



# Living in Italian residential care under COVID-19 restrictions. A survey on adolescents' perspectives over their psychosocial wellbeing

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## ABSTRACT

COVID-19 lockdown has been worldwide considered one of the major collective traumatic experiences for everyone, vulnerable adolescents included. Surprisingly, however, research on the experiences of adolescent living in residential care (RC) – considered it to be particularly exposed to traumas and developmental challenges – has been underdeveloped in the pandemic scenario. Bridging this gap and drawing on a national survey with Italian adolescents living in RC, the current study examines their psychosocial wellbeing, i.e., their perceived subjective and relational wellbeing, during lockdown. In terms of subjective wellbeing, results show increased irritability, but, differently from general population, no sleep quality deterioration. In terms of relational wellbeing, we document a general sense of safeness and protection in RC, a significant sense of being listened to by caregivers, and continuity of care with professionals and keypersons. We confirm and display two distinctive effects as well: a) the “gender effect” – i.e., compared to boys, girls reported higher irritability, and b) the “length of placement in RC” effect – i.e., adolescents living in RC for more than 3 years reported increased irritability and a lower relational wellbeing, counterbalanced by a higher competence in keeping their contact with their schoolmates outside RC. Proposals for targeted psychosocial interventions, limitations and implications for future research in the developmental areas are discussed in the conclusions.

## 1. Introduction

Even if «COVID-19 was not the first pandemic that the world has seen» (Kats et al., 2020, p. 2), it has been widely considered one of the major collective traumatic experiences due to its many challenges, including restrictions. It is undisputable that while «restrictions have been challenging for people of all ages, they may be particularly difficult for adolescents, who at this developmental stage rely heavily on their peer connections for emotional support and social development» (Magson et al., 2021, p. 44). Compared to their peers, adolescents living in residential care<sup>1</sup> (henceforth, RC) are documented to be more affected by neurological dysregulations due to prior maltreatment and abuse, and express lower life satisfaction (Llosada-Gistau et al., 2017; Kats et al., 2020). Differently from them, however, during lockdown they not

only had to deal with the common developmental changes of adolescence but also had to face additional stressors associated with living away from their families (Costa et al., 2022, p. 1). Surprisingly, research on the impact of COVID-19 lockdown on adolescents living in RC is underdeveloped. Bridging this gap, this study aims to investigate their psychosocial wellbeing during lockdown by drawing on an Italian investigation (Saglietti, Alpini, Alby, & Zucchermaglio, 2024a,b). The article is organized as follows. We first explain the reasons and aims of the study by drawing on a literature review. Next, we provide a description of our method and results, followed by a discussion with study strengths and limitations, as well as practical implications.

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<sup>1</sup> In this article, we intend RC as a specific category of alternative care that includes children, adolescents and youth in homes organized in group care and managed by specific organizations (Lee & Barth, 2011). We do not consider here as RC any hosting unit that is informally run without the locally relevant institutional credentials nor the secure RC units for children coming from delinquency problems (Harder et al., 2012) and those aimed at recovering psychiatric children and youth.

### 1.1. The impact of lockdown on adolescents living in RC

Traditionally, the psychosocial wellbeing of adolescents living in RC has been lower than that of their peers in kinship care (Llosada-Gistau et al., 2017, 2019), foster care (Wood & Selwyn, 2017), and leaving care (Dinisman et al., 2013). During lockdown, it was documented to be jeopardized more than ever (Cohen & Bosk, 2020; Crawley et al., 2020; Haffejee & Levine, 2020; Greenberg et al., 2020; Peet & Teh, 2020; Vallejo Slocker et al., 2020; Waide & Partap, 2020; Wong et al., 2020; Montserrat et al., 2021, 2022; Ruff & Linville, 2021; Costa et al., 2022; Carvalho et al., 2022; Gonzalez-Garcia et al., 2022), due to the many additional stressors of living in RC, such as family visit interruptions, suspensions of exits and therapies, delays in court assessments, and caregivers' massive turnover, to name a few.

Family visit interruptions, for instance, interfered with the well-established international evidence that contacts with birth parents predict good outcomes, provide means for therapeutic interventions, and increase reunification rates and emotional wellbeing (Johansson & Andersson, 2006; McWey et al., 2010; Claes et al., 2011; Hiles et al., 2013; Nixon et al., 2013; Whittaker et al., 2016; McWey & Cui, 2017; Prince et al., 2019; Martin-Storey et al., 2021; Verheyden et al., 2022). Even if in most cases physical contacts with family members have been replaced with virtual calls (e.g., video calls), this caused stress and worries from both parties (Haffejee & Levine, 2020; Vallejo Slocker et al., 2020), «hindering reunification processes or stopping them altogether» (Montserrat et al., 2021). However, Verheyden et al. (2022) hypothesized that for some «not having to see the parents (physically) could also be a relief».

In most countries, for those living in RC the lockdown also implied the suspensions of exits and external therapies (Grupper & Shuman, 2020), consequently impacting on adolescents' socialization, school effectiveness, and (physical and mental) health. Particularly, an emerging body of literature confirms that during lockdown school constitutes a particularly challenging domain, with issues concerning school regularity, access during online classes (Ruff & Linville, 2021; Vallejo Slocker et al., 2020), and school adaptivity (Ruff Johnson et al., 1995; Delfabbro et al., 2002). The connection adolescents have with their peers and school mentors represents, in fact, not only an indicator of their relational wellbeing in the present, but also a predictor of their general adjustment in the future (Garcia-Molsosa, Collet-Sabé, & Montserrat, 2021; Scholte & Van der Ploeg, 2006; Saglietti, 2019, 2022, 2024; Saglietti & Zuccheromaglio, 2022). Interruptions of external therapies and meetings impacted also on adolescents' relational continuity with professionals taking care of them (including social workers, psychotherapists, and physicians), that is particularly salient for their therapeutic alliance, reciprocal trust, individual attention, and child participation (Kolivoski et al., 2016; Boel-Studt et al., 2018; Harder et al., 2022). In their Australian study, Galvin and Kaltner (2020) expressed their concerns over court delays and suspensions of judicial hearing, claiming that lockdown had consequences also on permanency achievement, family reunification, and placements, contributing to increase adolescents' sense of instability and anxiety.

