target their interventions into eight areas of support. Each area corresponds to an intermediate outcome that can be achieved through the implementation of various psychosocial activities or by integrating a psychosocial approach into educational, health, economic, and other relevant activities. The ultimate goal of promoting psychosocial well-being and fostering positive development patterns can be accomplished through different strategies. One approach is to address risks by developing projects and initiatives aimed at reducing risk and stress factors that may negatively impact children and families. These interventions focus on mitigating potential harm and creating a safer environment for children to thrive.

Another strategy revolves around utilizing resources effectively. This can involve providing additional resources and support for children or improving their access to existing resources. By strengthening the available resources, particularly in situations where risks have already occurred, efforts can be made to reduce the impact of adverse experiences and enhance the overall well-being of children. Lastly, processes also play a crucial role in achieving the goals of psychosocial well-being. Improving attachment, self-efficacy, and self-regulation are examples of interventions that target the underlying processes involved in child development. By enhancing the quality of attachment relationships, fostering a sense of competence and belief in one's abilities, and promoting self-regulation skills, children can develop stronger resilience and coping mechanisms, leading to better psychosocial outcomes (Save the Children, 2019).

Therefore, it can be seen that the interventions within the framework for optimal child development and well-being are organized into different areas of support. These interventions address risks, leverage resources, and focus on key processes to promote psychosocial well-being and facilitate positive developmental trajectories for children and families. By implementing these strategies, it becomes possible to create a nurturing and supportive environment that fosters the healthy development and overall well-being of children.

3.3.2. I Support my Friends

The project “I Support my Friends” serves as a great example of how to implement a psychosocial approach to children’s rights based on resilience. This project was designed by UNICEF’s consultants Pernille Hansen and Karin Tengnäs (2021), together with Save the Children, the Mental Health and Psychosocial Collaborative and the World Health Organization, and it is based on the principles of Psychological First Aid.

I Support My Friends is a program that acknowledges the capabilities of children and adolescents to develop skills in supporting their friends, while emphasizing the importance of adult supervision and child safeguarding. The training draws upon existing evidence-based materials and the collective global experience of working with young individuals. At its core are the principles of LOOK, LISTEN, LINK, which are internationally endorsed and provide a practical and compassionate approach to assisting people in distress, as outlined in the Psychological First Aid: Guide for Field Workers (Snider et al., 2011). By empowering children and adolescents, I Support My Friends enables them to identify and provide support to their peers who may be experiencing distress. It recognizes their natural role within the protective networks of their friends. During pilot tests conducted in Japan, Jordan, Mongolia, and Turkey, children and adolescents expressed enthusiasm for the program, which

prompted the collaboration of three organizations to make the materials available on a global scale.

The peer-to-peer psychological first aid offered by I Support My Friends is specifically tailored to train children and adolescents on how to effectively support their friends after a distressing event. It is crucial for young individuals to be aware of and have access to reliable support systems that contribute to their positive coping skills and adaptability. Often, children and adolescents are the first to notice and learn about their friends' concerns, and therefore, it is important for them to be equipped with the appropriate tools to listen and provide support without causing harm. Early and appropriate support following a stressful event or during times of adversity not only helps their own coping and recovery but also benefits their friends. The I Support My Friends program equips children and adolescents with the skills to activate and strengthen positive coping mechanisms, aiding both themselves and their friends in adapting during and after a crisis. Additionally, it provides adults with the necessary skills to safely support young individuals in caring for each other.

3.3.2.1. Why 'I Support my Friends'?

The project is extremely useful in different circumstances, as children and adolescents have a crucial role to play in supporting their peers in various contexts. While I Support My Friends has been implemented in protracted humanitarian and development settings, it has not been piloted in the acute phase of an emergency. If used in such a phase, it should be part of a broader initiative aimed at securing the basic needs and rights of children, adolescents, and their families. The training can be particularly valuable in settings such as child- or adolescent-friendly spaces (CFS/AFS) established shortly after a major crisis event, after incidents like accidents or violence, or as an integrated element of larger programs in different sectors. Following the previously proposed socio-ecological approach, the most effective and holistic way to implement the project would be as an integrated element of larger programs in different sectors.

