HOME TO HOME: A PURPOSEFUL JOURNEY

Project Report

Loss and Protracted Family Separation among Refugee Children and Youth: Examining Post-migration Impacts and Service Needs

Access Alliance Multicultural Health and Community Services
Toronto
September, 2021

Disclosure

This report contains the findings of the research project "Loss and protracted family separation among refugee children and youth: Examining post-migration impacts and service needs" conducted at Access Alliance Multicultural Health and Community Services (Toronto) and funded by the Children and Youth Refugee Research Coalition (CYRRC) [SSHRC 895-2017-1009, for the period of March 15, 2017 to March 31, 2022].

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Land Acknowledgement

Access Alliance Multicultural Health and Community Services acknowledge that we on the traditional territory of many nations including the Mississaugas of the Credit, the Anishinabek, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

GLOSSARY

Collaborative Research Design: Refers to the research practices based on the principle that the generated evidence should be a collaborative process, which includes a diversity of stakeholders and partners with a shared interest in the issue. In this research, the collaborative design enabled academics, research partners, service providers, and refugee youth to collaboratively design, collect, analyze and interpret data.

Family loss and separation: By loss, we mean specific experiences of loss by the refugee youth, such as the death of a family member or losing significant people, sense of home and belonging, and culture (Warr, 2010)[1].

By separation, we mean protracted separation of refugee youth from family members in times of war, conflict, or a social crisis. For instance, parents might send their children abroad for their protection, or youth might flee to Canada on their own.

Focus Group Discussion (FGD): A method for collecting qualitative data on a specific topic from a homogeneous group of people (e.g. refugee youth). The questions are open-ended to stimulate an informal discussion with the participants, which helps to understand their perceptions, beliefs, service needs, and experiences. A focus group discussion takes approximately two hours and consists of 8-12 participants in each group.

Peer researcher (PR): A researcher who has personal and/or lived experience of the issue being studied and is co-steered by trained researchers.

Service provider (SP): An individual who provides service to refugee youth and children at an organization in Ontario, Canada.

Youth: In this research, youth refer to persons in the age group of 16-24 years during data collection. However, Statistics Canada defines youth as 16-28 years old, while Human Resources and Skills Development Canada defines youth as 15-24 years old.

Immigrant Insight Scholar: An immigrant (international) researcher who is hired at Access Alliance as a fellow to conduct or support a research activity.

[1] Warr, S. (2010). Counselling refugee young people: An exploration of therapeutic approaches. Pastoral Care in Education, 28(4), 269-282.

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EXECUTIVE SUMMARY

Context and Objectives

This multi-phase, sequential, mixed-method study was conducted over two years in Toronto on refugee youth who experienced a loss of family member(s) at their country of origin or were protractedly separated from them. The objectives of this research were to identify the impact of such a loss or separation on refugee youth; and to ascertain the kinds of services or supports that can promote their well-being in Canada. Considering the novelty of the area of study, we generated evidence through a 3-phase study design: a scoping review (ScR), data collection from the service providers, and in-depth data collection from the separated refugee youth. Assuming that refugee youth would not be interested in talking about their mental illnesses due to perceived stigma and aversion to openly discussing their issues, we used a peer-researcher model to derive in-depth ideas from them by training peer-researchers to collect sensitive information from a vulnerable subset of the population.

Materials and Method

The rigorous ScR identified existing evidence in the area of study and knowledge gap(s). We shared the methodology and knowledge (gained through ScR) locally with the team, regionally (at the 2020 student-led conference of U of T, and the 2021 virtual Conference of Alliance for Healthier Communities at Toronto), and internationally (at IMIS Conference in Osnabruck, Germany, and 2020 Metropolis Conference in San Diego, USA). We also published a peer-reviewed journal article. We outlined such knowledge mobilization (KMb) activities to validate the study methodology, buy-in ideas from global researchers, and design evidence-informed next steps for the study. Grounded on knowledge gathered by ScR and subsequent consultations, we organized two Focus Group Discussion (FGD) sessions with 22 relevant Service Providers (SPs) aiming at contextual validation of our ScR findings, advice around how to or where from we could recruit the targeted youth for FGD, and what new knowledge needed to be gathered from the youth. Accordingly, we conducted three peer-engaged FGD sessions with 23 refugee youth, between the ages of 16 and 24, in order to collect experiential data and their expectation on effective services. We triangulated data, collected at three phases, through reflexive thematic analysis using a Collaborative Data Analysis (CDA) model. Individual data was cross-validated for precision and determining the weightage of the information.

Results

Refugee youth leave their country of origin because of reasons that include escaping from the threat of violence to their family or death, finding a better life, providing financial assistance to their families, and overcoming the feelings of powerlessness over their lives. They experience the pains or gains during their migration journey to Canada, such as irregular and highly unpredictable travel, temporary association with friends or foes, and untrusted traffickers or smugglers.

The identified challenges of the separated refugee youth in the host community, their complaints about the settlement, and their suggestions for a needs-based solution were the other key findings of this study. They experience challenges in navigating and accessing the education system, establishing a relationship with the host community (they feel excluded), feelings of systemic discrimination, and missing their home and friends. They complained about lack of recognition of their previous educational credentials, language barriers, financial insecurity, housing & shelters, stressful mental health conditions, and stigma around discussing the mental health issues.

Findings highlight the pervasiveness of mental illnesses, such as PTSD (most common), depression, and anxiety among separated refugee youth settled in a new country. Unaccompanied refugee youth are more vulnerable to developing mental illness than the accompanied ones, requiring higher levels of post-migration support when they arrive in the host country. Unaccompanied female refugee youth experience higher levels of depression compared to male refugee youth. Relational analysis revealed predictors that cumulatively affect their mental health. These are poor housing, shelter or living conditions, financial insecurity, low level of education, older age, poor social support in the host community, and self-conscious emotions of the youth. These factors trigger resilience mechanisms like restraints, denial of distress, and repressive defensiveness which in effect increase mental stress and lead to attention deficit disorders, aggressive behaviour, and self-destructive behaviour in youth with PTSD.