Regarding RC adaptivity to the pandemic scenario, many organizations faced a massive staff turnover during lockdown, mainly due to absences resulting from infectious diseases, prophylactic isolation, and/or family assistance (Carvalho et al., 2022; Grupper & Shuman, 2020; Vallejo Slocker et al., 2020). This turnover impacted adolescent-caregiver relationships, causing additional stress. As internationally well acquainted, in fact caregivers' stability positively correlates with adolescents' behavioral and emotional adjustment (Aguilar-Vafaie et al., 2011; Costa et al., 2020a; Fergus & Zimmerman, 2005; Mota & Matos, 2015). However, the forced cohabitation with caregivers and peers in

RC seem to have led to improved relationships and cohesion (Costa et al., 2022; Gonzalez-Garcia et al., 2022), as it has been observed in foster families (Verheyden et al., 2022). RC climate and sense of safety has in fact traditionally proven to be particularly salient for adolescents (Delfabbro et al., 2002; Holden et al., 2010; Harder et al., 2012; Eltink et al., 2018; Llosada-Gistau et al., 2019; Sellers et al., 2020). Taking the lead from these considerations, Costa et al. (2022) documented how social cohesion constituted a relevant construct in adolescents' mental health and psychological adjustment, supporting their wellbeing in RC during lockdown. Overall, with the notable exception of this study, research exclusively focuses on adolescents' subjective wellbeing, failing to address the relational experience of living in RC under lockdown. Furthermore, these studies originated in countries that, compared to Italy, had less severe COVID-19 restrictions, making it difficult to establish an international comparison.

## 2. Aims of the study

In Italy, on the 8th of March 2020 – two days before the WHO declared COVID-19 a worldwide pandemic – it was imposed a strict lockdown, implying severe restrictions over all citizens' lives. Lasting to mid-May 2020, it went on with subsequent local lockdowns till April 2021, resulting the most severe approach in Europe. Unfortunately, however, amongst the many scholarships investigating children's wellbeing under lockdown, to our knowledge there is no national research taking into consideration how this traumatic experience has been lived by the already highly traumatized children that are living in RC. Taking the lead from these considerations, the study aimed at: (a) examining RC adolescents' psychosocial wellbeing under the COVID-19 lockdown and, in particular, their subjective and relational wellbeing, (b) examining the relations between adolescents' subjective and relational wellbeing, (c) controlling these indicators for gender, age, and length of placement in RC, and (d) making proposals for psychosocial interventions in the field.

Following Montserrat et al. (2022, p. 1), we intend “subjective wellbeing” as a psychosocial component of quality of life and, particularly, we operationalize it in reference to: (a) sleep quality, and (b) irritability, considered adolescents' common responses to the COVID-19 pandemic (Jamieson et al., 2020, 2021). Longstanding being associated with adolescents' reactions to pandemic and natural disasters both conditions highlight the risk to develop anxious, depressive and – more broadly – internalizing symptoms (Muzi & Pace, 2020).

With “relational wellbeing”, in this study we intend adolescents': (a) sense of being safe and protected in RC during lockdown; (b) sense of being listened to; (c) sense of relational continuity with family and schoolmates, and (d) relational continuity with professionals working in the field of social and mental health services, i.e., their guardians (if present), social workers, and psychologists/psychotherapists.

For the purposes of the current study, we expect:

- adolescents living in RC to report negative impacts of COVID-19-related restrictions on their psychosocial wellbeing, and, particularly, on their subjective wellbeing (i.e., sleep quality and irritability) [RH1] and relational wellbeing [RH2];
- girls to be negatively impacted by the COVID-19 restrictions (consequently, perceiving minor subjective and relational wellbeing compared to boys), confirming the “gender effect” in RC (see Johansson & Andersson, 2006; Martín, 2015; Llosada-Gistau et al., 2017, 2019; Costa et al., 2020a, 2020b, 2022; Magson et al., 2021; Montserrat et al., 2021, 2022; Carvalho et al., 2022; Gonzalez-Garcia et al., 2022, Henseke et al., 2022) [RH3];

**Table 1**  
Participants.

	Sex		Age			Length of stay in that RC facility (years till now)			Total
	Boys	Girls	11–14	15–17	>17	<1	1–3	>3	
N	71	55	25	75	26	43	55	28	126
%	56	44	20	60	20	41	39	20	100

- early adolescents (from 11 to 14 years old) to be more negatively impacted by the COVID-19 restrictions (consequently, perceiving minor subjective and relational wellbeing), confirming the higher impact of the COVID-19 restrictions on the general population of younger people (Magson et al., 2021; Jamieson et al., 2021) [RH4];
- adolescents with lower length of placement in RC to be more negatively affected by the COVID-19 restrictions (consequently, perceiving minor subjective and relational wellbeing), due to their documented minor psychological adjustment, attachment, and social effectiveness<sup>2</sup> (Knorth et al., 2008; Ringle et al., 2010; Costa et al., 2022) [RH5].

### 3. Methods

The current cross-sectional study draws on commissioned research project named “Everything went fine?” that was aimed at understanding adolescents’, educators’, and managers’ perspectives over the pandemic management in Italian RC (see Palareti et al., 2022 for a detailed national description of the RC system). Taking place from June 2020 to May 2021, it consists of a national online survey for adolescents, educators and managers living and working in RC. For the purpose of this article, we focus exclusively on the adolescents’ survey.

#### 3.1. Participants

Adolescents were recruited by RC educators and managers by a snow-ball technique. Eligibility criteria for participating were living in Italian RC from (at least) March 2020, being at least 11 years old, and Italian proficiency.<sup>3</sup> Participants were: 126 adolescents living in Italian RC at the time of the survey (November 2020–March 2021): 56 % boy and 44 % girls, aged 11–20 years (M:16,1, SD:2,12). On average, they had been residing in the current RC facility for approximately 1 year and 6 months (see Table 1).