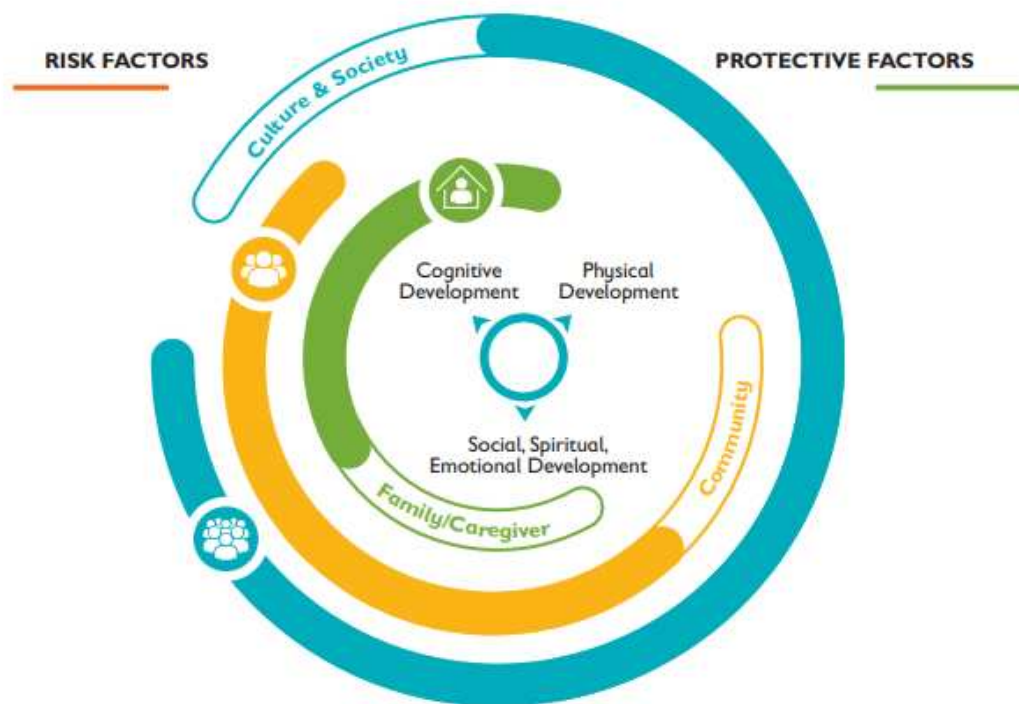
As discussed throughout this thesis, a psychosocial approach to children's rights entails a comprehensive approach towards resilience, and so this project should be integrated inside the eco-systems framework as one of the ways to tackle one of the specific risk or protective factors inside one of the layers of the system. This thesis has previously highlighted a list of protective factors towards the development of resilience and one of them was peer support (Black and Lobo, 2008; Durkin, 1995). Peer support fits in the microsystem according to Bronfenbrenner's theory (1979), and so 'I Support my Friends' intervention is a great method of fortifying peer support and hence acts as a protective factor for resilience.

In fact, in the Theory and Implementation Guide of the Project (Hansen & Tengnäs, 2021), UNICEF explains that the project is based on the principles of the socio-ecological systems theory. More than that, the document explains how the project suits the ecological model and the IASC MHPSS Intervention Pyramid. According to Hansen & Tengnäs (2021), extensive global research and field experience have underscored the importance of community-based approaches when addressing the mental health and psychosocial support (MHPSS) needs of children, adolescents, and families in emergency situations. UNICEF's guidance on Community-based Mental Health and Psychosocial Support in Humanitarian Settings recognizes the significance of integrating MHPSS within the social ecological framework of child development, actively engaging children, families, caregivers, and communities. Within UNICEF's Circles of Support, positive social relationships, including peer support, are acknowledged as crucial elements for children's optimal development. I Support My Friends, as a peer support model, aligns with this approach by enhancing children's innate inclination to assist others and equipping them with new skills. The resource kit of I Support My Friends is firmly rooted in the social ecological model, acknowledging the presence of protective networks and systems at individual, community, and societal levels that play a critical role in providing support and safeguarding for children and adolescents. It is important to note that while children and adolescents are encouraged to support their peers, they should not be burdened with solving all problems or assuming adult responsibilities. Responsible adults should handle referrals to appropriate services such as

law enforcement, social welfare systems, or mental health care to ensure comprehensive support.

Figure 3

The Social Ecological Model



Note. Image from the UNICEF Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version) (2018), by Hansen & Tengnäs, 2021.

Moreover, the document highlights how the Inter-Agency Standing Committee (IASC) MHPSS Guidelines provide a comprehensive framework that highlights the importance of incorporating a variety of complementary approaches and interventions to address mental health and psychosocial support (MHPSS) needs in emergency settings. The guidelines

emphasize the need for a coordinated response that encompasses meeting basic needs, offering general family and community support, as well as providing specialized services delivered by mental health professionals. It is essential for different organizations and service providers involved in MHPSS to be aware of these various layers of intervention and to collaborate effectively to ensure seamless referrals and continuity of care. By working together, stakeholders can ensure that individuals in crisis receive the appropriate and comprehensive support they need across different aspects of their mental health and psychosocial well-being.

Similar to other approaches in the field of mental health and psychosocial support (MHPSS), it is crucial to understand that I Support My Friends should not be implemented in isolation. Instead, it should be integrated into a comprehensive program that actively engages family and community support systems while providing immediate access to child protection assistance. Prior to conducting trainings, it is essential to raise awareness among caregivers, community members, and service providers about the upcoming training sessions attended by children. This proactive step helps activate family and community support systems for peer supporters and facilitates the identification of appropriate referral resources for children who may require specialized mental health or protection services. Additionally, documenting referral procedures and mechanisms becomes essential to ensure a smooth continuum of care and support for children and adolescents in need. By embedding I Support My Friends within a broader program and ensuring collaboration among stakeholders, the effectiveness and sustainability of the intervention can be maximized (Hansen & Tengnäs, 2021).

The Theory and Implementation Guide (Hansen & Tengnäs, 2021) also shines a light on the importance of peer support as a protective factor for resilience, and in turn explains the relevance of the project. UNICEF claims that children and adolescents are not just passive recipients of support but possess a remarkable capacity and desire to create positive change, even in the face of challenging circumstances. It is crucial for adults to create a supportive environment that allows children and adolescents to freely express their ideas, thrive, and

feel empowered to make a difference in the lives of others. Field workers who have implemented the I Support My Friends program have witnessed a significant increase in the sense of agency among participating children and adolescents. Feedback from both girls and boys indicates that the training was empowering as it affirmed and enhanced their existing knowledge and competencies.