The refugee youth mentioned many helpful programs in Toronto. The most frequently mentioned services are support for housing, obtaining warm clothes, legal support for claims, social assistance, filing taxes, leadership and mentorship programs, mental health programs, and psychological stress management programs. The role of family, friends, peers, foster-family support, recreational activities, art-based programs, and spirituality were effective in supporting youth to cope with negative emotions and feelings.

Conclusion

The current study utilized a peer-engaged research approach to reveal in-depth sensitive information from a vulnerable group of residents to answer the research questions and to meet the study goals. Rigorous collaborative analysis and repetitive validation practices positioned collected data more generalized than any comparative qualitative research evidence. The findings include the experience of their journey from the country of origin, challenges, effects of family loss or separation, helpful programs and services in Toronto, and suggestions to improve their healthy settlement process.

A linear relationship exists between increased levels of mental distress and poor social support because of limited access to resources or language barriers. Mental health symptoms remain unchanged or worsen while in the host country without adequate supports. The study demonstrates the potential benefits of culturally sensitive interventions to help alleviate the impact. Updating the current policies on reunification, improving access to mental health care services, and shortening the wait time for immigration related decision are suggested interventions from this study. Such policy advocacy and practice implications require peers and all relevant stakeholders to be included in the planning and implementation processes as a collaborative community of practice.

Keywords: Family loss and separation, Refugee youth, PTSD, Mental health, Scoping review, Peer-researcher, Unaccompanied minors.

INTRODUCTION

Globally, an influx of refugees and immigrants is due to many reasons such as war, political upheaval, gender-based violence, religious persecution, and the desire for better lives [1]. Children under the age of 18 comprise 51% of refugees and displaced people, while youth between the ages of 15 and 24 make up 35% of the refugee population [2]. According to one study, 79% of Syrian refugee families in a refugee camp in Turkey have dealt with a family member's death since the start of the war [3]. In many instances, family members of children/youth disappear, go missing, or are separated during migration. In February 2018, UNICEF reported over 12 million children around the globe living as asylum seekers, and 16 million have been uprooted due to war and conflict. Of the Syrian refugees who arrived in Canada between 2015 and 2017, over 20,000 were under 18 [4]. Canada received 2,011 minor refugee claimants in 2015 and 3,400 in 2016, a 69.1% increase in one year [5].

Many refugee youth have traumatic experiences such as family separation and/or loss or disappearance of a family member during migration which contributes to their vulnerability in the host country. Earnest et al. (2015) [6] highlighted psychological factors that facilitate the post-settlement experience of refugee youth in Australia. These researchers have linked the well-being of refugee youth to 'indicators of belonging', particularly social status, support from the host community, lack of discrimination, and a serene environment. This emphasizes that addressing these indicators can make unaccompanied refugee youth feel a better sense of belonging and inclusion in society to thrive.

Nevertheless, there is inadequate research on how family loss, separation, and disappearance as a result of war and forced migration, affects the mental, physical and emotional well-being of refugee children and youth in the host country during the settlement process [7,8,9,10]. In addition, there is limited research on how services and supports in Canada promote and enhance the well-being of refugee youth. More contextual research on refugee youth is needed to understand the needs and factors that support healthy settlement. Although refugee youth experience immense difficulties, they are resilient, want to succeed, and have aspirations for the future. Strategies and recommendations suggested by refugee youth can be used towards developing interventions to facilitate successful resettlement [6]. This report highlights the impact of family loss and separation on the well-being of unaccompanied refugee youth during post-migration settlement in Canada.

RESEARCH QUESTIONS AND OBJECTIVES

The study was designed with an assumption that unaccompanied or protractedly separated refugee youth experience significant challenges during migration and settlement in the host country. The second assumption was that insufficient knowledge exists regarding how gaps in policies and services affect them. In this context, this research project seeks to examine the impact of loss, disappearance, or separation of one or more family members due to war, conflict, or forced migration, on unaccompanied refugee youth in terms of post-migration settlement and well-being.

The research questions for this study were:

1. How does the experience of loss, disappearance, or separation from one or more family members due to war, conflict, persecution, or forced migration affect refugee youth and their families around post-migration settlement and well-being?
2. What kinds of services and supports promote the well-being of these refugee youth and their families?

The goal was to produce and share evidence on the types of services and supports that can enhance the well-being of refugee children/youth who have endured family loss or separation and inform policy and program/service changes. In addition, another goal was to address the needs for culturally sensitive programs and services to help alleviate the negative impact of family loss and separation on the mental health of refugee youth.

Research objectives include data collection to gather practice-based insights as experiential learning, analysis of data, preparation of a toolkit, and policy statements to facilitate the implementation of healthy public policies. Other deliverables include publishing a resource list of relevant services and programs across Canada for service providers and refugee youth, the development of an evidence-based research paper, and participatory knowledge mobilization for the benefit of the community. The project team triangulated evidence to produce a practice guide for service providers, and policy briefing notes to share with appropriate government bodies.

Policy and service areas of interest include family reunification and sponsorship, healthy settlement, and faster decision from the court of justice. Canada Border Services Agency (CBSA), Child Welfare Services, Agencies offering legal and other social supports, Mental Health services, and School Boards are the primary stakeholders to utilize the research findings.

RESEARCH METHOD AND MATERIALS

Study Design

The study design used a community-engaged research approach and qualitative methodology to answer the key research questions and meet study goals and objectives. The team also built community capacity by hiring and training peer researches with lived experience of forced migration to conduct the scoping review and focus groups.

This study adopted a multi-phase sequential research strategy. The first phase comprised of a scoping review to synthesize existing evidence and to identify knowledge gaps related to post-migration effects of loss and separation on the well-being of refugee youth and their families. The generated knowledge created a foundation for data collection from 22 service providers through two Focus Group Discussion (FGD) sessions. They were selected using heterogeneous purposive sampling techniques with an intentional selection of diverse respondents to develop experiential insight, validate information generated by the scoping review, and design the recruitment strategies for collecting data from 23 refugee youth through three FGD sessions. The study was registered with the Open-Source Framework (OSF) database [11].

