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Continuity and Social Support: A Longitudinal Study of Unaccompanied Refugee Minors' Care Networks

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ABSTRACT

Extending existing frameworks, this article examines continuities and disruptions in unaccompanied refugee minors' social support networks, their mental health impact, and what these changes mean to the young people. Interviews with 35 URMs along their trajectories in Belgium and other European countries, at three measurement moments and over a period of two years, showed that family, peers and volunteers remained central sources of social support. Contributions of formal support depended on the URMs' status. We discuss the dynamicity of social support networks with regard to URMs' agency and acculturation, as well as implications for practice, policy and research.

Introduction

Social connection is a basic human need that is fundamental to any individual's well-being (Lieberman, 2013). Recent evidence shows that this is especially true after traumatic experiences (Van der Kolk, 2014) and unaccompanied refugee minors (URMs) are no exception to this rule. We define this group as minors who have been separated from both parents or usual caretakers and feel forced to leave their home country. Since the decision to flee is often not (only) theirs and the line between political violence and other possible reasons for displacement is often not clear, we consider them all refugees (Derluyn & Vervliet, 2012). The very definition of their situation highlights their heightened vulnerability due to the separation from their parents, next to their young age and the context of forced migration. Many URMs suffer disruptions and stressful life experiences long before leaving the home country where war and political instability may drive families apart (Skardalsmo Bjorgo & Jensen, 2015) as well as during their journey which is often even more dangerous (Arsenijević et al., 2017). Following arrival in the new country, various daily stressors add to the strain on their psychological well-being (Vervliet, 2013). In the case of Belgium, where this study was conducted, a phased reception system foresees several relocations in a short period, further impeding the continuity of social networks (Derluyn, 2018). What's more, the Dublin regulation, which "establishes the EU country responsible for examining an asylum application" (Regulation (EU) No. 604/2013) may cause further disruptions in their trajectories (Malmsten, 2014). Consequently, loneliness–which has a devastating impact on mental health (Spitzer, 2018)–is often predominant in the lives of URMs (Ní Raghallaigh, 2011). It is not surprising then that the separation from attachment figures can outweigh the impact of preflight experiences (Juang et al.,

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2018). Creating a potentiating effect, the absence of social support can trigger a vicious circle in which resulting symptoms of depression can further alienate close ones (Herman, 2015) and impair support-seeking behavior (Sierau et al., 2019). Making things worse, Juang et al. (2018) reported that the longer URMs are separated from their parents, the more their transnational relationship with them will be affected. With regard to their peer networks, disruptions are especially problematic due to their heightened significance during adolescence (Sierau et al., 2019). On top of this, these experiences co-occur in a context of acculturation, defined as "the process of cultural and psychological change that follows intercultural contact" (Berry et al., 2006), which presents this group with additional tasks and challenges, as they need to acquire the social skills necessary to establish bonds with both the ethnic and the local peer group (Kovacev & Shute, 2004).

In the lives of migrants and refugees, such disruptions are further seen as risk factors causing or exacerbating suffering as they bring about damage in the "structure of meaning" attached to the "persons, places and political entities" (Eisenbruch, 1988). In contrast, continuity is usually considered a protective factor facilitating resilience and healing from migration-related mental health problems (Seglem et al., 2011) that includes different aspects such as developmental continuity (Eisenbruch, 1988), cultural continuity (Berry et al., 2006), and narrative or biographical continuity (Métraux, 2011). Social support, defined as "the potential positive aspect of interpersonal relationships" (House et al., 1988), is equally seen as a crucial protective factor for the mental health of children affected by war (Mels et al., 2008). For URMs, social support from parents and peers provides a particularly meaningful coping resource (Sierau et al., 2019), which has been shown to protect them from depression (Seglem et al., 2011) and may influence the perception of discrimination (Oppedal & Idsoe, 2015). What's more, it facilitates feelings of belonging and safety (Brar-Josan, 2015), which in turn forms a prerequisite to recovery from traumatic stress (Herman, 2015).

However, the literature shows important lacunae concerning the structural make-up of social support networks and how they develop over time. Most studies use a cross-sectional design and rudimentary frameworks with limited categories, which is insufficient since the reality is more complex. URMs are a heterogeneous group and are further characterized by a high level of mobility, certainly from a longitudinal perspective (Schapendonk, 2015; Schweitzer et al., 2007). With this study, we aim to better understand how URMs experience the disruptions and the continuity in the composition of their social support networks and what meaning they attach to them. As Kumsa (2006) advises, we regard these two opposites as a spectrum, since the focus on either one will obscure important aspects of the other. However, while we aim to provide an overview of the disruptions to contextualize the participants' experiences, we will emphasize on the links that are maintained since the latter play the more critical role in promoting URMs' psychological health (Juang et al., 2018). As proposed by Layne et al. (2009), we approach URMs' support networks as consisting of multiple sectors. We also lean on their framework to classify different provisions of support including: Social integration, attachment, guidance and information, reliable alliance, reassurance of worth, opportunity for nurturance, physical assistance, material support, interpersonal conflict and burdensome obligations.

Since the study of these experiences requires a long-term perspective and consideration of the context, we conducted a qualitative and longitudinal study to answer the following research questions: (1) How do URMs' social support networks change over time and what sectors are maintained throughout their trajectory? (2) How do they experience changes in the composition of their networks? In the following paragraphs, we lay out the methods we employed and present the results. In the discussion section, we link the results to existing theory and make recommendations that are of relevance for practitioners and the design of interventions, as well as policy-makers and the legal framework.

Methodology

This study focuses on the Belgian part of a wider mixed-methods research project investigating the psychological well-being of URMs in various European countries and beyond.