Accordingly, the I Support My Friends training equips children and adolescents with a deeper understanding of their own abilities and provides them with new skills to support their peers in distress. These skills include active listening, self-care, empathy, and knowledge of how to connect individuals with available support networks during challenging times. By enhancing their personal and social life skills, the training adds valuable tools to their repertoire, enabling them to navigate difficulties effectively. Research consistently highlights the importance of strengthening social and behavioral skills in promoting resilience among children and adolescents. These skills contribute to positive coping strategies and facilitate adaptive responses when faced with adversity. Also, an additional benefit of the I Support My Friends training is its focus on guiding children and adolescents about what actions they should avoid in certain situations. The training reinforces the understanding that peer supporters should not attempt to handle every situation alone and should recognize the significance of seeking assistance from a trusted adult when necessary. According to Hansen & Tegnäs (2021) These discussions become especially important in challenging circumstances, such as during conflicts or natural disasters, where children and adolescents may feel a strong urge to help and may experience feelings of inadequacy and guilt if they believe they are not providing sufficient assistance. By addressing these concerns and establishing clear boundaries, the training helps to alleviate the burden on young peer supporters, promoting their well-being, and enabling them to engage effectively within the scope of their abilities.

3.3.2.2. The Project

I Support My Friends (Hansen & Tengnäs, 2021) is a program designed to equip children and adolescents with valuable skills to effectively support their friends or peers who may be experiencing distress. The program aims to empower young individuals by teaching them how to identify signs of distress, provide immediate assistance, and know when to seek further help from an adult. Participants will also gain a deeper understanding of their friends' reactions to difficult experiences, enabling them to offer appropriate comfort and help their friends feel calmer. Moreover, they will learn to recognize their friend's needs and concerns and assist them in accessing essential support, information, services, or any other form of assistance. Additionally, the program emphasizes the importance of protecting friends from further harm. These skills are rooted in the action principles of Psychological First Aid, specifically the principles of 'LOOK, LISTEN, and LINK,' as outlined in the Psychological First Aid: Guide for Field Workers, a collaborative publication by the World Health Organization, War Trauma Foundation, and World Vision International (2011).

Psychological First Aid (PFA) is widely recommended by experts as the "Do No Harm" approach to helping individuals who have recently undergone a crisis event and are experiencing distress. This approach focuses on promoting key factors that contribute to healing, such as establishing a sense of safety, fostering connections and social support, promoting a state of calmness, and instilling hope in individuals. PFA also highlights the significance of providing comprehensive support encompassing social, physical, and emotional aspects to those in need. Moreover, PFA empowers individuals by equipping them with the necessary tools to help themselves and actively participate in their communities. There are various positive outcomes of PFA, including feeling a heightened sense of safety, increased calmness, enhanced control over their situation, and a greater sense of hopefulness and so the usefulness of this approach goes beyond specific crisis contexts or humanitarian emergencies but can be beneficial to individuals experiencing distress in various circumstances (Hansen & Tengnäs, 2021).

Accordingly, the peer support skills acquired through this program can be utilized by children and adolescents not only in crisis situations but also in everyday life challenges faced by their friends. By developing effective communication and helping skills through I Support My Friends, children enhance their social and emotional learning while building capacities that prove useful in their daily lives. For this reason, the I Support My Friends program focuses on teaching children and adolescents the "where, when, and who" of providing peer support to their friends.

The training program provides participants with valuable knowledge about the boundaries of their support and when it is necessary to seek help from a trusted adult for their friends. This training equips them with the understanding of urgent situations that require immediate adult intervention. For instance, if a friend is being abused or is in imminent danger from others, it is crucial for peer supporters to involve adults. Similarly, if a friend is engaging in self-harm or expressing suicidal thoughts, seeking immediate adult assistance is essential. Additionally, if a friend has expressed intentions of harming others, or if their ability to function in daily life is severely affected due to a challenging situation, involving adults becomes necessary. By understanding these situations and knowing when to seek adult help, participants in the I Support My Friends program can ensure the safety and well-being of their friends in critical circumstances (Hansen & Tengnäs, 2021).

Here are the specific aims of the training:

“To empower children and adolescents with the skills and knowledge to support a friend or peer in distress using the principles of PFA. Specifically, by completing the training, participants will:

- Enhance their skills in identifying signs of distress in a friend or peer, providing immediate support in a safe manner (active listening, showing empathy) and helping to link to further assistance as required (through the Focal Points).

- Enhance their knowledge of, and trust in, the protective systems around them to which they can turn for help and support.
- Increase their awareness of how they themselves form part of the supportive networks available to their peers.
- Become more aware of how to protect their own personal boundaries and wellbeing.”

(Hansen & Tengnäs, 2021 pp. 36 vol 1).

As for the outcomes of this project, it is safe to say that the training can contribute to specific outcomes outlined by the Inter-Agency Standing Committee (IASC) Framework. The first outcome is that family, community, and social structures actively promote the well-being and development of all their members. Peer support training helps create supportive networks and relationships within these structures, enhancing overall well-being. The second outcome is that communities and families provide support to individuals with mental health and psychosocial issues. Peer support training equips children with the skills and knowledge to effectively support their peers facing such challenges.