Scoping review

Despite the challenges of less defined boundaries, lack of agreed-upon detailed methodologies, guidance, and standards [12], the scoping review allowed the inclusion of a whole range of published or unpublished study designs and methodologies for mapping broad and diverse topics to capture relevant information, to provide reproducible results, and to decrease potential bias from flawed implementation. To overcome methodological challenges, this study team preferred Arksey & O'Malley's (2005) [13] methodological framework to conduct this scoping review (Figure 1).

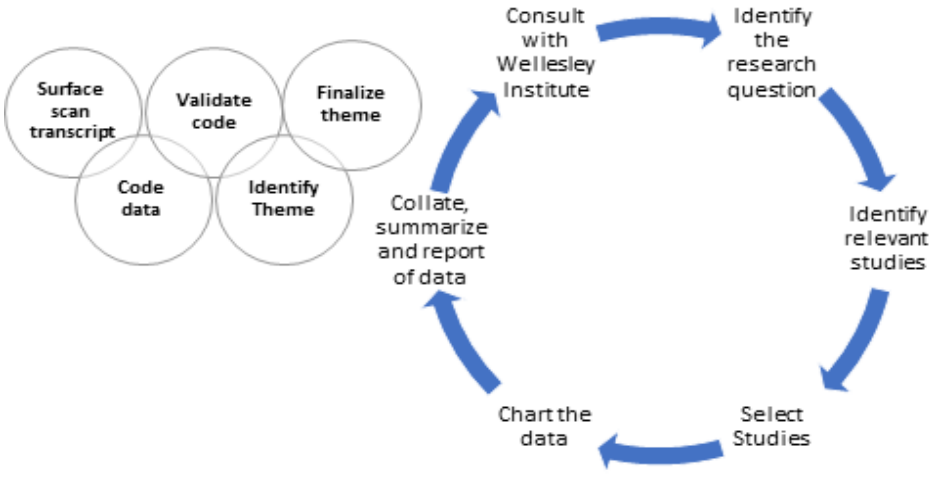


Figure 1: Steps for conducting the scoping review

Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Review (PRISMA-ScR) was adopted to review 112 peer-reviewed articles from 3 major databases and open access journals to find 32 eligible articles (Figure 2). Charted data were analyzed through Reflexive Thematic Analysis [14] protocol to answer research questions on the pattern, impacts, policy supports, and potential solutions for refugee youth. The method for conducting the scoping review and generated knowledge was presented at the 2020 student-led conference of U of T, IMIS Conference in Osnabruck (Germany), and 2020 Metropolis Conference in San Diego (USA). The first phase also involved training of peer researchers (for community-based research, data collection, ethics, confidentiality, privacy, TCPS 2Core certification, and qualitative data analysis), and the development of a resource guide for service providers and refugee youth. A peer-reviewed journal article was published. We outlined such knowledge mobilization (KMb) activities to validate the study methodology, buy-in ideas from global researchers, and design evidence-informed next steps.

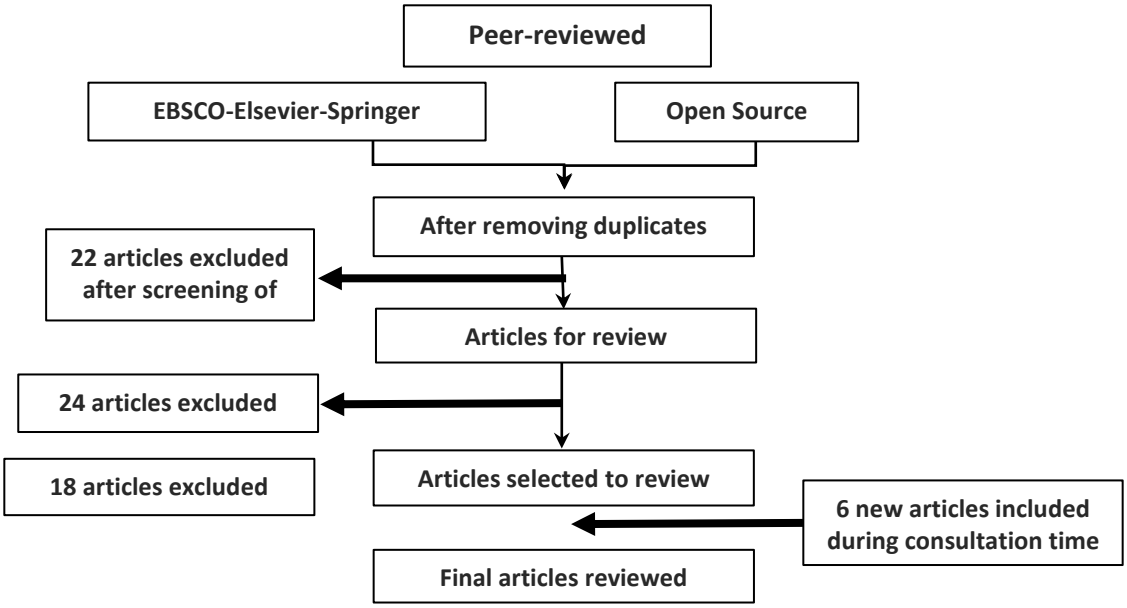
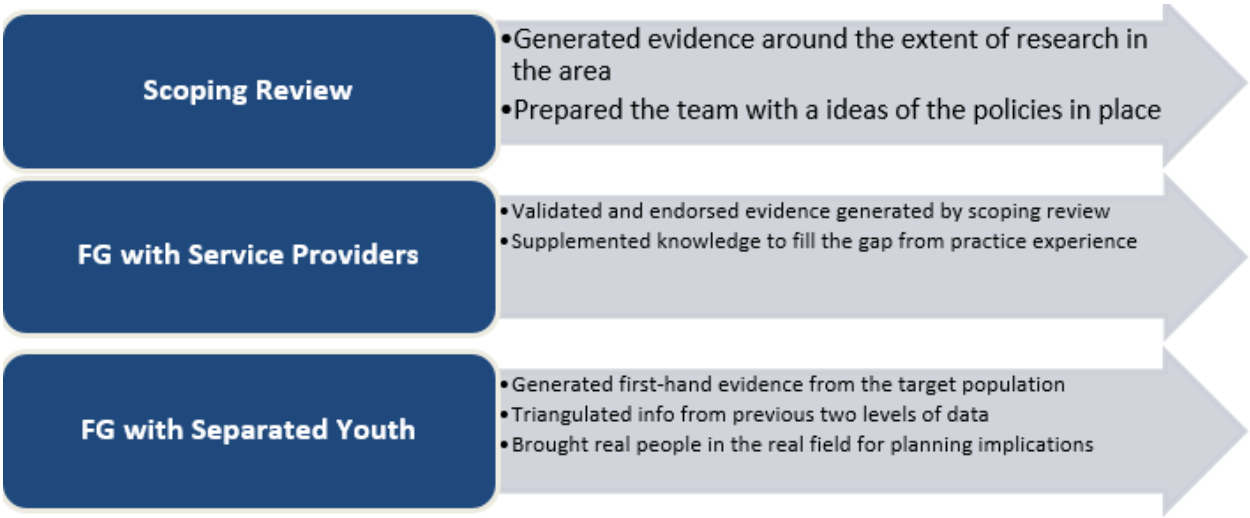