Setting and procedure

The first author recruited the participants of this study in two first phase reception centers that the young people passed through during their settlement process (see Derluyn, 2018 for a detailed account of the reception system). We included all minors present in the centers who were willing to participate. In order to represent the population of URMs in Belgium at the time of measurement, we made a selection with regard to their nationality once the sample reached saturation of a given group. Based on ethical considerations, we only included children above 14 years of age. Preceding the interviews, two weeks of participant observation in the reception centers gave the interviewer the opportunity to gather field observations and to build rapport with the minors. He also took part in various activities such as excursions, sports, or language classes, and introduced the research project at weekly gatherings before asking the residents if they wanted to participate. About two-thirds of the residents approached agreed to participate. Some of the minors who declined explicitly stated that they did not want to be reminded of past events, and others said they did not have time or they did not give a reason.

The purpose of the research was explained to the participants before each interview, if necessary with the help of a cultural mediator who was then also involved in the interview. We informed respondents that their participation in the research was voluntary, that we would treat the data confidentially and would anonymize them, that there would be no consequences for them and that they could stop their participation at any time. All participants gave their written consent to participating in the study and the interviews were recorded provided the participants' consent. The ethics committee of the faculty of psychology and educational sciences at Ghent University gave its approval.

Baseline interviews (t_0) were conducted between November 2017 and March 2018, took place in the premises of the centers and lasted 98 minutes on average. After these interviews, we asked participants whether they would want to participate in the study again. We then conducted two more rounds of interviews in their respective places of residence, one after an average of seven months (t_0–t_1), and one after an average of 21 months (t_0–t_2). Most follow-up interviews took place in Belgian reception centers but a few took place in other EU countries where participants had moved to. Toward t_2, many participants were already living independently. Efforts to build relationships with participants were crucial for long-term participation and we regularly contacted them via social media and phone calls (Gifford et al., 2007). Next to the longitudinal design of the study, the professional training as a clinical psychologist and work experience with URMs of the first author facilitated thick stories. Emphasizing topics like well-being created further trust in the backdrop of ongoing asylum procedures (Omland & Andenas, 2020). The semi-structured, in-depth interviews included open questions about well-being, demographic background, itinerary of the journey, coping strategies, arrival in the new country, living conditions, social support and their future. Inspired by the methodology elaborated by Gifford et al. (2007), a "social circle" tool was added at the third measurement moment. This graphic, consisting of the three circles friends, family, and others, was used to elicit a discussion about the social support that participants both give and receive to and from people in Belgium and elsewhere.

Participants

79 URMs participated in the research at the first measurement moment, 53 at the second, and 35 at the third. For the purpose of longitudinal analysis, only those who participated at the last measurement moment were included in this study, resulting in 102 in-depth interviews (3 participants had not participated at t_1 but joined the study again at t_2). The selected participants had recently arrived and applied for international protection in Belgium (most of them at first instance) after having spent an average of 21 months on the move. They included 34 boys and 1 girl, their self-declared ages ranged from 14 to 20 years ($M = 15.91$, $SD = 1.21$) (one participant was registered as an URM, but told us later that he was 20 years old). They came from Eritrea

($N = 13$), Afghanistan ($N = 6$), Guinea ($N = 3$), two participants each came from Albania, Chad, Morocco, and Iraq, and one participant each came from Cameroun, DR Congo, Mali, South Sudan, and Syria. Attrition was mostly due to loss of contact, and in some cases the young people mentioned that they had other priorities (e.g., a legally difficult situation) or that the interviews were too burdening for them. It is noteworthy that six of the seven girls who had been recruited dropped out.

Data analysis

In order to identify relevant social support, data was analyzed using thematic analysis following Braun and Clarke's guidelines (2006). Viewing the narratives as co-constructed by the participants and the researcher (and in most cases the cultural mediator as well) helped us to understand the young people's realities against the background of this specific context (Willig, 2013). To begin, the first author read the interviews thoroughly, paying specific attention to meaning units corresponding to the research questions, and identified different sources of support and how these developed over time. This inductive approach was followed by an initial coding using NVivo 12, also by the first author. The code manual was partly backed by existing frameworks for sectors and provisions of social support (Layne et al., 2009) which proved to be meaningful for our analysis. Next, by comparing and interpreting the latent meanings of the participants' responses across measurement moments, all researchers analyzed the evolution of social support networks, repeatedly reviewing and adapting the categories in regular team discussions throughout the writing and analytic process (Willig, 2013). In order to incorporate emerging sources of social suport, we extended Layne's framework by adding the sector ethnic community; distinguished ethnic, migrant, and local peers; and subdivided adult friends and mentors into informal support (such as volunteers and NGO's), formal support (such as social workers and psychologists), and the researcher.

Results

Continuity

In the following section, we present the different sectors of social support and how they evolved throughout the participants' trajectories. Graphic 1 illustrates one particular case vignette, where
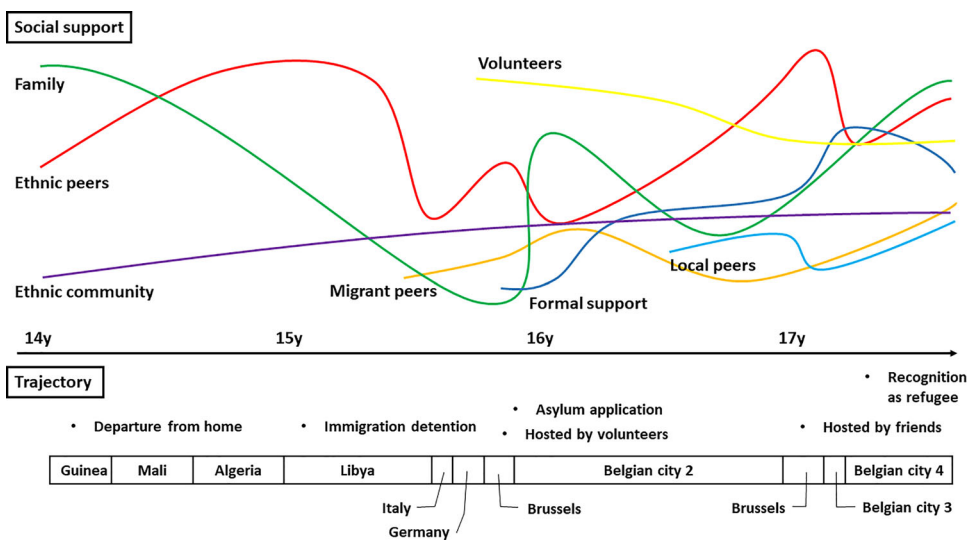
Graphic 1. A case vignette.