#### 3.2. Ethical considerations

All research procedures were developed and performed in accordance with the Ethical Code for the Research in Psychology (AIP, 2022) and ethical considerations were linked to the contract signed by the first author and the funding organization, which approve the use of the collected anonymous data. The study was conducted with the 1964 Helsinki declaration and later amendments. Participants’ written informed assent was obtained in the first part of the questionnaire.

<sup>2</sup> The association between length of placement in RC and psychological adjustment is far from being clear-cut. If traditionally a longer time in RC has been associated with improvements in school and psychosocial functioning (Knorth et al., 2008; Ringle et al., 2010; Eltink et al., 2018), an emerging body of research does not support this association (Berger et al., 2009; Mota et al., 2016; Gonzalez-Garcia et al., 2017; Costa et al., 2020a, 2020b; Stanley & Boel-Studt, 2021).

<sup>3</sup> This criterion excluded all the recently arrived unaccompanied minors that did not fulfill the national language certificate.

#### 3.3. Instrument

Together with the Executive Board of commissioning organization, the first author constructed an original self-administered self-reported online instrument, named “Everything went fine?” (EWF) Questionnaire (see Supplementary Material A). It consists of 49 items (either open-ended and close ones) divided into four parts: (1) Socio-demographic data; (2) Perceptions of COVID-19 lockdown in RC; (3) Relationship with family and school; (4) Relationship with professionals. The underlying constructs of the instruments are based on two key principles: a) The rights-based pedagogic approach, as articulated in the Convention on the Rights of the Child (CRC, 1989), which emphasizes the importance of adolescents’ right to be heard and actively participate in evaluating their life contexts; b) The ecological approach applied to RC (Palareti & Berti, 2009) that focuses on the continuity of care, involving collaboration with external stakeholders and considering the broader context in which adolescents receive support and services. Due to the commissioning aims, the EWF Questionnaire was constructed *ad hoc* and does not rely on validated standard scales or other already used materials. For the purpose of the current study, in this article we take into consideration only items concerning adolescents’ subjective wellbeing – their perceptions over their sleep quality (SW1) and irritability (SW2) – and relational wellbeing – investigating adolescents’ evaluations over their sense of safe and protection in RC (RW1), their sense of being listened to in RC (RW2), their evaluations on relational continuity of care with families (RW3), with guardians<sup>4</sup> (RW4), with schoolmates (RW5), with social workers<sup>5</sup> (RW6), and their psychological support (RW7) (see Table 2).

#### 3.4. Data analysis

For the purposes of this article, we considered adolescents’ gender, age and length of placement in RC as independent variables, while we considered dependent variables the following ones: Sleep quality (SW1), Irritability (SW2), Sense of safe and protection in RC (RW1), Sense of being listened to in RC (RW2), Sense of relational continuity of care with families (RW3), Sense of relational continuity of care with guardians (RW4), Sense of relational continuity of care with schoolmates (RW5), Sense of relational continuity of care with social workers (RW6) and Sense of relational continuity of psychological support (RW7) (see Table 2). Respectively, “age” and “length of placement in RC” were divided into three groups (“aged 11–14”; “aged 15–17”; “aged over 17”, and “less than 1 year in RC”; “1 to 3 years in RC”; “more than 3 years in RC”) (as shown in Table 1). We performed the descriptive analyses for each independent variable (and their sub-groups) and the binomial logistic regressions for the dichotomous items (8, 9, 10, 20, 24, 25, 26, 27; see Table 2), coding with 0 for “No” responses and 1 for “Yes” responses.

<sup>4</sup> Based on the Italian Civil Code, the guardianship – usually played by institutional actors, such as council members and/or social workers – is required only when parents legally lose (even temporarily) their custody over their child. In Italian RC, only few children have their guardian, as parents are still considered capable of some sort of parental responsibility.

<sup>5</sup> Following the Italian legislation, with social worker we intend the dedicated caseworker of each and every single child (and family) in out-of-home care: it is the case-manager and keyworker of the case.

Table 2

Adolescents' psychosocial wellbeing, sub-dimensions and related items of the EWF-XXXX Questionnaire (Adolescents' version).

Psychosocial wellbeing	Sub-dimension	Item formulation	Item number
<b>Subjective wellbeing</b>	<i>Sleep quality (SW1)</i>	During lockdown, did you sleep as usual?	9
		What kinds of sleep issues did you suffer from?	9bis
	<i>Irritability (SW2)</i>	During lockdown, did you feel more irritable than usual?	10
		What kind of irritation issues did you suffer from?	10bis
<b>Relational wellbeing</b>	<i>Sense of safe and protection in RC (RW1)</i>	On the whole, during lockdown, did you feel safe and protected in RC?	7
	<i>Sense of being listened to in RC (RW2)</i>	During lockdown, did you talk to someone over what was going on?	8
	<i>Sense of relational continuity of care with families (RW3)</i>	During lockdown, did you maintain your relationship with what you consider it to be your family?	20
	<i>Sense of relational continuity of care with guardians (RW4)</i>	During lockdown, did you hear your guardian?	26
	<i>Sense of relational continuity of care with schoolmates (RW5)</i>	Did you hear your schoolmates?	24
	<i>Sense of relational continuity of care with social workers (RW6)</i>	During lockdown, did you hear your social worker?	25
	<i>Sense of relational continuity of psychological support (RW7)</i>	During lockdown, were you able to carry on your psychological support?	27

We performed ordinal logistic regression for item number 7, which responses alternative were in Likert scale. Through the AIC index, we checked the goodness of fit of the model and the complexity of the various logistic regressions. Finally, we tested whether the differences between the various groups of the independent variables were significant through the chi-square test of logistic ANOVA.