To measure the impact of the I Support My Friends program, indicators guided by the IASC Framework can be considered. One indicator (Indicator 11) focuses on providing children, disaggregated by age, sex, and disability, with opportunities to engage in learning socio-emotional skills appropriate to their developmental stage. This indicator assesses the program's effectiveness in empowering children with the necessary skills to support their peers and contribute to positive social and emotional development.

Another indicator assesses the change in perceptions of children, disaggregated by age, sex, and disability, towards their peers with psychosocial problems before and after the training. This indicator (adapted version of Indicator 4) evaluates the program's impact on reducing stigma, promoting empathy, and fostering inclusive attitudes among children. Additionally, the program aims to increase children's knowledge about supporting their peers with

psychosocial problems. This knowledge indicator (adapted version of Indicator 4) assesses the effectiveness of the training in equipping children, disaggregated by age, sex, and disability, with the necessary understanding and skills to provide support and assistance to their peers facing mental health challenges. By aligning with these indicators, the I Support My Friends program can effectively measure its impact and outcomes, ensuring that it positively contributes to the well-being and support of children and adolescents in their communities.

3.3.2.3. The Training

The I Support My Friends (Hansen & Tegnäs, 2021) training is designed to provide a comprehensive learning experience for children, adolescents, and Focal Points. The training consists of eleven thematic sessions, each with specific objectives and activities. Before the training begins, an orientation session is conducted to obtain informed consent from parents or legal guardians and informed assent from the children and adolescents who will participate in the program.

Session 1 focuses on introduction, team building, and trust. Participants are introduced to the facilitators and the Focal Point(s), and the purpose and content of the training are explained. Activities are designed to foster a sense of camaraderie among the participants and establish ground rules for a respectful, enjoyable, safe, and inclusive learning environment. This session also serves as an opportunity to remind participants about the accountability mechanisms and the importance of adhering to the established guidelines.

In Session 2, participants engage in the development of a community map. They identify safe places, sources of support, and potential risks and challenges that children and adolescents in their community may encounter. This activity encourages dialogue and raises awareness about the specific context in which the participants live. It can be particularly beneficial when the training is embedded in a broader initiative related to disaster

preparedness, child protection, or school safety. An alternative activity called the Tree of Wellbeing and Distress may also be included, which focuses on social and emotional issues rather than physical locations.

Session 3 centers around exploring participants' reactions to difficult experiences. Working in groups, participants identify common reactions to the risks and challenges identified in the previous session. After a break, they create still images or body sculptures representing a difficult experience and the associated reactions. This interactive activity promotes deeper understanding and empathy among the participants, and it provides a platform for further discussion and reflection.

In Session 4, participants engage in dialogue to explore different forms of support. They discuss and share ideas about the various types of help that children and adolescents may need in different situations. This session encourages participants to think critically and consider the diverse needs and circumstances of their peers.

The principles of Psychological First Aid (PFA) are introduced in Session 5, with a specific focus on the principle of "LOOK." Participants explore this principle by engaging with a pre-designed scenario that simulates a real-life situation. Through this activity, participants develop an understanding of how to assess and respond to the immediate needs of their peers in distress.

Session 6 delves deeper into the principle of "LISTEN." Participants work in groups to discuss appropriate questions to ask when approaching a peer in distress and the reasons behind these choices. They then have the opportunity to practice active listening skills through interactive activities and role-playing. The session emphasizes the do's and don'ts of active listening, enabling participants to enhance their communication and empathy skills.

Building upon the previous sessions, Session 7 explores the principle of "LINK." Participants learn about the support they can receive from the Focal Point(s) and discuss the

means of maintaining contact after the training concludes. The roles and responsibilities of the Focal Point(s), tailored to the specific context, are addressed. Moreover, the session includes a discussion on child safeguarding standards and guides participants in identifying individuals within their personal networks who can provide support when needed.

Confidentiality is the focal point of Session 8. Participants discuss the importance of maintaining confidentiality in peer support. Pre-prepared case studies are presented and analyzed, highlighting situations where confidentiality should be upheld or where exceptions may be necessary. This session equips participants with the knowledge and skills to navigate confidentiality sensitively and ethically.

Session 9 discusses self-care and setting personal boundaries for peer supporters. The importance of self-care and well-being are emphasized, and participants share ideas on maintaining personal boundaries.

Session 10 provides an opportunity for participants to practice PFA through role-plays. Scenarios are provided to guide participants in applying their skills, followed by constructive feedback to enhance their abilities.

Session 11 concludes the training with a wrap-up and evaluation. Participants share their feedback and evaluate the training, and certificates are distributed.

3.3.2.4. Considerations

According to the Theory and Implementation Guide (Hansen & Tengnäs, 2021), to effectively prepare for the implementation of the I Support My Friends program, it is crucial to communicate its objectives to the community, trusted adults, and participants. This communication process is vital for ensuring a smooth and informed transition into the program. Three recommended sessions or steps can facilitate this process. Step 1 involves

organizing a community information meeting where the program's details and goals are shared with the wider community. Step 2 entails conducting a parent and caregiver orientation session, where parents and caregivers are provided with essential information about the program, allowing them to understand its purpose and provide informed consent for their children's participation. Step 3 focuses on the child and adolescent orientation, which ensures that the young participants are aware of the program's objectives and can provide their assent to participate willingly. By disseminating information through these orientation sessions, all stakeholders gain a comprehensive understanding of the program's structure, fostering voluntary participation and reducing the likelihood of dropouts as the program progresses.

