

# Impact of alternative care environment and social support on UAM resilience and post-traumatic stress symptoms – A Belgian study

Globen Noémi, Jadot Laura, Knüppel Iris and Blavier Adélaïde

Centre d'expertise en psychotraumatisme et psychologie légale, Université de Liège

## Introduction

Between 2011 and 2015, European countries have seen a six-fold increase in the number of Unaccompanied Minors (UAM) seeking asylum (Eurostat, 2021). This relatively recent phenomenon implies revising the existing policies as they are conceived mainly considering adult migration or children accompanied by family member(s) (Woestelandt et al. 2016). UAM are considered as a population more at risk of harm due to the high prevalence of traumatic experiences, their age, their emotional and behavioural difficulties as well as risk of development of psychological disorders (Derluyn & Broekaert, 2007). Furthermore, significant disparities exist between European countries in terms of the services and support offered to them (Lietart, et al. 2019). Differences can be found, among others, in the type of alternative care. In French speaking Belgium (FWB), UAM are accommodated in three types of alternative care: collective centres, foster families and independent living. Collective centres either shelter UAM only or as a mix population of other asylum seekers and UAM. Collective centres form the most common type of alternative care for UAM in FWB and 40 UAM are in foster families in average a year.

## Aim

This research studies the influence of these alternative care environments on UAM resilience and post-traumatic stress symptoms. In addition, we analyze the impact of these different environments on UAM's perception of social support and how social support modifies UAM resilience and post-traumatic stress symptoms.

## Methods

Our sample population consists of 30 UAM. Participants were all male between 16 and 20 years old. They were divided into 3 groups according to their living arrangements (collective centres N=10, foster families N=10, autonomous living N=10). They were recruited through their social workers and completed three questionnaires: **CYRM-28** for the assessment of resilience capacities, the **IES-R** for the assessment of the presence of a post-traumatic stress disorder and the **SS-A** for the assessment of perception of social support.

## Results

Our results indicate a positive **impact of alternative care environments, both on resilience levels (F=60,73; p<.0001) and on post-traumatic stress symptoms (F=28,82; p<.0001)**. We observe, in fact, higher levels of resilience and lower levels of post-traumatic stress disorder among young people placed in foster families and in autonomous living, than among young people placed in collective centers.

Alternative care environments	PTSD symptoms (IES-R)	Resilience (CYRM-28)
Foster families	$\mu=29.9$ ( $\sigma= 7,43$ )	$\mu=105.7$ ( $\sigma= 7,8$ )
Autonomous living	$\mu=47$ ( $\sigma= 11,14$ )	$\mu=95.7$ ( $\sigma= 5,53$ )
Collective centres	$\mu=61.3$ ( $\sigma= 9,31$ )	$\mu=74.3$ ( $\sigma= 5,96$ )

We also observe an **impact of alternative care environments on the UAM's perception of social support** from family or third parties.

Type of social support	F	P	Variability
Family	11.87	p<.0001	46%
Third parties	24.79	p<.0001	64%

Therefore, 46% of the variability in the perception of social support from the family and 64% from third parties would be explained by the minor's alternative care environment.

Finally, our results demonstrate an **impact of perceived social support on resilience (F=44,27, p<.001; R<sup>2</sup>=0,6125) and post-traumatic stress symptoms (F=17,30, p = .003; R<sup>2</sup>=.382)**: 61% of the variability in resilience levels and 38% of the variability in trauma levels can be explained by perceived social support

## Discussion

This research indicates that the type of alternative care has a significant impact on the child well-being. Children in foster families and in independent living demonstrated higher score in resilience and lower score in PTSD symptoms than children living in collective centres. These results are in line with the literature regarding alternative care for UAM (E. Montgomery 2010) and alternative care for minors in general (Barth, 2002). Evidence demonstrated that collective centre or residential care can have a detrimental impact on the development of children and that family structure is more likely to meet the needs of children development (Ibid). Regarding UAM Kalverboer et al. (2016) hypothesized that UAM in foster families feel better accepted than children placed in other type of structure. While further research is necessary to better understand the elements that influence the resilience and PTSD symptoms, these results strongly suggest that increasing the availability of foster families for UAM should become a priority in UAM policies.

Furthermore, the research indicates that higher level of social support perception was linked with higher score in resilience and lower PTSD symptoms. These results are in agreement with the existing literature suggesting that social support is at the core of UAM resilience and adaptation strategy (Jarlby et al., 2021). Therefore, identify ways that allow strengthening UAM social network is necessary to increase UAM capacities to bounce back.

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## Contact :

Université de Liège  
Place des Orateurs, 1 (Quartier Agora)  
4000, Liège  
+32.43/66,48,80  
laura.jadot@uliege.be