the changes of both amount and quality of social support along the trajectory of a participant from Guinea were reconstructed based on his narrative.

Family

Upon arrival, only twelve participants had contact with their family and many were deeply worried about their close ones at home. Despite losing contact and despite the distance, participants seemed very loyal to their families and many had the declared goal of reuniting with or supporting them from the very start of the research period, i.e. shortly after arrival in a country in which most decided to settle. In contrast to receiving support, many participants seemed to derive meaning and pride from giving support to their parents. Throughout the research period, contact was often reestablished (27 at t_1, and 32 at t_2) and communicating via phone or via social media, parents would provide mostly moral support such as encouragement and hope and in some cases even parenting from a distance.

> "Family and friends help me a lot with advice, to find the right way, so when I'm about to do bad things I think about it and I pull myself together." (Boy from Mali, 18, t_2)

Regardless of the separation and all the other impediments, the nuclear family, particularly the mother, remained the most important people in the participants' lives up until the last measurement moment. Even when the relationships were not always free of conflict, this attachment did not change over time. Sometimes, maintaining it seemed to get even more difficult the longer they were away from home. For example, one participant was troubled because he started forgetting what his (deceased) mother's face looked like. Showing a close attachment, several participants used photographs of their mothers as profile pictures on Facebook or WhatsApp and one participant had the name of his mother tattooed on his chest.

(Extended) family in host country

Some participants had siblings or cousins who live in Belgium or in other parts of Europe and in contrast to the family at home, (extended) family members provided some participants with support directly. After arrival, they were immensely helpful as they knew both cultures and were able to provide guidance and facilitate the adaptation to the new context. At t_1, these trusted contacts would provide participants with a crucial source of both practical and emotional support and made it possible for them to feel at home.

> "Sometimes I need money, and they're gonna give me clothes. Sometimes, if I'm sad, they will call me on the phone, they talked to me for two hours, three hours, just to calm me down." (Boy from Morocco, 16, t_1)

Existing networks also facilitated access to social networks in Belgium both in- and outside their ethnic community and boosted the creation of ties and attachment in the new country. Strong solidarity in times of need marked the reliable support from extended family members, which came in handy especially when other sources of support were not available or fell away. While they would usually stay present and supportive up until the end of the research period, family members in the host country were not available and reliable in all cases.

> "Sometimes I go to my brother. But sometimes he is at home and sometimes not. And sometimes it gets really crowded and they're busy with things." (Boy from Afghanistan, 16, t_2)

Ethnic peers

At the first measurement moment, ethnic peers were of particular importance to the participants. Contacts stemming from the period before or during the flight, where they shared (parts of) the

difficult journey and survived stressful life events together seemed especially strong and provided comfort and coherence. Even though the high mobility in this population led to a geographical dispersal of these ethnic peer networks from before, participants would often strive to maintain these close relationships, resulting in a continuous support and presence up until the last measurement moment.

"A close friend of mine is in Italy. I usually talk like once a week, twice a week with this guy. We used to be neighbors in Lebanon, so he is very close." (Boy from Syria, 18, t_2)

Whereas the language barrier often impeded contact with other groups in Europe, peers from their home country provided relatable and convenient sources of cultural continuity (including food, music, religion, and sport).

"They're all the same like me. If they are alone, they have the same thing and the same thoughts. So we know each other and we know ourselves so that's why we all hang out together, sit together, talk to each other. "(Boy from Afghanistan, 16, t_1)

It became clear that bonds with (ethnic) peers from the first center–which offered many opportunities to make new friends–were particularly stable throughout the research period. These ties, formed during the first one or two months in Belgium, were often more significant than the relationships with peers in the following centers and participants would often go to great lengths to uphold them, if they were separated by transfers to different regions. Further, contacts with ethnic peers boosted the growth of the participants' social networks in areas with few peers of the same background.

"Since there aren't many Eritreans in the French-speaking area, when you do meet an Eritrean you just make him your friend" (Boy from Eritrea, 17, t_1)

At the third measurement moment, some participants still attached great importance to meeting peers from their home region, and pro-actively sought for them, further underlining the strong ties and sense of belonging they had with their country of origin. Further, it seemed that ethnic peers provided cultural continuity against the backdrop of acculturation-related challenges.

"In Eritrea you can even visit your neighbor and chat every evening. Here, it's not possible." (Boy from Eritrea, 18, t_2).

Generally, there was a strong sense of solidarity and togetherness among ethnic peers. For example, two participants would share every moment of the day together, installing one of their rooms as a bed and the other as a living room. Ethnic peers seemed to be reliable especially in times of need, when they would lend each other money, offer a place to sleep, or help each other find a job. For example, it was their friends who hosted some participants when they had to leave reception centers after a rejected asylum request or a pending Dublin transfer. Ethnic peers would also be able to offer advice and support as they were facing similar problems. However, some participants also remarked that new relationships with peers were sometimes superficial and that friendships were not self-evident. Particularly toward the end of the research period, it became clear that even with ethnic peers, strong bonds take some time to develop.