Figure 2: PRISMA-ScR data flow for the articles screening and selection

Refugee Youth Focus Group Sampling and Recruitment

The research population consisted of refugee youth between the ages of 16 and 24 who have experienced family loss and /or separation. Participants were selected based on the inclusion and exclusion criteria. LGBTQ+ refugee youth who experienced family loss and separation were intentionally recruited in order to address this research and knowledge gap. The recruitment process also proactively reached out to refugee youth who came to Canada as “unaccompanied” or “separated” minors. Moreover, refugee youth who were suffering from trauma and were receiving mental health treatment were not included in the focus groups, to avoid re-traumatization.

The research team collaborated with key community agency partners and service providers who work closely with vulnerable refugees to connect with and recruit potential refugee youth and service provider participants. The team recruited refugee youth using the heterogeneous purposive sampling technique with intentional selection of diverse respondents [15] through outreach to Access Alliance's community partners and service providers. This sampling technique ensured equity and diversity in representation of study participants from different socio-economic and ethno-cultural backgrounds, and varied pre-migration experiences of family loss and separation. Access Alliance relied on their team of skilled Peer Outreach Workers to support recruitment. The research team requested that service providers inform and provide refugee youth of the focus groups with information to ensure autonomous decision making about participating in the study and focus groups. Interpreters were hired as needed and were provided with the script in advance. In order to ensure participants safety, the focus group facilitators conducted brief Post-Traumatic Stress Disorder (PTSD) pre-screenings at the beginning of the focus groups.



Data collection from refugee youth

As suggested by the service providers during the FGDs with them and endorsed by the advisory team, 3 FGDs, each lasting 2 hours, were also conducted with 23 refugee youth living in Toronto. Interpreters were pre-booked for each of the FGD sessions. One registered Counselor/ Therapist was booked to stay in the (Zoom) waiting room to attend to any participant during or immediately after the FGDs. Due to COVID 19 restrictions, the FGDs were conducted using Access Alliance's Zoom business account. A trained note-taker recorded data. Transcriptions from the Zoom recording was also retrieved to compare and validate the notes.

Gender-specific FGDs were carried out to support the comfort level of participants when disclosing sensitive information. Males were separated into two focus groups, one for ages 16-20 years and another for ages 21-24 years. Male youth were separated based on age so participants would feel more comfortable disclosing their experiences openly with individuals

of their age group. A male Immigrant Insight Scholar facilitated both FGDs with support from a peer researcher as the co-facilitator. The Immigrant Insight Scholar and peer researcher were both Arabic speaking providing additional language support to participants, in addition having an Arabic interpreter present. Another FGD with female-identified refugee youth, between the age of 16- 24, was facilitated by a female peer-researcher and co-facilitated by a female Masters of Social Work (MSW) student. A female Immigrant Insight Scholar also provided support and an Arabic interpreter was made available during the FGDs for Arabic-speaking participants.

Refugee youth received a resource list, developed by the research team, containing information (availability and navigation) about health, settlement, and community services; and a $25 honorarium for participation

Data Analysis

Trained peer-researchers transcribed collected data. The team processed and analyzed data with NVivo software adopting the Collaborative Data Analysis (CDA) approach [16] to create a chart (Figure 3). The process engaged peers, refugee youth, and members of the research team in a peer-led co-design lab. The research team collaboratively validated the primary codes (code-recode) practicing the reflexive thematic analysis practice [14] to ensure internal and external rigour. This process provided the researchers with opportunities for in-depth analysis of data to sort the latent ideas and interpret as a set of codes from which themes were conceptualized as meaning-based patterns to tell stories coherently [14]. To ensure rigour and quality of the analysis, the team discussed data critically for codes and themes to ensure data saturation and data power [17], and then prepared a report from the charted data.

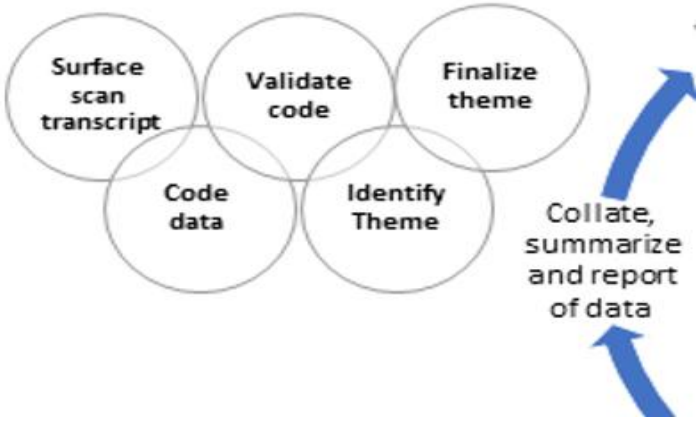


Figure 3: Process of creating a report from charted data

Ethical Considerations

The Community Research Ethics Office (CREO) reviewed and approved the study protocol and tools. Participant recruitment posters for the FGDs and the informed consent process mentioned the study's purpose, nature of the discussion, and voluntary options for autonomous decision-making for participation and the right to withdraw at all levels of data collection. The facilitator reconfirmed with the youth verbally (at the onset of the FGD sessions) their understanding of the contents mentioned in the Informed Consent Form, and if they still agreed to participate in the FGD. The facilitator(s) repeated the requirements and anonymity in simplified ways and the interpreter explained everything to ensure thorough understanding. Participants had the right to withdraw from the FGDs at any time.