Moreover, there are several considerations regarding the participants of the program. The participants in the I Support My Friends training program encompass children, adolescents, and Focal Points. It is essential to consider the ages and developmental stages of the participants to tailor the training content and activities accordingly, ensuring that they are age-appropriate and engaging for everyone involved. Additionally, the group size should be taken into account, as it can influence the dynamics and effectiveness of the training. Striking a balance between a size that allows for meaningful interactions and discussions while still maintaining a manageable and intimate setting is important.

In the I Support My Friends program, the role of the Focal Point(s) is vital in providing ongoing supervision and support to the peer supporters once the training is completed. While all adults involved contribute to the well-being of the peer supporters, the Focal Points have a specific responsibility to regularly check in with them, offer guidance and emotional support, and assist in situations where a child or adolescent requires further referral. Focal Points can facilitate supervision and follow-up by organizing regular group meetings with the peer supporters. These meetings provide a platform for ongoing support, sharing experiences, and addressing any challenges or concerns that may arise. Additionally, individual support or supervision may be necessary, especially when a peer supporter needs assistance in helping a peer who is in distress. Focal Points can be community volunteers,

designated teachers in schools, professional staff members, or community and religious leaders. Their presence during the training also allows them to familiarize themselves with the program and provide support in facilitating the sessions.

Similar to the Focal Points, it is important to consider the appropriate gender balance among the facilitators. Ensuring representation and diversity in the facilitator team can create a more inclusive and relatable learning environment for the participants. The lead facilitator holds primary responsibility for the training, including planning and delivering the sessions. They oversee the overall structure and content of the training. The co-facilitator supports the lead facilitator by managing time, assisting with activity setup, and observing participants' reactions. They are also responsible for providing support to participants who may become upset or need to take breaks during the training. The co-facilitator may conduct some sessions and collaborate with the lead facilitator to review the training days, making any necessary adaptations or improvements to enhance the learning experience. This collaborative approach ensures a well-rounded and effective training delivery.

Regarding the training location, it is advisable to choose a space that is conducive to learning, comfortable, and free from distractions. Creating a safe and inclusive environment is crucial to foster open communication and participation among the participants. Moreover, gender considerations should be taken into account to ensure a balanced and inclusive representation within the training. Efforts should be made to encourage the participation of both genders and address topics that are relevant and sensitive to different gender experiences.

Group familiarity plays a significant role in the effectiveness of the training. It is recommended that the children or adolescents attending the sessions share something in common with one another, such as belonging to the same community, school, or participating in the same youth club or community activity. This shared connection can facilitate a sense of camaraderie and mutual support among the participants. It is beneficial to maintain the integrity of the group over time, allowing participants to maintain contact

with one another and avoiding the addition of new participants after the training has already commenced with a specific group. This continuity helps to strengthen the bonds formed during the training and encourages ongoing support within the established group.

3.3.2.5. Pilot in Italy

The project ‘I Support my Friends’ has been successfully implemented in several countries, among which Japan, Mongolia, Jordan and Turkey. In these countries, the triumph of the training is well-known. A process of monitoring and evaluation was carried out with the children involved and they expressed gratitude and were excited about the new skills they had learned (Hansen & Tengnäs, 2021). A child in Mongolia stated:

“I saw a female classmate who was being bullied by the others and was sitting alone in the classroom crying. In that moment, I realized I can help others as much as I am able to.” (Hansen & Tengnäs, 2021, pp.20 vol 1).

Following the great success of the project in these countries, UNICEF, Save the Children International and MHPSS Collaborative joined forces to create the toolkit made to be used when replicating the training worldwide. More than that, in 2023, UNICEF Italia decided to fund the pilot project in Italy to be implemented by Save the Children Italia in one of their centers in Sicily, targeting unaccompanied foreign minors. As part of the Psychosocial Unit of Save the Children Italia, I had the privilege to take part in the adaptation and implementation of this project into the above-mentioned context.

As previously stated, ‘I Support my Friends’ is an important project that acts as a protective intervention into the development of resilience, as it strengthens peer support and coping skills, which are important protective factors. For this reason, it is a highly useful tool to be used in the context of refugee children. Moreover, it is meant to be integrated into a larger

integrated psychosocial approach, which fits perfectly with Save the Children's programming.

As indicated in the beginning of this session, Save the Children has recently developed a new approach to all its programming, a Psychosocial Framework. This framework is based on the socio-ecological model of resilience and instigates a holistic and integrated approach to child resilience, with interventions that range from education, protection and capacity building that target different risk and protective factors in order to support children in their full and healthy development (Save the Children, 2019). Civico Zero are Save the Children's recreational centers tailored to unaccompanied migrant minors to have a safe space to spend their time, and it is a place where they engage in educational, recreational, and capacity building activities, as well as receive support and socialize and build strong relationships (Save the Children, 2015). Therefore, in this center, children receive many forms of interventions, all which tackle specific protective and risk factors including peer support. For this reason, it was a good context to introduce 'I Support my Friends' in.