"They are like friends, but not very close friends. So we just see each other in the kitchen and then they just go to their rooms and they don't come out." (Boy from Afghanistan, 16, t_2)

Ethnic community

Next to ethnic peers, the ethnic community and diaspora–people who were older and had already settled in the new country–formed a continuous source of support throughout the trajectory. Many participants reported about solidarity before and during the journey and some participants mentioned support from the communities in their home countries, as these would provide for their families in their absence. For many participants, this solidarity from the ethnic community

continued after arrival and throughout their trajectory in Belgium as they continued to turn to members of their community for advice and support.

> "And then I learned that this guy is from Morocco, I told him all about my future plans and how I managed to get to Belgium and he said 'ok fine, I'll let you sleep in one of the places nearby.'" (Boy from Morocco, 16, t_0)

Many participants seemed to specifically seek out older, more experienced peers who would be able to provide guidance in the new country. Further, ethnic diaspora communities in Belgium would often provide an existing social support network. For example, the Eritrean cultural mediator would often offer advice, encouragement and help to participants and facilitated contacts in the Eritrean community in Belgium. Religious communities were often particularly helpful, for instance, people from an Eritrean church helped one participant who was struggling to find a house. Next to weekly church services and religious songs, rituals and feasts provided further continuity and stability throughout the years (e.g. daily prayer, Ramadan).

> "When Ramadan came I quit smoking […] so that's the happiest time for me." (Boy from Afghanistan, 17, t_2)

After two years in Belgium, participants still remained psychologically connected to their ethnic community. For example, Eritreans mourned the death of compatriots or reported feelings of compassion for those who were trapped in Libya at the time of the research. Here, the community seemed to provide a sense of coherence and solace.

> "In Antwerp, we have an Eritrean bar. You can eat and you can drink beer, you can listen to music. It's like all of Eritrea is there." (Boy from Eritrea, 19, t_2)

Migrant peers

Similar to ethnic peers, participants had often benefited from the solidarity among the wider migrant community during their journey and continued to give and take support to and from peers from other ethnic groups, for example by translating for each other and providing guidance in a new place. In the beginning of the research period, cultural differences and language barriers would often hamper social support from this source, but over time, increased language proficiency would level out this obstacle.

> "The good thing is: I can talk with youngsters from various countries" (Boy from Morocco, 16, t_1)

After spending some time in Belgium, going to school and participating in youth or sport clubs further facilitated social networks with migrant peers. It seemed that multi-ethnic networks were particularly important to participants who belonged to a minority group within the population of URMs. For example, a boy who was the only Moroccan in the group mentioned that he appreciated having friends from various countries. Whereas these bonds were generally less strong than the ones with peers from the same ethnicity, some participants kept in touch with migrant peers even after moving to another place and they benefited from being able to share the burdens they carried. Toward the end of the research period, some participants seemed to have developed a strong sense of solidarity and advocacy and would support migrant peers by sharing their experiences. For example, one participant took part in an NGO-program to pass on his expertise to newly arriving URMs. Other participants valued the opportunity to have a positive impact on the situation of URMs by participating in this research.

Local peers

At the first measurement moment, contact with peers from Belgium was usually not a priority for the participants and only some stated the intention of making local friends from the very

beginning. In the reception centers, opportunities to meet local peers were quite limited but when participants did make friends with Belgian youth, they would become meaningful as they could provide guidance and recognition.

> "My friends here are so funny. I'm not Belgian but right now I feel like I'm Belgian. Even if I don't have the papers, it doesn't matter to them. They consider me as human like them." (Boy from Guinea, 17, t_1)

For most participants, local peers became more relevant toward the end of the research period, e.g. as they entered the regular school system or joined local sport clubs.

> "I have a friend at school who I think is also important because he explains to me how things work, their culture and I learn things from him and I also explain how things work at home." (Boy from Guinea, 15, t_2)

As their language skills increased, participants were relying more and more on a local peer network and could count on their support as well.

Volunteers and informal support

At the first measurement moment, some participants reported having received support from volunteers or NGOs during their journey where these would provide food or practical support, for example English classes for URMs stuck in Serbia. Upon arrival in Belgium, volunteers often constituted the first contact with locals. Eleven participants were actually hosted by volunteers before being guided to the formal support system and were astounded by the wealth of support they received. In particular, participants valued the trust, the respect and the unconditional acceptance that some volunteers offered, as it provided them with a sense of home after the many adverse experiences they had made before.

> "We slept at their place, we ate at their place, we washed ourselves at their place, they even bought us cigarettes. We were just like at home; they told us no matter what time, we can always call them, so I can say Mama Alice and Mama Olivia are my first caretakers in Belgium." (Boy from Guinea, 17, t_2)

After arrival, many volunteers kept in touch with their guests and continued to support them. Calling them on the phone or welcoming them in their homes during weekends, they provided close relationships characterized by a strong attachment. Showing their appreciation, some participants posted pictures on Facebook showing them playing with their volunteer family's dog or children. In some cases, volunteers even went on to host participants permanently, which had a big and lasting impact on their lives. These participants seemed to leap forward and benefited enormously from the all-round support for their legal situation, education, language, acculturation and emotional support. One participant was even given a bike, another a dog and was even accompanied to travel and visit his real family.

> "They became like my real family. They make no difference between their children and me. […] They make me feel as if I'd been here for fifteen years, as if I'd been born here." (Boy from Sudan, 18, t_2)

Being hosted permanently or not, many participants were still in touch with the volunteers at the second and third measurement moments. Over time, it became clear that volunteers often outlasted formal support sources by offering continuous and pro-active support regardless of legal status and location. Some participants also created new ties and found help from locals in the areas that they moved to after exiting the formal support system.