Access Alliance's Zoom business account was encrypted end-to-end. Only designated members of the research team had access to FGD data. Participants' names or other identifying information were not used during the FGDs. Participants were advised to change their screen names to make themselves anonymous. To ensure confidentiality, facilitators locked the Zoom FGD meetings after attendance of all participants, who had the option to turn their videos off to support their comfort level.

To mitigate potential risks and harms, the Immigrant Insight Scholars and the peer researchers were trained for collecting sensitive information from vulnerable participants. A professional counselor and youth worker from Access Alliance mentored the research team on question design, how to ask questions sensitively, and how to respond appropriately to triggers within the research context. The facilitators conducted a brief PTSD pre-screening at the beginning of the FGDs to ensure that youth with active symptoms of PTSD could not participate in the FGDs. The refugee youth had the opportunities for debriefing sessions with social workers after the FGDs.

Electronic data was stored in an encrypted and password-protected extra hard drive belonging to Access Alliance that could be accessed by designated members. The Data Privacy and Confidentiality Protocol of the agency is consistent with Ethical Conduct for Research protocol of the Tri-Council Policy Statement (TCPS), Canadian Institute of Health Research (CIHR), and Canadian Institute for Health Information (CIHI). The researchers had no direct relationship with the FGD participants; therefore, there was no conflicts of interest with this study.

SCOPING REVIEW FINDINGS

The team charted articles for thematic analysis based on the aim or focus of the study, methodology (including sampling and data collection strategy), the level of evidence, reflexivity, addressing ethical issues, data analysis process, and relevance of the results.

These studies on refugee youth showed that 92% of the selected articles focused on refugee youth's experience of separation or family loss, and 8% of articles focused on the guardianship of refugee youth (Figure 4).

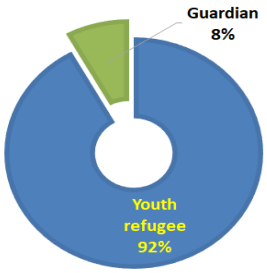


Figure 4: Research Participants in the reviewed articles

The reviewed articles included 85.1% male (N=5,194) and 14.9% female (Figure 5), with ages ranged from nine to 23 years. Two studies compared the experiences of separated and unseparated refugee youth from their families [18,19].

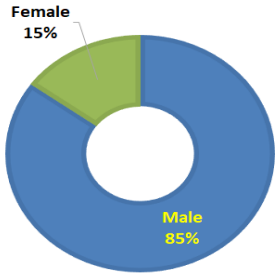


Figure 5: Research participants by gender in the reviewed articles

By geography, 71.9% (n=23) of the reviewed studies were conducted in European countries, 12.5% (n=4) in Canada, 12.5% (n=4) in the USA & UK, and 3.1% (n=1) in Australia (Figure 6).

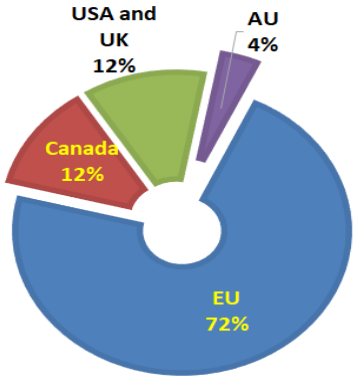


Figure 6: Geographical location of the research in the reviewed articles

The research team selected three items (viz. method types, level of evidence, and data collection tools) for checking the quality of the reviewed articles. The majority (68%) of the reviewed articles used quantitative research methods; while 16%, 12%, and 4% used qualitative-only method, mixed method, and case study method respectively. About 92% of the reviewed articles provided level six evidence, whereas 8% of the articles provided level three evidence using quasi-experimental design.

Researchers used valid, reliable, and recognized measurement tools in the field of psychological assessment to assess mental health and psychological variables. For instance, the PTSD symptom screening questionnaire was used in 47.6% of selected papers [20,21,22,23,24,25,26,27,28]. The Psycholinguistic Scale was used to assess trauma among refugee youth [29]. Other well-known psychological assessment tools were used in approximately 38% of the reviewed articles to measure anxiety and depression [20,21,22, 25, 28,30]. Additionally, 23.8% of selected articles focused on stress and adjustment [18,20, 21, 28,30].

Information of key emerging themes from the reviewed research was charted, coded, and validated based on latent concepts. The results were synthesized thematically by identifying prominent or recurring themes, summarized, and organized under thematic headings- understanding the experience of the migration, the impacts on refugee youth, and Interventions for alleviating the impact of trauma on the refugee youth.

Understanding the Journey: Reasons and Experience

Qualitative studies were designed to understand the migration trajectory (reason for migration, experience, and exposure to trauma) of the refugee youth (Table 1). Nardone & Correa-Velez (2016) [31] used semi-structured interviews, and found that self-protection from violence and the desire to find a better life were key reasons for youth to leave their home country. The journey was described as irregular and highly unpredictable. The minors were exposed to extreme levels of vulnerability that created the need to remain invisible. The journey prompted short-lived friendships with other asylum seekers, and created a pervasive feeling of mistrust towards smugglers and other people they met along the way.