To be able to replicate the project in the particular condition of the unaccompanied migrant minors in Sicily, adaptation and contextualization was needed. Several considerations were made: the children's background, language, gender, culture and age. As already mentioned, in the 'I Support my Friends' toolkit, the participants should be separated between age groups. For this pilot, adolescents and young adults were chosen to take part. So as to be able to dive into the details of programming this training, this thesis will focus on only one of participants' groups: group A, the Arabic speaking group.

In the Theory and Implementation Guide (Hansen & Tengnäs, 2021), it is recommended that the children or adolescents attending the program share some commonality with each other. This can be achieved by selecting participants from the same community, school, or even the same class. Ideally, they may also attend the same youth club or engage in other community activities together. By bringing together individuals who already have a connection, the training creates a foundation for building bonds and fostering mutual support

among group members. It is important to prioritize the integrity of the group by encouraging participants to stay in contact with each other even after the training concludes. This continuity helps maintain the sense of community and allows for ongoing support among peers. It is advisable to avoid adding new participants to an existing group once the training has already begun to preserve the established dynamics and promote a cohesive learning experience. For this reason, we have chosen a group of young boys who frequently attend the Civico Zero center, and who have in common another highly relevant factor: they all speak the Arabic language.

Putting together group of adolescents who are in constant contact with each other and who find it easier to communicate in their own native language rather than the newly learned language, Italian, we have put them in a context of familiarity and closeness which would help them express themselves better, feel more at ease and, most importantly, carry on the lessons learned from the training on each other in the long term. According to Porterfield et.al. (2010), having a peer that speaks your language and shares a similar background is a strong protective factor, as it increases their feeling of safety and makes them feel integrated. Therefore, the first criteria for group formation was language.

However, though they share a similar language, the group participants did not come from the same countries. There were three different nationalities in the group: Egyptian, Moroccan, and Tunisian. Because of the small number of adolescents from each nationality, we were not able to put them in separate groups. Nonetheless, the adolescents fit great in the same group because of the shared language and shared background. Being all unaccompanied migrant minors, the young boys had shared trauma and journey, and being together in the same group speaking the same language was enough familiarity for them to feel integrated.

Moreover, to ensure that the specificities of each culture and Arabic dialect were considered, the Save the Children team included a psychologist specialized in ethno-psychology, who was also from an Arabic background. During the period of contextualization of the project,

the ethno-psychologist was heavily consulted and in fact guided the process of adaptation, bringing forward questions of translation, including specific expressions not present in Arabic, or expressions that would not fit the Arabic culture. Another point that was taken into consideration was gender. Group A was formed solely by boys, so as to create a space for free expression and respect cultural boundaries that could be sensitive if it was a mixed gender group. Also, for the same reason, we chose a male facilitator for the training. Not only that, but the facilitator conducted the training completely in arabic.

Moreover, according to the 'I Support my Friends' Toolkit (Hansen & Tengnäs, 2021), the lead facilitator plays a central role in the training, taking responsibility for planning and delivering the sessions. In order to effectively prepare for the training, facilitators must invest time in developing a comprehensive understanding of the participants and their backgrounds. This involves engaging in consultations with various stakeholders such as teachers, school counselors, parents/caregivers, and others who possess valuable insights into the experiences of the participants. By gaining knowledge about their unique circumstances, facilitators can customize activities, foster positive group dynamics, and ensure the training content is relevant and meaningful. Equally important is the need for facilitators to familiarize themselves with the local context, encompassing cultural norms, religious practices, gender dynamics, power dynamics, and conflict sensitivity. This contextual awareness enables facilitators to identify and address potential risks more effectively. Moreover, facilitators should possess knowledge about the local structures and services available, including referral pathways and procedures, in order to integrate the training with existing child protection systems and support services. By prioritizing these preparatory measures, facilitators can ensure that the training is tailored to the participants' needs, culturally sensitive, and seamlessly connected to the available support systems, ultimately maximizing its impact and promoting the overall well-being of the children and adolescents involved.

By considering these factors, facilitators can create a training environment that is sensitive to participants' needs, culturally appropriate, and well-connected to the support systems available to them. This holistic approach enhances the effectiveness of the training and

promotes the overall well-being of the children and adolescents involved. For this reason, the person chosen to facilitate was the ethno-psychologist, who, by being already a part of Save the Children's staff, and by sharing their language was already familiar to the adolescents and so was able to engage them and make them feel welcome.

Another important adult involved in the training is the Focal Point. The Focal Point(s) plays a critical role in the I Support My Friends program by ensuring that peer supporters receive the necessary adult supervision and support even after the completion of their training. While all adults involved contribute to the well-being of the peer supporters, Focal Points have a special responsibility in this regard. They regularly check in with the peer supporters, providing guidance, emotional support, and assistance when a child or adolescent requires a referral. Focal Points facilitate supervision and follow-up through regular group meetings, creating a supportive environment for peer supporters. In certain situations, individualized support or supervision may be necessary, particularly when a peer supporter requires help in assisting a peer in distress. The Focal Point can include various individuals such as a community volunteer, a designated teacher in the school, a professional staff member, or a community or religious leader. Their presence during the training also enables them to offer valuable assistance in the facilitation process. By fulfilling their role, Focal Points contribute to the overall success and effectiveness of the program, ensuring the well-being and growth of both the peer supporters and the peers they assist. In the Italy pilot training, the person chosen as the Focal Point was the local psychologist, a staff member of the Civico Zero center. The psychologist is in constant contact with the children and adolescents who attend the center and is responsible for all psychological interventions at the center. Moreover, she also has direct contact with the other support systems in the area, being able to successfully link the participants to ulterior help.