#### 4. Results

##### 4.1. Adolescents' perception of the influence of COVID-19 restrictions on their subjective and relational wellbeing

The "Subjective wellbeing" of adolescents and youths living in RC was impacted by lockdown restrictions (see Table 3): if on one side the majority of them reported an unvaried sleep quality (66 %), irritability was therefore a recognized concern for two thirds of the respondents (69 %), with prevalence of being more nervous than usual of not standing anyone, and of general anxiety. On the contrary, for what is concerning "Relational wellbeing" (see Supplementary Material B), more than 80 % of respondents declared a general sense of protection and reassurance in RC, a huge sense of being listened to, and a relational continuity of care with relatives and professionals. Less frequent was adolescents' perception of interaction with guardians and social workers during lockdown. To sum up, adolescents living in RC report negative impacts on subjective wellbeing, and, particularly, only on irritability, while on the contrary no deterioration of their relational wellbeing.

##### 4.2. The effect of gender on subjective and relational wellbeing

The role of adolescents' gender in RC has been found to impact their psychosocial well-being. In terms of subjective well-being, data indicates that irritability is more prominent among girls on a percentage basis (see Table 4), although it does not reach statistical significance according to the logistic ANOVA. Similarly, girls' sleep quality appears to be more compromised compared to boys, but this difference is not statistically significant. However, concerning their relational well-being, girls report feeling more protected and secure in RC compared to boys, as indicated by the results of the logistic ANOVA (LRchisq = 4.2081; p-value = 0.04) and the negative coefficient (−0.7208) associated with boys (see Supplementary Material B). Both groups reported feeling listened to, but girls showed a significant difference in the logistic ANOVA (LRchisq = 4.5870; p-value = 0.03) and a negative standardized coefficient of logistic regression ( $Z = -1.782$ ). In contrast to boys, girls reported experiencing more active listening and participation in RC. Regarding relational continuity with family and professionals, the

logistic ANOVA shows significant differences (LRchisq = 2.6982; p-value = 0.09) only in terms of a sense of continuity in adolescents' psychological support, with higher scores for girls, as confirmed by the logistic regression coefficient associated with boys (−1.617). In summary, our results reveal lower subjective well-being among girls, confirming the "gender effect" in RC during COVID-19 restrictions (Martín, 2015; Llosada-Gistau et al., 2017, 2019; Costa et al., 2020a, 2020b; Montserrat et al., 2021, 2022; Carvalho et al., 2022; Gonzalez-Garcia et al., 2022). At the same time, our results highlight girls' higher relational well-being in RC during lockdown.

##### 4.3. The effect of age on subjective and relational wellbeing

Age has a statistically significant impact (see Table 5), particularly on care continuity with their guardians and psychologists. However, when examining age-specific challenges during lockdown, several noteworthy findings emerged. Starting with their subjective well-being, we observed a higher rate of sleep deterioration in the group of adolescents aged 15–17 (though still quite low, see Table 5), as well as in the group of those over 17 years old. Conversely, the most irritable subgroup was the youngest one, confirming that adolescents from 11 to 14 yo experienced more irritability (Magson et al., 2021; Jamieson et al., 2021). In contrast, concerning their relational well-being, this last group reported higher scores in terms of their perception of safety and protection in RC, feeling listened to, and experiencing relational continuity with family. Interestingly, adolescents' relational continuity with family members, while generally high, shows a gradual decrease with increasing age (11–14 years old: 84 %; 15–17 years old: 83 %; over 17 years old: 73 %). As highlighted by the logistic ANOVA (LRchisq = 6.8930; p-value = 0.03, see Supplementary Material B), a significant difference pertains to the relational continuity of care with guardians, with 11–14-year-old adolescents having limited contact (22 %) compared to 57 % of 15–17-year-old adolescents and 50 % of those over 17 years old. This trend is supported by coefficients and p-values of logistic regression, which are notably high and positive for the two groups of older adolescents, with a coefficient of 2.440 for the 15–17 age group (p-value = 0.01) and 1.786 for the group over 17 (p-value = 0.07). Another area of statistical significance (LRchisq = 3.5021; p-value = 0.09) concerns continuity with psychological support during the lockdown, which decreases as age increases. This observation is validated by negative standardized logistic regression coefficients (−1.321 for the 15–17 age group and −1.800 for the group over 17, see Supplementary Material B).

**Table 3**  
Descriptive statistical analysis of participants' responses to the EWF-XXXX Questionnaire (Adolescents' version).

	N	%
<b>Subjective wellbeing</b>		
<i>SB1 – Sleep quality</i>		
A) During lockdown, did you sleep as usual?		
Yes	83	65,9%
No	43	34,1%
Total	126	100 %
B) What kinds of sleep issues did you suffer from?		
Difficulties in waking up	8	18,6%
Frequent night-time awakening	13	30,2%
Disturbed sleep	32	51,2%
Total	53	100 %
<i>SB2 – Irritability</i>		
A) During lockdown, did you feel more irritable than usual?		
Yes	87	69,1%
No	39	30,9%
Total	126	100 %
B) What kind of irritation issues did you suffer from?		
I felt more nervous than usual	37	43,1%
I felt more anxious than usual	17	19,8%
I felt more angry than usual	14	16,2%
I did not stand anyone	18	20,9%
Total	86	100 %
<b>Relational wellbeing</b>		
<i>RW1 – Sense of safe and protection in RC</i>		
On the whole, during lockdown, did you feel protected and safe in RC?		
Totally protected and reassured	64	50,8%
Often protected and reassured	39	30,9%
Sometimes protected and reassured	16	12,8%
Little protected and reassured	5	3,9%
Never protected and reassured	2	1,6%
Total	126	100 %
<i>RW2 – Sense of being listened to in RC</i>		
During lockdown, did you talk to someone over what was going on?		
Yes	118	93,6%
No	8	6,4%
Total	126	100 %
<i>RW3 – Sense of relational continuity of care with families</i>		
During lockdown, did you maintain your relationship with what you consider it to be your family?		
Yes	102	80,9%
No	24	19,1%
Total	126	100 %
<i>RW4 – Sense of relational continuity of care with guardians</i>		
During lockdown, did you hear your guardian?		
Yes	45	48,9%
No	47	51,1%
Total	92	100 %
<i>RW5 – Sense of relational continuity of care with school mates</i>		
Did you hear your schoolmates?		
Yes	98	77,8%
No	28	22,2%
Total	126	100 %
<i>RW6 – Sense of relational continuity of care with social workers</i>		
During lockdown, did you hear your social worker?		
Yes	69	54,7%
No	57	45,3%
Total	126	100 %
<i>RW7 – Sense of relational continuity of psychological support</i>		
During lockdown, were you able to carry on your psychological support?		
Yes	64	65,3%
No	34	34,7%
Total	98	100 %