Table 1: Understanding the journey of refugee youth

Reasons for leaving home country	Journey experience
Escape violence and death	Irregular and highly unpredictable
Family conflict	Prompted short lived friendship
Financially help family	Pervasive feeling of mistrust towards smugglers
Powerlessness	

Impact on the refugee youth

Issues and prevalence of mental health issues

Studies identified the consistent prevalence of mental health issues among refugee youth who experienced family loss or separation. PTSD was the most prevalent mental health concern followed by depression and anxiety (Figure 7). Vervliet *et al.* (2014) [28] mentioned that the prevalence of PTSD, depression and anxiety among unaccompanied minors was 52.7%, 44.1%, and 38.3% respectively; while Jakobsen (2018) [21] found the prevalence to be 30.6%, 16.3%, and 8.1% respectively; and Müller *et al.* (2019) [23] estimated the prevalence to be 64.7%, 42.6%, and 38.2% respectively. Oppedal & Idsoe (2015) [24] found that 79% of the study participants suffered from depression after war-related trauma. Seglem *et al*. (2011) [25] also confirmed that depression is high among unaccompanied refugee minors. Müller *et al.* (2019) [23] found that unaccompanied refugee minors (URM) are more vulnerable than accompanied refugee minors (ARM) in regards to the prevalence and severity of PTSD, depression, and anxiety. Psychological stress was identified as another mental health issue. URMs experienced higher numbers of traumatic events [21,23,28] and high level of stress [18,21], and need higher levels of support on arrival to the host country [28].

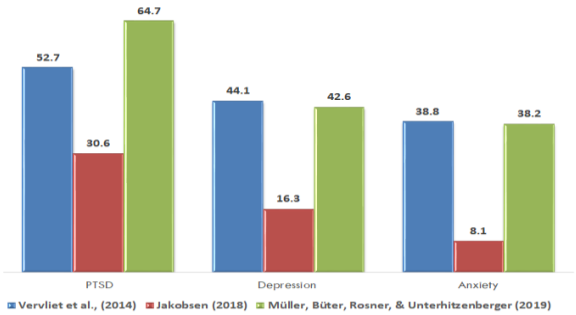


Figure 7: Prevalence of common mental health issues

Predictors of Mental Health

The articles explored the predictors (mediators) of the mental health issues in separated refugee youth. The total number of traumatic events experienced by youth, the level of psychological stress, and demographic characteristics were the most significant predictors of PTSD, depression, and anxiety [23,26,30] (Figure 8). Stotz et al., (2015) [26] concluded that the magnitude of post-traumatic guilt and shame depended on the PTSD symptom severity and the number of traumatic events that participants had experienced. Moreover, unaccompanied female refugee minors reported higher levels of depression compared to males [25]. One study by Suárez-Orozco et al. (2011) [32] found that youth who had undergone prolonged separation from their mothers reported the highest levels of anxiety and depression compared to separation from their father.

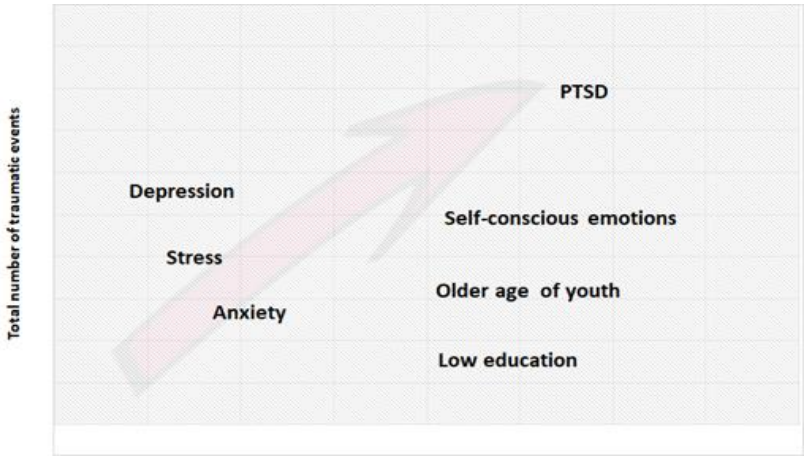


Figure 8: Identified predictors for PTSD

Several articles discussed the impact of increased stress levels on the youth. Müller *et al*. (2019) [23] concluded that lower levels of individual resources, lower levels of social support in the host country, and poor language proficiency were associated with higher levels of psychological distress (Figure 9). Placement in a low-support care facility was found to be associated with higher levels of psychological distress. Those placed in a reception centre for adults in comparison to those placed in reception centres for youth, had higher levels of psychological distress symptoms (both after 15 months and 26 months). Refusal of asylum was highly associated with higher levels of psychological distress [20]. Huemer *et al.* (2013) [18] discussed the association between defense mechanisms (repressive defensiveness, denial of distress, and restraint), and high levels of stress and decreased happiness levels among traumatized refugee youth. Increased level of stress among refugee youth was manifested by attention problems leading to forensic behaviours like self-destruction and aggressive traits [18].

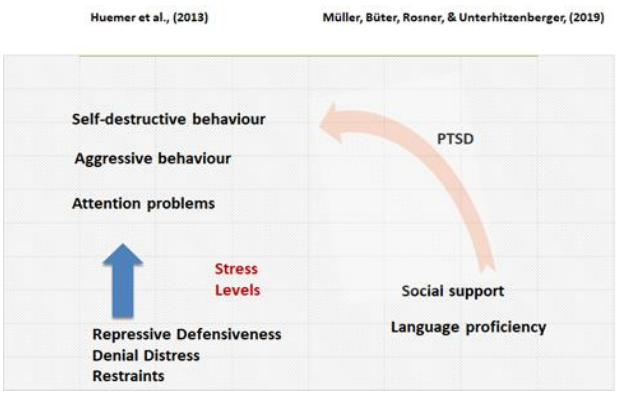


Figure 9: Interactive mechanism of how predictors influence mental health

Mental health outcome in the absence of intervention

The prognosis of mental health is analyzed in the reviewed articles. Of the 26 papers, 6 (23%) evaluated mental health indicators (depression, anxiety, PTSD, and stress) among separated youth refugees after they arrived in their host country. Most of the research findings confirmed that mental health remained the same or declined without intervention in the host country [20,22,28,30,32]. Jensen *et al.* (2014) [22] found that there was a small and non-significant change in the PTSD symptoms measured two years after arrival. There was a significant number of minors who remain above the clinical score for PTSD after two years (59.6% in PTSD, 50% for HSCL-37A). The number of stressful life events significantly increased two years after arrival. Additionally, Demott *et al*., (2017) [20] concluded that young asylum seekers reported high levels of psychological distress on arrival and symptom levels stayed relatively unchanged over time. Suárez-Orozco *et al.* (2011) [32] showed that anxiety and depression symptoms persisted in separated refugee youth five years after arrival. These symptoms significantly decreased after five years in situations where reunification with parents occurred. Smid *et al*. (2011) [30] showed that 16% of refugee minors disclosed late-onset PTSD symptoms correlated with traumatic events, low education, and older age of minors. Severe traumatic events had a predictable effect on late-onset PTSD and were impacted by the level of anxiety and depression on arrival time. This result showed that late PTSD onset is common amongst unaccompanied refugee youth, and both depression and anxiety could be an early prediction sign.