Researcher

In the beginning of the research period, many participants appreciated the opportunity to tell their story, and the recognition for the horrors they witnessed.

"It was good to talk about the things that happened to us. Like before or on the way, that there is someone who can listen to these things" (Boy from Afghanistan, 15, t_1)

With the participants to whom contact could be maintained throughout the research period, rapport and trust grew over time and they valued the continuous interest of the researcher who kept in touch and came back and traveled–sometimes long distances–to see them. It often seemed that they did not have many people to confide in and appreciated the opportunity to reflect on their experiences during the interviews.

Formal support

Even though formal support workers were not necessarily perceived as "important people" at the first measurement moment, most participants considered them helpful, certainly with regard to the physical assistance and material support they provided, e.g., food and shelter, clothes, health care, and education. Whereas some participants considered this to be insufficient, other participants perceived even this material kind of support as meaningful, and some were very grateful for it. In most cases, formal support stayed on this practical level, but to some degree, staff in the centers would also provide guidance and connected with the participants on an emotional level. For example, one participant changed his WhatsApp profile picture to a photo of his social worker. Another participant often came back to visit her friends and the social workers after she had left the first center.

"You feel like she's your mother, she's approachable. […] She's so sweet." (Boy from Eritrea, 17, t_0)

At the second measurement moment, participants who had not been estimated to be off-age (63%) had been assigned a guardian. In some cases–typically, participants accommodated in small-scale reception facilities with higher intensity of support–we observed a shift from merely superficial, practical support to close emotional connections throughout the research period, as bonds between formal support workers and their clients would grow over time. Participants valued guardians and social workers especially when they reached out and pro-actively offered help through regular phone calls or visits. Even if their caregivers could not always help them, participants cherished the efforts and the good will directed at them, providing them with hope in the face of their often-uncertain situations. Throughout the various relocations, it became clear that guardians could outdo social workers because unlike them, they were not bound to the reception center or place of residence and thus remained in the participants' lifeworlds.

"She comes here to visit me. […] It's my guardian whom I trust […]. She calls me every day." (Boy from Guinea, 16, t_1)

At measurement moment three, as participants entered the regular education system, teachers would increasingly enter the participants' lives as additional support figures and role models. They would often offer guidance with regard to life in Belgium and sometimes provided practical assistance, for example by finding jobs. Some participants were also more proficient in Dutch or French at this stage, lowering the hurdle for formal support. Some participants had had to leave the formal reception system at the time the research ended. Whereas this usually meant the end of formal support, a few participants reported that social workers remained available even after their mandate had ended.

"She gave me advice she told me 'you have to be strong'. She tried to encourage me." (Boy from Guinea, 17, t_2)

Disruptions

Throughout the participants' lives, manifold disruptions contrasted the experiences of continuity of social support described in the previous section. The social networks of some had suffered

fractures long before they had fled their country, e.g. due to family conflict or forced displacement within their country or region, and the most significant disruption was usually the separation from the family, particularly the mother, which remained an important stressor compromising this source of support. Often, the journey further disrupted social networks, as friends or family were forced to go separate ways or lost their lives. Certain traumata suffered during the journey can further be considered disruptive in the sense that they disillusioned the participants as they were confronted with atrocious deeds and dehumanizing situations. After arrival in a high-income country, and often imperceptible from the outside, the family life at home continued to play an important role in the background.

> "At the moment, I am very worried about future political events that might take place in our country, especially since I know that I have my mother there, who is very fragile, and my two sisters as well." (Boy from Mali, 16, t_1)

Further, due to structural factors such as Dublin transfers and (negative outcomes of) age-tests or asylum procedures, a few participants continued their migration and left Belgium again. Such variations in trajectories resulted in a family and peer network scattered throughout Europe. For those staying in Belgium (89%), the phased nature of the care system created additional disruptions: On average, the participants stayed 46 days in the first phase of the reception system, nine months in the second, and nine months in the third. These are rough estimates however, since a few participants were still going through the trajectory at the end of the research period (21 months on average) and not all participants followed the phases regularly, often resulting in additional moves. Some participants had (been) moved to different centers up to four times during the research period. They were often relocated to other parts of the country, sometimes crossing Belgium's language border. For example, one participant reported struggling with the language barrier after being transferred to the Dutch-speaking area after living in the French-speaking part of the country for six months. Disciplinary transfers (a measure sometimes taken as negative reinforcement of undesirable behavior such as fighting) added further breaks in social networks in some cases. For most participants, each transfer came along with feelings of frustration due to separation from peers and social workers and feelings of loneliness in the new environment. Whereas some participants were quick to adapt to the new environment, others eventually adopted a rather realistic attitude and stopped investing in relationships that they knew would not last.

> "And when I arrive somewhere, I'm not saying that now I'm making friends for the rest of my life, I don't have that idea. You know because I always moved today here, tomorrow there." (Boy from Morocco, 16, t_1).

Further, time constraints would also make it difficult to keep up the contact with friends from before as many participants were balancing their education with work, while at the same time confronting acculturation challenges. This trend was especially visible toward the end of the research period and after several transfers. With regard to formal support, the participants' experiences were quite divergent, as living conditions and quality of care depended on their individual status and situation. A high turnover rate and a frequent change of personal assistants characterized big-scale reception centers in particular. They also tended to be understaffed, often limiting formal support to practical assistance.

> "To speak the truth, if I say I am not getting any assistance, it's not an exaggeration" (Boy from Eritrea, 18, t_1)

Further disruptions occurred when participants turned 18, as this usually limited formal support, for example from their guardian. The transition from the last phase to complete autonomy was then particularly challenging, as some participants had to look for a house with very little assistance and in a discriminatory housing market. Generally speaking, their migration had

disrupted the school careers and life projects of many participants and those who were still going through the asylum process reported difficulties with the constant uncertainty as the lack of residence documents left them with a dearth of opportunities to participate in society and develop as teenagers.