#### 4.4. The effect of length of placement in RC on subjective and relational wellbeing

The length of placement in current RC facility emerges as a notable variable for investigating adolescents' psychosocial well-being during COVID-19 restrictions (see Table 6 for descriptive statistics and (see Supplementary Material B for logistic regression and ANOVA). In terms of subjective well-being, irritability is the only factor that exhibits statistically significant differences, according to the logistic ANOVA

(LRchisq = 5.0653; p-value = 0.07). This finding is corroborated by descriptive statistics, which demonstrate that as the length of placement increases, irritability escalates. Standardized logistic regression coefficients also support this trend, with a coefficient of  $-1.375$  for the 0–1 year of placement group and  $1.112$  for the group with over 3 years of placement, where the 1–3 years group serves as the reference. Concerning adolescents' relational well-being, their perception of being heard in RC (LRchisq = 5.3522; p-value = 0.06), continuity with guardians (LRchisq = 10.784; p-value = 0.004), and with schoolmates

**Table 4**  
Descriptive statistical analysis of participants' responses to the EWF-XXXX Questionnaire (Adolescents' version), according to gender.

	Boys		Girls		Total	
	N	%	N	%	N	%
<b>Subjective wellbeing</b>						
<b>SB1 – Sleep quality</b>						
A) During lockdown, did you sleep as usual?						
Yes	48	67,6%	35	63,6%	83	65,9%
No	23	32,4%	20	36,4%	43	36,4%
Total	71	100 %	55	100 %	126	100 %
B) What kinds of sleep issues did you suffer from?						
Difficulties in waking up	4	19 %	4	18,2%	8	18,6%
Frequent night-time awakening	8	38,1%	5	22,7%	13	30,2%
Disturbed sleep	9	42,9%	13	59,1%	22	51,2%
Total	21	100 %	22	100 %	43	100 %
<b>SB2 – Irritability</b>						
A) During lockdown, did you feel more irritable than usual?						
Yes	45	63,4%	42	76,4%	87	69 %
No	26	36,6%	13	23,6%	39	31 %
Total	71	100 %	55	100 %	126	100 %
B) What kind of irritation issues did you suffer from?						
I felt more nervous than usual	22	50 %	15	35,7%	37	43 %
I felt more anxious than usual	10	22,7%	7	16,7%	17	19,8%
I felt more angry than usual	6	13,6%	8	19 %	14	16,3%
I did not stand anyone	6	13,6%	12	28,6%	18	20,9%
Total	44	100 %	42	100 %	86	100 %
<b>Relational wellbeing</b>						
<b>RW1 – Sense of safe and protection in RC</b>						
On the whole, during lockdown, did you feel protected and safe in RC?						
Totally protected and reassured	31	43,7%	33	60 %	64	50,8%
Often protected and reassured	22	31 %	17	30,9%	39	31 %
Sometimes protected and reassured	12	16,9%	4	7,3%	16	12,7%
Little protected and reassured	4	5,6%	1	1,8%	5	4 %
Never protected and reassured	2	2,8%	0	0 %	2	1,5%
Total	71	100 %	55	100 %	126	100 %
<b>RW2 – Sense of being listened to in RC</b>						
During lockdown, did you talk to someone over what was going on?						
Yes	64	90,1%	54	98,2%	118	93,7%
No	7	9,9%	1	1,8%	8	6,3%
Total	71	100 %	55	100 %	126	100 %
<b>RW3 – Sense of relational continuity of care with families</b>						
During lockdown, did you maintain your relationship with what you consider it to be your family?						
Yes	58	81,7%	44	80 %	102	80,9%
No	13	18,3%	11	20 %	24	19,1%
Total	71	100 %	55	100 %	126	100 %
<b>RW4 – Sense of relational continuity of care with guardians</b>						
During lockdown, did you hear your guardian?						
Yes	31	53,4%	14	41,2%	45	49 %
No	27	46,6%	20	58,8%	47	51 %
Total	58	100 %	34	100 %	92	100 %
<b>RW5 – Sense of relational continuity of care with school mates</b>						
Did you hear your schoolmates?						
Yes	52	73,2%	46	83,6%	98	77,7%
No	19	26,8%	9	16,4%	28	22,3%
Total	71	100 %	55	100 %	126	100 %
<b>RW6 – Sense of relational continuity of care with social workers</b>						
During lockdown, did you hear your social worker?						
Yes	38	53,5%	31	56,4%	69	54,8%
No	33	46,5%	24	43,6%	57	45,2%
Total	71	100 %	55	100 %	126	100 %
<b>RW7 – Sense of relational continuity of psychological support</b>						
During lockdown, were you able to carry on your psychological support?						
Yes	30	58,8%	34	72,3%	64	65,3%
No	21	41,2%	13	27,7%	34	34,7%
Total	51	100 %	47	100 %	98	100 %

(LRchisq = 13.662; p-value = 0.001) showed significant statistical differences only when analyzed in terms of the length of placement in RC. Descriptive statistics and standardized regression coefficients confirm that the group perceiving themselves to be significantly more heard is the one placed in RC between one and three years. In contrast, adolescents hosted for more than 3 years show significantly lower rates, as indicated by descriptive statistics and logistic regression ( $Z=-2.033$ ; p-

value = 0.04). Regarding their contacts with guardians during lockdown, the subgroup with a shorter length of placement demonstrates greater continuity. Conversely, the group with a longer length of placement experienced less continuity, with a higher negative standardized coefficient and a significant p-value according to logistic regression ( $Z=-2.500$ ; p-value = 0.01). These two subgroups also differ statistically in their contacts with schoolmates, with adolescents placed

Table 5

Descriptive statistical analysis of participants' responses to the responses to the EWF-XXXX Questionnaire (Adolescents' version), according to age.