Interventions for alleviating the impact of trauma on the refugee youth

Mental Health and Psychotherapy

Reviewed research focused on psychotherapy and group intervention for separated refugee youth to reduce trauma symptoms. Demott et al., (2017) [20] found that using manualized group intervention of expressive arts had positive effects reducing trauma symptoms among separated refugee minor boys. Unterhitzenberger & Rosner (2016) [27] found that manualized trauma-focused CBT significantly decreased clinical PTSD symptoms and increased recovery that remained stable for six months after the end of treatment. Majumder et al. (2015)'s [9] qualitative study about the perception of mental health intervention with URMs demonstrated that the predominant modality of treatment was 'talk therapy' and medication. Many of the respondents found engaging with 'talk therapy' to be difficult, but found pharmacological treatments to be more acceptable.

Protective factors towards positive mental health outcomes

Social support can play a critical role in reducing PTSD, depression, and anxiety after stressful life events (SLE) [24,33]. Müller et al. (2019) [23] concluded that higher levels of individual resources, social support in the host country, and language proficiency were associated with lower levels of psychological distress. Luster et al. (2010) [34] found that youth considered taking advantage of opportunities for education and work to be successful. In addition, dealing with past trauma, seeking out mentors, adopting the host country's culture, staying away from alcohol or 'distractions', and maintaining a good credit rating were considered by youth to be predictive of their success. Holen et al. (2019) [35] demonstrated that the quality of the guardian relationship with youth impacted their well-being, including their parenting skills, relationship with youth, and supporting connection with biological family and others. Luster et al. (2010) [34] also recognized a positive relationship with foster parents as predictive of well-being.

FOCUS GROUP FINDINGS WITH SERVICE PROVIDER & REFUGEE YOUTH

Migration of Refugee Youth - Reasons and their experiences

Country of origin and time in Canada

The data from the youth FGDs identified that most of the participants who took part immigrated primarily from Middle Eastern countries, followed by South Asian countries, and finally from Northern African countries. Majority of the participants identified that they were not coming necessarily from their countries of origin but rather had encountered multiple countries along their migration journey. Limited data on the country of origin of the refugee youth was provided in the service providers' report, but for the service providers themselves, 54% were born outside of Canada, and had been living in Canada for 2-27 years with an average time of 18 years.

Reasons for migration

Almost all refugee youth reported experiencing forced migration. *Push factors* for migration included war, political unrest, violence, and racism in their country of origin. During the youth FGD's, many participants stated they had faced political persecution stemming from discrimination against them based on their gender, sexual orientation, ethnicity, and race. Furthermore, for some of the youth, parental death motivated their departure. The male youth, perceived to be less vulnerable and as having a better potential to earn a wage to support their family back in their country of origin, were commonly chosen to make the often-dangerous journey. *Pull factors* that drew the youth to Canada involved following their dreams of having a better future, further educational opportunities, and an overall better life, with immense aspirations of being part of an inclusive multicultural society.

Who and what were they separated from?

The refugee youth participants had varying migration experiences. Over the course of their migration journey, participants were separated from all or part of their immediate family such as parents and siblings, or extended family members such as uncles and grandparents. Some lost family members due to their country's political unrest while others lost family members to natural causes, abductions, and extrajudicial disappearances. Some youth reported that they had moved with part of their family, typically leaving the rest of the family members in their country of origin. In some cases, parts of their family members had already been moved out of their country of origin and were currently living in different countries. A few youth reported coming with their full family and even brought their pet with them. Some of the participants reported that they took a completely solitary journey to Canada. The duration of separation could range from two to eight years. The findings from service providers corroborate

the findings from the youth FGDs, noting that very few youth migrated to Canada with their full family.

Refugee youth were also separated from the friends who were often also viewed as family. They often met these friends and grew attached to them in countries they had stayed for interim periods along their migration journey. One youth who had changed countries many times mentioned in the FGD that, *"I had a lot of friends. And I [had] been attached to them and like, they become like my sister, my brother. So, it was hard. Like to wake up and you cannot see them every day".* In addition to their family, and friends, these refugee youth were also separated from their homes, their country, a familiar environment, intimate partners, childhood memories, and photos.

Keeping in touch with family back home

Some of the youth reported that they were able to keep in touch with their friends and family while others mentioned that they had lost contact. In other cases, regular contact would slowly fade away as the youth became busy with their new life in Canada. Although some participants do not know when next they would be able to reconnect with those they are separated from, they refused to give up hope and stayed optimistic. One participant mentioned *"I usually think about the future … and this is just a stage and then, like, I usually like to think of the far future in that, like, eventually we'll get back together"*.

Impact of Family Loss and Separation on Refugee Youth

Family loss and separation has had several impacts on refugees' post-migration settlement process in Canada as confirmed in both the youth and service provider reports as well as in previous literature. Loss of family members was experienced at different stages of their migration journey. Some lost their family members before they left the country, while others experienced familial loss during or after migration. Refugees had different experiences in regard to family loss and separation compared to those who had migrated with their family.