Lastly, the final consideration that was made regarded the unaccompanied status of the children. The original 'I Support my Friends' programming was tailored for emergency settings, but it did not account for the 'orphan' status of its participants. For this reason, it was crucial that during the adaptation period, all references to "parents" or "family" were replaced in the toolkits for terms like "tutor". This adaptation was indeed crucial to be able

to create a training that was tailor-made for the specific adolescents in question. And, as already discussed, the work of making an intervention context-specific and culturally aware is essential to achieve maximum efficacy and positive results.

3.3.2.6. Results

Following the first implementation of the “I Support my Friends” pilot in Italy, the results were highly successful. The results were measured through semi-structured questionnaires that were administered before the training, after the first day, after the second day, and at the end of the training. After analyzing the data, the conclusion that was taken is that everyone of the expected results were met:

1. The adolescents felt empowered to implement PFA on their friends.
2. The adolescents were confirmed to have higher skills in identifying when a friend is in distress and in responding to that distress in a safe and helpful manner.
3. The adolescents claimed to have a higher understanding of the safe and risky areas of the city they lived in, and to have bigger knowledge of who to turn to in case of need.
4. The adolescents described a higher sense of awareness of being part of a network of peers.
5. The adolescents admitted having learned to protect their own personal boundaries and take care of their own safety and well-being.

But the positive results were not limited to the expected outcomes. What was found was a deeper impact in the beneficiaries’ wellbeing. After conducting semi-structured interviews and analyzing their testimonies, the team has found that:

1. Their overall sense of safety was increased after learning about the safe spaces in their area and after knowing there was a network of people they could turn to when needed.
2. They had an increased sense of self-efficacy and self-esteem: the adolescents particularly enjoyed the new awareness of their active role in changing how someone is feeling, including themselves. They came to the realization that they weren't simply passive actors in what occurred to their life but were rather capable of inciting change and improving mood. This gave them confidence in being in control of their own lives and on deciding how bad events would affect them.
3. Increased sense of empathy: the adolescents learned to observe more and pay more attention to their peers' needs. Not only that, it incited curiosity and the will to care about how their peer was feeling. By the end of the training, they were more willing to observe and assist.
4. Increased sense of community: the training brought the adolescents closer together and they felt that they were responsible for each other's well-being. They related to themselves as their new "family" who would take care of each other. They described feeling less alone than they were before the training started and were happy to be able to make friends with similar backgrounds.
5. They felt safe to open up about their experiences and traumas: they were able to discuss their own fears and traumatic experiences from their journey to Italy and reported the feeling of being in a safe space to talk about it and be supported by their peers and the facilitators.
6. Overall mood increased: the adolescents actively enjoyed the activities and the recreational times they spent together and reported having increased feelings of 'happiness', 'belonging' and 'hope'. On the other hand, they reported having a lower sense of 'loneliness'.

The positive results represent a promising future to mental health and psychosocial interventions. As it can be seen, with one simple intervention that is integrative and takes into consideration the diverse aspects of resilience and the refugee experience, several

diverse outcomes were possible. More than that, the project was conducted in a Save the Children center that is part of the ‘Child Protection Unit’. Therefore, it is also an example of how important it is to have a holistic approach to child protection that is not limited to preventing violence, trafficking and abuse, but also at promoting psychosocial well-being. ‘I Support my Friends’ is, consequently, an excellent example of the effectiveness of psychosocial interventions and of a psychosocial approach to children’s rights.

Lastly, take the following statement of one of the beneficiaries of the project:

“Before coming here I was feeling very sad and alone. Now I feel like I have a new family, and we need to take care of each other. I like the feeling of being able to help my friend, and to make a difference. I think now I am very good at noticing when someone is sad and I can go talk to them”. (Beneficiary from ‘I Support my Friends’ pilot in Italy, 2023).

Final Considerations

This thesis aimed at exploring a psychosocial approach to human rights, more specifically children's rights, with a focus on child refugees. With an overview of the history and theory of children's rights, followed by a description on the unique challenges of child refugees, and subsequently the examination of the concept of resilience and its usefulness in designing interventions, this work has given an overall view of the current scenario surrounding refugee children.

As it can be seen, the rights of the child are a relatively recent notion but are nonetheless a highly important step in the international relations community. The Declaration on the Rights of the Child elucidates how children have specific needs that require specific protection. But most important is the idea that a refugee child is first and foremost a child. Therefore, the interventions for refugee children have to consider how the rights violations can cause harm in the healthy development of a child, which is a concept much different from when dealing with adult refugees. Child refugees are a very special cluster of people with their own set of rights, that do not only include the ones of refugees but most importantly, the ones of a child.