	Aged 11–14		Aged 15–17		Aged over 17		Total	
	N	%	N	%	N	%	N	%
<b>Subjective wellbeing</b>								
<b>SB1 – Sleep quality</b>								
A) During lockdown, did you sleep as usual?								
Yes	19	76 %	47	62,7%	17	65,4%	83	65,9%
No	6	24 %	28	37,3%	9	34,6%	43	34,1%
Total	25	100 %	75	100 %	26	100 %	126	100 %
B) What kinds of sleep issues did you suffer from?								
Difficulties in waking up	2	25 %	4	14,8%	2	25 %	8	18,6%
Frequent night-time awakening	3	37,5%	10	37 %	0	0	13	30,2%
Disturbed sleep	3	37,5%	13	48,2%	6	75 %	22	51,2%
Total	8	100 %	27	100 %	8	100 %	43	100 %
<b>SB2 – Irritability</b>								
A) During lockdown, did you feel more irritable than usual?								
Yes	20	80 %	49	65,3%	18	69,2%	87	69 %
No	5	20 %	26	34,7%	8	30,8%	39	31 %
Total	25	100 %	75	100 %	26	100 %	126	100 %
B) What kind of irritation issues did you suffer from?								
I felt more nervous than usual	7	35 %	26	54,2%	4	22,2%	37	43 %
I felt more anxious than usual	3	15 %	7	14,6%	7	38,8%	17	19,8%
I felt more angry than usual	6	30 %	6	12,5%	2	11,1%	14	16,3%
I did not stand anyone	4	20 %	9	18,7%	5	27,8%	18	20,9%
Total	20	100 %	48	100 %	18	100 %	86	100 %
<b>Relational wellbeing</b>								
<b>RW1 – Sense of safe and protection in RC</b>								
A) On the whole, during lockdown, did you feel protected and safe in RC?								
Totally protected and reassured	15	60 %	37	49,4%	12	46,2%	64	50,8%
Often protected and reassured	5	20 %	24	32 %	10	38,5%	39	31 %
Sometimes protected and reassured	4	16 %	9	12 %	3	11,5 %	16	12,7%
Little protected and reassured	0	0	4	5,3%	1	3,8%	5	4 %
Never protected and reassured	1	4 %	1	1,3%	0	0	2	1,5%
Total	25	100 %	75	100 %	26	100 %	126	100 %
<b>RW2 – Sense of being listened to in RC</b>								
A) During lockdown, did you talk to someone over what was going on?								
Yes	24	96 %	70	93,3%	24	92,3%	118	93,7%
No	1	4 %	5	6,7%	2	7,7%	8	6,3%
Total	25	100 %	75	100 %	26	100 %	126	100 %
<b>RW3 – Sense of relational continuity of care with families</b>								
During lockdown, did you maintain your relationship with what you consider it to be your family?								
Yes	21	84 %	62	82,7%	19	73,1%	102	80,9%
No	4	16 %	13	17,3%	7	26,9%	24	19,1%
Total	25	100 %	75	100 %	26	100 %	126	100 %
<b>RW4 – Sense of relational continuity of care with guardians</b>								
During lockdown, did you hear your guardian?								
Yes	4	22,2%	34	56,7%	7	50 %	45	49 %
No	14	77,8%	26	43,3%	7	50 %	47	51 %
Total	18	100 %	60	100 %	14	100 %	92	100 %
<b>RW5 – Sense of relational continuity of care with school mates</b>								
Did you hear your schoolmates?								
Yes	18	72 %	59	78,7%	21	80,8%	98	77,7%
No	7	28 %	16	21,3%	5	19,2%	28	22,3%
Total	25	100 %	75	100 %	26	100 %	126	100 %
<b>RW6 – Sense of relational continuity of care with social workers</b>								
During lockdown, did you hear your social worker?								
Yes	13	52 %	45	60 %	11	42,3%	69	54,8%
No	12	48 %	30	40 %	15	57,7%	57	45,2%
Total	25	100 %	75	100 %	26	100 %	126	100 %
<b>RW7 – Sense of relational continuity of psychological support</b>								
During lockdown, were you able to carry on your psychological support?								
Yes	17	77,3%	37	64,9%	10	52,6%	64	65,3%
No	5	22,7%	20	35,1%	9	47,4%	34	34,7%
Total	22	100 %	57	100 %	19	100 %	98	100 %

for over 3 years showing significantly more contact continuity during the lockdown. These results are confirmed by logistic regression ( $Z=1.694$ ;  $p\text{-value} = 0.09$ ).

## 5. Discussion

By partially confirming our first hypothesis [RH1], our study shows that adolescents living in RC overall reported *only* a negative impact on

irritability, with no relevant sleep deterioration problems (as in [Montserrat et al., 2021](#)). Compared to the general Italian population – where 55 % adolescents showed sleep quality deterioration during lockdown (see [Marelli et al., 2021](#)) – this result confirms the protective role of RC. Concerning relational wellbeing, our findings show that generally RC adolescents perceived high sense of protection and safety, high sense of being listened to, and high relational continuity of care with family and professionals taking care of them during lockdown,

Table 6

Descriptive statistical analysis of participants' responses to the EWF-XXXX Questionnaire (Adolescents' version), according to length of placement in RC.