"The [most difficult] experience is to live like an asylum-seeker, to live through those moments before the outcome and to integrate at the same time. "(Boy from Morocco, 18, t_2).

Compromising their self-esteem, disparities with local peers, and–even worse—racism and stigmatization confronted some participants and obstructed their efforts to integrate with local peers.

"It's a bit difficult because in the morning when I leave the center like this, there were youngsters at the tram stop to go to school and they say 'what's this one doing here, look he's an illegal.'" (Boy from Morocco, 16, t_1)

Regardless of the many people surrounding them, these disruptions could induce participants to fall back on themselves. Even host families–generally a very valuable source of continuous support–were not always free of conflict. For example, one participant left his host family again over a dispute about boundaries.

Discussion

This study investigated how URMs experience the evolution of their social support networks after arrival in a high-income country. In the following paragraphs, we will discuss its contribution to the existing literature, how social support networks are maintained but also shift, the impact of structural factors, the participants' agency and resilience, and lastly the implications of acculturation variables.

The longitudinal design and the focus on continuity add important insights to the literature as well as theoretical innovations. Specifically, the complex and dynamic constellations of support figures that young refugees use compelled us to extend and fine-tune Layne et al.'s framework (2009) with additional sectors such as ethnic peers and volunteers (Cohen, 2011). Future studies may benefit from a mixed-methods approach, where quantitative measures of social support complement qualitative data.

Our results show that participants actually maintained many components of their networks despite the disruptive migration context, and thus challenge the assumption that previous links are entirely severed and that URMs need to reconstruct their social networks completely after arrival in the new country (Kovacev & Shute, 2004; Ní Raghallaigh, 2011; Omland & Andenas, 2020). Confirming previous findings, families (Ní Raghallaigh, 2011) and ethnic peers (Omland & Andenas, 2020) represent the most meaningful as well as the most stable sectors of social support over time despite the many disruptions. Other connections that were particularly constant over time were volunteers, as well as social workers and guardians, on condition that they offer close, affective relationships (Eriksson et al., 2019). Importantly, one of the main tasks of the formal support workers was "secondary social support": to reestablish and facilitate contact with the family. These findings stand in line with research pointing to the major impact of contact with the family (Sierau et al., 2019) and confirm that ultimately, strong emotional bonds are crucial to URMs' mental health (De Graeve & Bex, 2017). Sensitization and adequate training can help practitioners develop close, trustful relationships and consider existing ties, e.g. by providing means to contact the family (in both home country and host country) and supporting initiatives to connect with peers.

Equally, our results indicate that these sectors shift and evolve over time, challenging a static view of social support networks (Schapendonk, 2015). For instance, even though the attachment and loyalty that participants felt toward their families were often unscathed, even after years of separation, and even though smartphones and internet facilitated digital parenting and

transnational family cohesion, in some cases mitigating these adverse effects, the quality of parental support was severely affected (e.g., due to worries about the family, children not wanting to burden them, and family expectations or conflict) (Belloni, 2020; Derluyn & Ang, 2020). In response, URMs supplemented this support, e.g. with emotional connections with volunteers, a strategy that also depended on the development of their competences to access support (e.g., language). Whereas other sectors of social support may not be able to completely replace the fundamental role of the nuclear family (Sierau et al., 2019), the compensatory hypothesis (Layne et al., 2009) clarifies how they may help to make up for some of the damage. It is debatable whether, in order to maximize URMs' psychological health and to use the full potential of existing sources of support, third parties, such as volunteers, need to be involved in the design of interventions and policies, or whether their support should be made redundant by an optimization of the care system (Batsleer et al., 2018).

Compared to other sources of support, social workers and psychologists made a relatively short as well as transient appearance in the participants' lifeworlds: For most, the time they received help from professional caregivers constituted but a small fraction of their lives. This relative absence of formal support can be explained by its temporal and conditional character, which points to the major impact of structural factors. Based on prerequisites such as age and residence status, the nature of the Belgian reception system determined the quality and intensity of care. Notably, these mechanisms also affected peer networks, hampering the maintenance of this important sector of support (Derluyn, 2018). Therefore, the number of disruptions needs to be limited as much as possible, for example by avoiding transfers or limiting them to the region. Despite the fact that URMs show a marked adaptive capability, continuous, high-intensity, and professional support remains essential. Simultaneously, facilitating and encouraging contact with locals outside the professional realm is key to create horizontal connections with peers and mentors (Beirens et al., 2007).

Next to multiple sectors of social support, it can be argued that young refugees have a broad range of different provision needs which change over time due to altering circumstances (e.g., residence status and reception conditions) and different stressors appearing throughout the trajectory (e.g., experiences of racism) (Gifford et al., 2009). These fluctuations call for flexible care and practitioners need to take URMs' changing needs into account.

Countering the restrictive mechanisms mentioned above, our findings underline the agency that young refugees show as they adapt to an ever-changing set of challenges by strategically and pro-actively building and maintaining the connections that they consider useful (Schapendonk, 2015). The newfound appreciation of peers may be typical for adolescence (Sierau et al., 2019), but was also evident in the altruistic behavior toward other groups. Advocating for and lending support to others may be underestimated aspects of social support as they point to both individual resilience, and to the relative strength of community solidarity and resilience, which may outperform formal support thanks to the reciprocal and horizontal, as well as accessible nature of these highly valuable relationships (Beirens et al., 2007; Eriksson et al., 2019). By offering opportunities for nurturance and social integration, equal and stable ties (be it with ethnic or with local communities) set the stage for URMs to connect and feel belonging in the new country (Brar-Josan, 2015). Another interesting finding was that boundaries between these different groups (ethnic, migrant, local) became increasingly blurred over time. Adding another dimension, our findings thus show an important link between social support and acculturation (Kovacev & Shute, 2004).