With this in mind, it is important to analyze the specific effects of migration in a child's development. In fact, this thesis has described the specific harms that can come from the refugee experience which children are much more vulnerable to. This includes child trafficking, malnutrition, loss, separation from family, difficulty in acculturation, poor conditions at refugee camps, reduced access to education and so on. Nonetheless, the potential dangers to a refugee child's wellbeing do not stop there. The effects of migration can be long-term and disrupt the healthy development of the migrant child, resulting in PTSD, depression, and anxiety disorders. But though there is significant research on the mental health disorders that arise from the refugee experience, little attention has been given to the side effects beyond psychopathology. For this reason, this thesis focused particularly

on how migration can disrupt the child's different eco-systems that are crucial for their happiness. This includes the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, each of them with their particular set of risk factors.

But it is true that not all children experience the negative effects of migration the same way; instead, some children are able to move beyond past traumas and thrive. This fascinating ability is the result of the process of resilience, which can be built over time provided the child has the right protective factors and is shielded from the factors that can hinder its development.

Resilience is not a solitary trait or a mere accumulation of individual strengths. It emerges as a dynamic process intricately shaped by a myriad of risk and protective factors, both internal and external, that influence the path of at-risk children coping with adversity. Coping strategies, as demonstrated by numerous studies, play a key role in shaping resilience outcomes. It is an intricate dance between personal coping skills and the availability of appropriate social resources, with each child's unique needs at the center of this transformative process.

The true power of resilience is revealed when a symbiotic relationship is created between these coping strategies and the support systems inherent in a child's social environment. The evolution of the ecological model in this field emphasizes the dynamic nature of these intricate relationships. It emphasizes that the mental health challenges faced by refugees cannot be attributed solely to individual psychopathology but are profoundly shaped by external factors, including the refugee's social environment, family dynamics, and broader socio-cultural context. This holistic perspective recognizes that refugees' mental well-being is closely linked to their experiences within a broader community and family framework.

This is where the psychosocial approach comes into place. By considering children's wellbeing as a multidimensional concept, which is played by interconnected factors, the human rights community is compelled to design more comprehensive programs. The

Psychosocial Approach to children's rights, and especially child refugees, is the best way to tackle the many risk and protective factors that influence children's wellbeing. The way it does this is by using the socio-ecological model as the basis of all programs tailored to children. It will then analyze how the factors interact and divide the interventions into their respective eco-systems and try to make interventions as comprehensive as they can be by tackling different risk or protective factors and building on their interactions. This new paradigm has already been adopted by several major children rights' international organizations and NGOs, such as Unicef and Save the Children.

In fact, Save the Children has adopted a Psychosocial Framework in 2019 that is meant to guide all its programmatic activities. In 2023, a new project was included under the Child Protection unit, which once only targeted violence, trafficking and legal issues. Now, this project is multifaceted and has expanded its targets, achieving a bigger and more comprehensive impact. 'I Support my Friends' is an innovative project to be implemented under Child Protection as it recognizes the diverse facades of the refugee experience. Save the Children has been providing shelter and protection from violence for a very long time but has finally moved forward by acknowledging that this itself does not guarantee a healthy development when it comes to children. Children need to feel safe, they need to feel as if they belong somewhere, they need a support network, they need to have a space to share their fears and worries and, they need to play and laugh. Child protection, therefore, goes beyond keeping children away from danger, but is instead a part of a much larger goal of providing overall well-being.

As can be seen, a paradigm shift of the human rights approach to children is urgently needed. Instead of focusing solely on single rights violations and specialized interventions, there is a need to adopt a resilience-oriented perspective that emphasizes the positive adaptation and competence of these young individuals. To effectively support these children, it is essential to delve into the factors that strengthen their resilience. These include individual-level attributes and socio-level factors, such as economic conditions, family acceptance and support, and community-level elements, such as neighborhood safety, school retention, and

social support networks. By understanding and prioritizing these resilience factors, the human rights community will be able to better identify the targets of interventions that enable refugee children to thrive despite the challenges they face. Therefore, a nuanced understanding of risk and resilience is essential for the development and execution of policies and programs aimed at improving the impact of migration on children. The insights of the developmental psychology community are crucial for designing better and more comprehensive interventions in this field.

Unfortunately, mental health and psychosocial support are still not viewed as priorities in the international community, and that is the main reason why the psychosocial approach is not given enough attention when it comes to children's rights. This thesis urges human rights defenders to adopt a bigger and more modern perspective to children's wellbeing and the international cooperation community as a whole to accept the importance of mental health interventions. This can only be achieved if human rights is paired with developmental psychology, and interventions are overseen by experts in child psychosocial development who actively participate in the design of strategies in the field. Psychosocial interventions should no longer be regarded as separate or specialized interventions but rather as a basis for the formulation of programs advocating for child rights.

With that being said, though this thesis has focused on the specific experiences of refugee children, it is important to highlight that a psychosocial approach is crucial in all types of interventions for at-risk children, not only refugees. This way, it will ensure a broad needs assessment based on the socio-ecological model of resilience that will bring forward the risk and protective factors on each specific context of at-risk children, being these children from impoverished areas, conflict affected areas, victims of violence and so on. The Psychosocial Approach to children's rights is thus more than a framework, but a way of viewing children and their needs in their entirety and assuring efficient and permanent solutions.

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