	0–1 year		1–3 years		>3 years		Total	
	N	%	N	%	N	%	N	%
<b>Subjective wellbeing</b>								
<b>SB1 – Sleep quality</b>								
A) During lockdown, did you sleep as usual?								
Yes	27	62,8%	40	72,7%	16	57,1%	83	65,9%
No	16	37,2%	15	27,3%	12	42,9%	43	34,1%
Total	43	100 %	55	100 %	28	100 %	126	100 %
B) What kinds of sleep issues did you suffer from?								
Difficulties in waking up	0	0	4	28,6%	4	26,7%	8	18,6%
Frequent night-time awakening	6	42,9%	7	50 %	0	0	13	30,2%
Disturbed sleep	8	57,1%	3	21,4%	11	73,3%	22	51,2%
Total	14	100 %	14	100 %	15	100 %	43	100 %
<b>SB2 – Irritability</b>								
A) During lockdown, did you feel more irritable than usual?								
Yes	24	55,8%	40	72,7%	23	82,1%	87	69 %
No	19	44,2%	15	27,3%	5	17,9%	39	31 %
Total	43	100 %	55	100 %	28	100 %	126	100 %
B) What kind of irritation issues did you suffer from?								
I felt more nervous than usual	13	54,2%	15	37,5%	9	41 %	37	43 %
I felt more anxious than usual	6	25 %	6	15 %	5	22,7%	17	19,8%
I felt more angry than usual	3	12,5%	8	20 %	3	13,6%	14	16,3%
I did not stand anyone	2	8,3%	11	27,5%	5	22,7%	18	20,9%
Total	24	100 %	40	100 %	22	100 %	86	100 %
<b>Relational wellbeing</b>								
<b>RW1 – Sense of safe and protection in RC</b>								
Totally protected and reassured	17	39,5%	31	56,4%	16	57,1%	64	50,8%
Often protected and reassured	16	37,2%	15	27,3%	8	28,6%	39	31 %
Sometimes protected and reassured	6	14 %	7	12,7%	3	10,7%	16	12,7%
Little protected and reassured	4	9,3%	0	0	1	3,6%	5	4 %
Never protected and reassured	0	0	2	3,6%	0	0	2	1,5%
Total	43	100 %	55	100 %	28	100 %	126	100 %
<b>RW2 – Sense of being listened to in RC</b>								
A) During lockdown, did you talk to someone over what was going on?								
Yes	40	93 %	54	98,2%	24	85,7%	118	93,7%
No	3	7 %	1	1,8%	4	14,3%	8	6,3%
Total	43	100 %	55	100 %	28	100 %	126	100 %
<b>RW3 – Sense of relational continuity of care with families</b>								
During lockdown, did you maintain your relationship with what you consider it to be your family?								
Yes	34	79,1%	45	81,8%	23	82,1%	102	80,9%
No	9	20,9%	10	18,2%	5	17,9%	24	19,1%
Total	43	100 %	55	100 %	28	100 %	126	100 %
<b>RW4 – Sense of relational continuity of care with guardians</b>								
During lockdown, did you hear your guardian?								
Yes	21	67,7%	21	47,7%	3	17,6%	45	49 %
No	10	32,3%	23	52,3%	14	82,4%	47	51 %
Total	31	100 %	44	100 %	17	100 %	92	100 %
<b>RW5 – Sense of relational continuity of care with school mates</b>								
Did you hear your schoolmates?								
Yes	27	62,8%	44	80 %	27	96,4%	98	77,7%
No	16	37,2%	11	20 %	1	3,6%	28	22,3%
Total	43	100 %	55	100 %	28	100 %	126	100 %
<b>RW6 – Sense of relational continuity of care with social workers</b>								
During lockdown, did you hear your social worker?								
Yes	27	62,8%	29	52,7%	13	46,4%	69	54,8%
No	16	37,2%	26	47,3%	15	53,6%	57	45,2%
Total	43	100 %	55	100 %	28	100 %	126	100 %
<b>RW7 – Sense of relational continuity of psychological support</b>								
During lockdown, were you able to carry on your psychological support?								
Yes	23	71,9%	27	62,8%	14	60,9%	64	65,3%
No	9	28,1%	16	37,2%	9	39,1%	34	34,7%
Total	32	100 %	43	100 %	23	100 %	98	100 %

disconfirming our expectations [RH2], as in other recent investigations (Montserrat et al., 2021, 2022). Corroborating traditional research on children satisfaction in RC (Festinger, 1983; Ruff Johnson et al., 1995; Wilson & Conroy, 1999; Gilligan, 2000; Delfabbro et al., 2002), our results indeed broadly highlight the crucial protective role that the Italian RC system has been able to guarantee during such challenging circumstances (Saglietti, Alpini, Alby, & Zuccheromaglio, 2024b).

This is not totally confirmed, however, by the girls' sub-sample. Italian girls perceived lower subjective wellbeing, particularly for irritability problems, confirming a "gender effect" in RC under lockdown [RH3] (Montserrat et al., 2021, 2022; Carvalho et al., 2022; Gonzalez-Garcia et al., 2022, Henseke et al., 2022). Notwithstanding, it does not correlate with girls' sleep quality deterioration. Partially differently from our hypothesis [RH3], girls reported an overall higher relational



wellbeing compared to boys: particularly, they expressed a significantly higher sense of being listened to, and a continuity of care with their psychological support. In this respect, we can assume that girls' relational wellbeing does not play a moderating effect onto their subjective wellbeing, at least for what is concerning their irritability.

Concerning the "age effect" [RH4], our findings confirm a statistically significant increase in irritability only among younger adolescents, consistent with prior research that highlights their higher susceptibility in the face of adversity (see Mota et al., 2016). As it was for the girls' subsample, for this population we as well observed an overall greater relational wellbeing, partially confirming Eltink et al.'s (2018) findings on higher aggressivity for older adolescents.