According to Berry et al.'s model of acculturation (2006), young migrants achieve the best mental health outcome if they strive to maintain contact with their ethnic group, and at the same time attempt to connect to the local community. The need for cultural maintenance was evident in the central role of family and ethnic peers in our sample and shows how, especially after experiences of exclusion, belonging to several groups and having a strong sense of ethnic identity can

provide stability and protect mental health (Spiteri, 2012). An explicit racial identity has been shown to be specifically protective against racism (Jones & Neblett, 2017), and a collective self-esteem may further enhance mental health (Sani et al., 2008). Simultaneously, the recognition provided by volunteers or local peers, enabling URMs to feel accepted as who they are, to be themselves and not being obliged to assimilate to the local culture, offers safety and a patch for the indignation and dehumanization some participants had experienced before, during and after their journey (Métraux, 2011). Volunteers then arguably fulfill the responsibility of the host society to welcome the newcomers unconditionally (Derrida & Dufourmantelle, 2014) in an increasingly polarized society (Ambrosini et al., 2019). Whereas integration is a contested concept, and is currently often misinterpreted as assimilation (Eriksson et al., 2019), mounting evidence shows that policies and practice urgently need to embrace the value of URMs' ties with their culture of heritage and facilitate their maintenance. Both practitioners and host societies at large need to recognize the excluding mechanisms at play and stimulate an inclusive and accepting climate toward newcomers, for example by sensitization campaigns.

Disclosure statement

We have no known conflict of interest to disclose.

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References

Ambrosini, M., Van Hootegem, A., Bevelander, P., Daphi, P., Diels, E., Fouskas, T., Hellström, A., Hinger, S., Hondeghem, A., Kováts, A., Mazolla, A., Mescoli, E., Meuleman, B., Rea, A., Reidsma, M., Roblain, A., & Stern, V. (2019). *The refugee reception crisis: Polarized opinions and mobilizations*. Éditions de l'Université de Bruxelles.

Arsenijević, J., Schillberg, E., Ponthieu, A., Malvisi, L., Ahmed, W. A. E., Argenziano, S., Zamatto, F., Burroughs, S., Severy, N., Hebting, C., de Vingne, B., Harries, A. D., & Zachariah, R. (2017). A crisis of protection and safe passage: violence experienced by migrants/refugees travelling along the Western Balkan corridor to Northern Europe. *Conflict and Health*, 11(1), 6. https://doi.org/10.1186/s13031-017-0107-z

Batsleer, J., Andersson, B., Liljeholm Hansson, S., Lütgens, J., Mengilli, Y., Pais, A., Pohl, A., & Wissö, T. (2018). Non-formal spaces of socio-cultural accompaniment: Responding to young unaccompanied refugees – reflections from the Partispace project. *European Educational Research Journal*, 17(2), 305–322. https://doi.org/10.1177/1474904117716368

Beirens, H., Hughes, N., Hek, R., & Spicer, N. (2007). Preventing social exclusion of refugee and Asylum seeking children: Building new networks. *Social Policy and Society*, 6(2), 219–229. https://doi.org/10.1017/S1474746406003484

Belloni, M. (2020). When the phone stops ringing: on the meanings and causes of disruptions in communication between Eritrean refugees and their families back home. *Global Networks*, 20(2), 256–273. https://doi.org/10.1111/glob.12230

Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). *Immigrant youth in cultural transition: Acculturation, identity, and adaptation across national contexts*. Psychology Press.

Brar-Josan, N. J. (2015). Developing a sense of belonging during resettlement amongst former refugee young adults (Doctoral dissertation, University of Alberta). Retrieved from https://era.library.ualberta.ca/items/78da863f-1457-4cca-92f5-67253e5ae16b/download/4d862f50-281a-4be7-84a1-17439e3e3a04

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. [Database] https://doi.org/10.1191/1478088706qp063oa

Cohen, E. H. (2011). Impact of the group of co-migrants on strategies of acculturation: towards an expansion of the Berry model. *International Migration*, 49(4), 1–22. https://doi.org/10.1111/j.1468-2435.2009.00589.x

De Graeve, K., & Bex, C. (2017). Caringscapes and belonging: an intersectional analysis of care relationships of unaccompanied minors in Belgium. *Children's Geographies*, 15(1), 80–92. https://doi.org/10.1080/14733285.2016.1254727

Derluyn, I. (2018). A critical analysis of the creation of separated care structures for unaccompanied refugee minors. *Children and Youth Services Review*, 92, 22–29. https://doi.org/10.1016/j.childyouth.2018.03.047

Derluyn, I., & Ang, W. (2020). Family relationships and intra-family expectations in unaccompanied young refugees. In L. De Haene & C. Rousseau (Eds.), *Working with refugee families* (pp. 103–116). Cambridge University Press.

Derluyn, I., & Vervliet, M. (2012). The wellbeing of unaccompanied refugee minors. *Health Inequalities and Risk Factors among Migrants and Ethnic Minorities*, 1, 95–109.

Derrida, J., & Dufourmantelle, A. (2014). *De l'hospitalité: Anne Dufourmantelle invite Jacques Derrida à répondre*. Calmann-Lévy.