For what is concerning the length of placement in RC, we expected that adolescents with lower familiarity with RC would express lower psychosocial wellbeing [RH5], according with the – still debated – literature documenting minor psychological adjustment, attachment, and social effectiveness for those with lower placement in alternative care measures (Knorth et al., 2008; Ringle et al., 2010; Costa et al., 2022). Contrary to our expectations, our results do not support this hypothesis and instead suggest the presence of what we term the "length of placement effect". This effect indicates an increase in irritability during lockdown among adolescents who have been residing in their current RC facility for an extended period, with a peak observed for those in residence for 3 years or more. One possible explanation for this effect lies in the fact that individuals who have been in RC for longer durations generally face more challenges. For instance, in a study conducted by Gonzalez-Garcia et al. (2017), the authors found that the subsample of adolescents with longer placement in RC (with an average of 5 years) was more likely to be affected by one or more forms of intellectual disabilities. This factor has shown to significantly impact their perception of well-being, even in an extreme condition like lockdown. Another potential explanation is rooted in the research conducted by Mota et al. (2016), which established a positive correlation between the length of placement in RC and the presence of addictive and self-destructive behaviors. These behaviors inherently impact perceptions of well-being. Additionally, their study revealed that girls with extended stays in RC experienced decreases in resilience, self-trust, and a sense of meaning in life. Conversely, boys who resided in RC for 3 years or more exhibited higher values in these areas. This interaction between gender and the length of placement in RC may offer another plausible explanation for the observed effect, warranting further investigation. Finally, it's important to consider that the length of placement may not necessarily provide a comprehensive picture of the overall alternative care experience. The latter is largely influenced by stability, specifically the number of placement changes (Dinisman et al., 2012). This link between changes in placement and lower levels of adaptation during adolescence (Dinisman et al., 2012; Costa et al., 2020b) and in adulthood (Dregan & Gulliford, 2011) is not without ambiguity, as evidenced by the contrasting findings of Dinisman et al. (2012) compared to Dinisman et al. (2013), along with other pertinent studies (McLean 2003; Dregan & Gulliford, 2011; Dinisman et al., 2012; Meade & Dowswell, 2016). However, regarding their relational wellbeing, adolescents living in RC from a longer time felt to be more protected, and to be more competent in keeping their contacts with their outside peers, a crucial competence for adolescents.

### 5.1. Implications for practice

By stressing the protective role of RC and the importance of the psychosocial adjustment of adolescents during COVID-19 lockdown, the current study has implications for future possible public health emergencies as well as for normal circumstances. In both scenarios, in fact, our study underlines the need for prevention strategies played by professionals and caregivers in challenging circumstances. Particularly, by confirming the "gender effect" in RC and by evoking what we have called "the length of placement effect" we call for dedicate specific – and

differentiated – interventions for these two particularly vulnerable subgroups, i.e., girls, and adolescents living in RC from 3 years or more. These prevention strategies may include professionals' trainings to amplify listening skills, climate interventions, and support to peer mentoring, that in this field has already proven to be particularly effective (Poon et al., 2021; Scholte & Van der Ploeg, 2006).

### 5.2. Limitations and future research

Being aware of the complexity of studying the impact of lockdown in RC (Haffejee & Levine, 2020; Montserrat et al., 2021), limitations of this study basically address the context and design of the study, the sampling, and the measures. For what is concerning the design of the study, we cannot strictly assume a change in adolescents' perspectives with pre-COVID-19 "usual" wellbeing, as we didn't ask them to make this comparison. Even if this study isn't a longitudinal one, results still provide an interesting understanding of what happened under COVID-19 restrictions from the adolescents' point of view. Secondly, drawing on an investigation commissioned by an organization of the field, the sample self-selects itself on a snowball approach, presumably involving units of that specific network. As in other research on children's satisfaction (Wilson & Conroy, 1999), we cannot therefore exclude that only the most satisfied and "healthy" adolescents may have agreed to participate, raising issues of social desirability. Still, the fact of being an anonymous survey, and our preliminary qualitative analysis of adolescents' textual responses revealed that this is also unlikely to have been a significant concern. All data have been based on adolescents' self-reports. While this is particularly original – as data in other research on this topic are mainly based on caregivers' evaluations – this can pose some challenges. First, as previous research demonstrated (Muzi & Pace, 2020), adolescents in RC may have difficulties in detecting their actual emotions and psychological states, raising issues of reliability. Secondly, by asking them to state their gender we were aware that this could constitute a particularly delicate issue. We avoided that ambiguity by relying on their personal "emic" definition of their gender (see Supplementary Material A). Finally, in this study we did not adopt standard validated scales or already existent questionnaires, raising issues in terms of reliability and literature comparison. This was mainly due to the fact that the project was aimed at replying to the urgency of the many immediate concerns coming from the funding organization in such challenging circumstances. Notwithstanding, statistical analysis has proven to be consistent, and comparison can be theoretically assumed by relying on previous literature, as we did.

To tackle the abovementioned limitations, future research should address in detail not only the perceptions and interrogatives of adolescents living in RC under challenging circumstances, but also and moreover their global satisfaction of their living relational conditions in RC. Scholars should also provide other kinds of tests and measurements as well as new research designs, such as in-depth studies, involving not only declarative data, but also interactional and observational data coming from contexts and routines of their everyday life. Future longitudinal and comparative research should therefore focus on explaining if and how the successful characteristics of RC units and programs work for traumatized adolescents under traumatic times.

### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Data availability

The data that support the findings of this study are available on request from the corresponding author, [MS]. The data are not publicly available due to restrictions negotiated with funding organization, as

their containing information that could compromise the privacy of research participants due to their minor age.

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## Ethical considerations

All research procedures were developed and performed in accordance with the Ethical Code for the Research in Psychology (AIP, 2022) and ethical considerations were linked to the contract signed by the first author and the funding organization, which approve the use of the collected anonymous data. The study was conducted with the 1964 Helsinki declaration and later amendments. Participants' written informed assent was obtained in the first part of the questionnaire.

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## Authors' contributions

MS conceived of the study, its design and coordination, data analysis, and drafted the manuscript; FA and CZ supervised the writing process of the manuscript; MA performed the statistical analysis and data interpretation. All authors read and approved the final manuscript.

## Copyright statement

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## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chilyouth.2024.107853>.

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