Eisenbruch, M. (1988). The mental health of refugee children and their cultural development. *International Migration Review*, 22(2), 282–300. https://doi.org/10.1177/019791838802200205

Eriksson, M., Wimelius, M. E., & Ghazinour, M. (2019). 'I Stand on My Own Two Feet but Need Someone Who Really Cares': Social networks and social capital among unaccompanied minors for becoming established in Swedish Society. *Journal of Refugee Studies*, 32(3), 372–396. https://doi.org/10.1093/jrs/fey030

Gifford, S. M., Bakopanos, C., Kaplan, I., & Correa-Velez, I. (2007). Meaning or measurement? Researching the social contexts of health and settlement among newly-arrived refugee youth in Melbourne. *Journal of Refugee Studies*, 20(3), 414–440. https://doi.org/10.1093/jrs/fem004

Gifford, S. M., Correa-Velez, I., & Sampson, R. (2009). Good Starts for recently arrived youth with refugee backgrounds. Promoting wellbeing in the first three years of settlement in Melbourne, Australia. Geraadpleegd op, 8.

Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence–from domestic abuse to political terror*. Hachette UK.

House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and Processes of Social Support. *Annual Review of Sociology*, 14(1), 293–318. https://doi.org/10.1146/annurev.so.14.080188.001453

Jones, S. C. T., & Neblett, E. W. (2017). Future directions in research on racism-related stress and racial-ethnic protective factors for black youth. *Journal of Clinical Child and Adolescent Psychology*, 46(5), 754–766. https://doi.org/10.1080/15374416.2016.1146991

Juang, L. P., Simpson, J. A., Lee, R. M., Rothman, A. J., Titzmann, P. F., Schachner, M. K., Korn, L., Heinemeier, D., & Betsch, C. (2018). Using attachment and relational perspectives to understand adaptation and resilience among immigrant and refugee youth. *The American Psychologist*, 73(6), 797–811. https://doi.org/10.1037/amp0000286

Kovacev, L., & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development*, 28(3), 259–267. https://doi.org/10.1080/01650250344000497

Kumsa, M. K. (2006). No! I'm Not a Refugee!' The Poetics of Be-Longing among Young Oromos in Toronto. *Journal of Refugee Studies*, 19(2), 230–255. https://doi.org/10.1093/jrs/fel001

Layne, C. M., Warren, J. S., Hilton, S., Lin, D., Pasalic, A., Fulton, J., & Pynoos, R. (2009). Measuring adolescent perceived support amidst war and disaster. In B. K. Barber (Ed.), *Adolescents and war: How youth deal with political violence*, 145–176. OUP.

Lieberman, M. D. (2013). *Social: Why our brains are wired to connect*. OUP.

Malmsten, J. (2014). Unaccompanied children living in transitional houses–voices from Sweden. *International Journal of Migration, Health and Social Care*, 10(1), 18–35. https://doi.org/10.1108/IJMHSC-10-2013-0037

Mels, C., Derluyn, I., & Broekaert, E. (2008). Social support in unaccompanied asylum-seeking boys: A case study. *Child: care, Health and Development*, 34(6), 757–762. https://doi.org/10.1111/j.1365-2214.2008.00883.x

Métraux, J.-C. (2011). *La migration comme métaphore*. Dispute (La).

Ní Raghallaigh, M. (2011). Relationships with family, friends and God: The experiences of unaccompanied minors living in Ireland. In M. Darmody, N. Tyrrell, & S. Song (Eds.), *The changing faces of Ireland* (pp. 221–236). Brill Sense.

Omland, G. B., & Andenas, A. (2020). Peer relationships at residential care institutions for unaccompanied refugee minors: An under-utilised resource? *Qualitative Social Work*, *19*(5–6), 917–933. https://doi.org/10.1177/1473325019860183

Oppedal, B., & Idsoe, T. (2015). The role of social support in the acculturation and mental health of unaccompanied minor asylum seekers. *Scandinavian Journal of Psychology*, *56*(2), 203–211. https://doi.org/10.1111/sjop.12194

Sani, F., Bowe, M., & Herrera, M. (2008). Perceived collective continuity and social well-being: exploring the connections. *European Journal of Social Psychology*, *38*(2), 365–374. https://doi.org/10.1002/ejsp.461

Schapendonk, J. (2015). What if Networks Move? Dynamic Social Networkingin the Context of African Migration to Europe. *Population, Space and Place*, *21*(8), 809–819. https://doi.org/10.1002/psp.1860

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: A narrative account. *The Australian and New Zealand Journal of Psychiatry*, *41*(3), 282–288. https://doi.org/10.1080/00048670601172780

Seglem, K. B., Oppedal, B., & Raeder, S. (2011). Predictors of depressive symptoms among resettled unaccompanied refugee minors. *Scandinavian Journal of Psychology*, *52*(5), 457–464. https://doi.org/10.1111/j.1467-9450.2011.00883.x

Sierau, S., Schneider, E., Nesterko, Y., & Glaesmer, H. (2019). Alone, but protected? Effects of social support on mental health of unaccompanied refugee minors. *European Child & Adolescent Psychiatry*, *28*(6), 769–780. https://doi.org/10.1007/s00787-018-1246-5

Skardalsmo Bjorgo, E. M., & Jensen, T. K. (2015). Unaccompanied refugee minors' early life narratives of physical abuse from caregivers and teachers in their home countries. *Child Abuse & Neglect*, *48*, 148–159. https://doi.org/10.1016/j.chiabu.2015.08.003

Spiteri, D. (2012). The Evolving Identities of Unaccompanied Young Male Asylum Seekers in Malta. *Journal of Immigrant & Refugee Studies*, *10*(4), 362–379. https://doi.org/10.1080/15562948.2012.717824

Spitzer, M. (2018). *Einsamkeit-die unerkannte Krankheit: schmerzhaft, ansteckend, tödlich*. Droemer eBook.

Van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. : Penguin UK.

Vervliet, M. (2013). *The trajectories of unaccompanied refugee minors: Aspirations, agency and psychosocial well-being*. Ghent University.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-hill education (UK).