Emotional impact

For many of the refugee youth, it was uncertain when they would be able to meet their family members again since they could not go back to their country of origin. Participants felt that when they started feeling homesick, these emotions were increased when they realized the only way they would be able to see them would be to obtain their passport and fly back to their country of origin. The loss of family members was noted as being painful for the youth. The pain and agony were more intense when they were uncertain about whether their family members were alive or not. However, the emotional toll they faced from the loss of family members slowly faded when they began to accept the fact that their family member would not

come back. Some participants are still hopeful about their family members who had disappeared.

Some of the refugee youth acquired emotional and psychological resilience to tackle the emotional toll triggered by the separation from their friends and family. One participant noted that they have to keep themselves in a positive mindset, noting. *"We have to set up our mind like okay, we love somebody okay? But we have to believe like someday we're gonna leave them that's when you put this in your in your mind. It will be least painful ... You can say this is life you we have to do not attach to anybody…I become more stronger emotionally and physically".*

One participant noted that they believed every country they migrated through, and every person they met helped shape them. They did not believe they 'lost' anything or anyone per se; rather, they felt that they carried the memories and the spirit of what they were separated from in their hearts and it would remain there until they died. A refugee youth mentioned *"… actually every country's I went it shaped my personality. So, when I was in back home I took the feature of my back home and when I went to Turkey if I took I was my personality there. So every, every slight time or every moment I spent there it shaped my who I am. And that's why I don't call it I lost them because it's inside me everything it should be stay until I die. It will be inside me, even my family, my friends everything".*

Others mentioned being intimidated by the fear of possibly not seeing those close to them again. One of the participants noted that he lost two brothers because of the war in Syria and the potential that he would never be able to see them again is very hard for him. Some of the youth also mentioned that they felt vulnerable for being a position where they could not help their peers, friends or family left behind.

Coping Mechanisms to Challenges Experienced

Many of the refugee youth developed coping strategies (setting goals and keeping busy) to help deal with their sadness about family loss or disappearance and the circumstances they were currently in surrounding their settlement. Majority of the methods they employed were positive which not only helped them to cope, but also helped to prevent them from engaging in negative coping mechanisms such as self-harm or acts of violence and aggression.

Setting goals and keeping busy

Focus groups with youth revealed that in order to alleviate some of the sad feelings they felt, they would set goals and worked hard towards them. One participant noted, *"So this is my coping with everything I deal with it. I was putting my goals and my desire like front of my eyes every time I feel sad … like sad or no hope because your mind setting its will be keep continue*

saying okay, you will achieve this goal one that you will achieve". This optimism gave them an outlet to cope with negative emotions.

For some of the participants, news of death or disappearance of a family member was often a regular occurrence. Many dealt with feelings of sadness and despair by keeping busy with activities such as joining clubs, spending time learning new languages, or engaging in activities with friends. On youth participant noted this by saying, *"… when I'm upset or you know I'm sad, I usually just try to make myself busy, maybe go out and or join clubs or I don't know anything that like makes my day full".* Youth also noted the role of recreation in helping them cope. Some mentioned school trips or recreational activities to give them a break from daily monotony and it also offered opportunities to socialize. One participant said that they often go for a run so that they can avoid negative feelings or thoughts of self-harm after hearing bad news, especially if they are unable to talk out their feelings with peers or a support system.

Role of family, friends, peers, and spirituality

The role of family, friends, peers, and spirituality were identified as an important resource for coping with negative emotions and feelings in the youth and service providers' reports. Youth alone identified spirituality as being influential as a coping mechanism. Some youth said they took comfort from God through prayers. The youth report mainly revealed that talking out emotions and feelings was the most common help-seeking behaviour for helping them overcome many mental health problems triggered by their experience of loss and separation. Although the youth recognized that this was not a permanent solution, they said that talking to the right individual and having a safe space did allow them to feel more positive in the moment. A youth mentioned, *"I find it definitely helpful to talk about our feelings to someone close to us like family or friends. Because if I go through something that is very tough, I can't stop thinking about it unless I talk about it and just you know, let it go by this way".* Talking to family about emotions helped to relieve suffering, pain and anxiety. Participants would often talk to family or friends in order to ease their emotions. However, when they did share these emotions, they felt they needed to speak about how they were feeling to peers, preferably those from the same background, family back home, siblings, or cousins.

Service providers found that for some of the youth, by attending self-care services they were able to see friends and strengthen the relationships they had with them; this helped them to further cope with feelings of family loss and separation. However, some youth felt that they lacked family support when they needed it the most. Furthermore, they felt that when they talked to their family, family members could neither understand nor empathize with them, or were emotionally unavailable for them.

Accessing services or professionals to cope

In terms of accessing services or professionals to cope, some of the youth reported that they did receive therapies from organizations, but others declined counselling as they did not feel comfortable sharing their emotions or did not think they needed professional help.

Barriers and Challenges Affecting Well-being of Refugee Youth

Unaccompanied refugee youth face challenges from different perspectives including challenges related to the refugee process, transition to new country and integration, or connection with their families back home.

Transition stress

Moving to another country imposes big *transition stress* and challenges for immigrants and refugees. In the case of unaccompanied refugee youth, the transition stress is in relation to their age, absence of family support, and difficulties in navigating the new system.

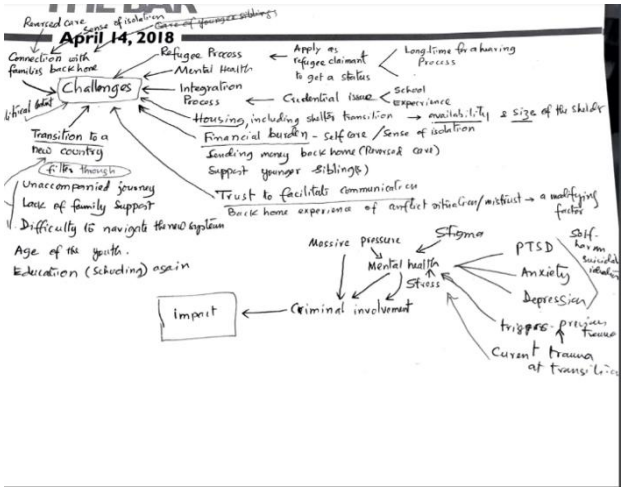
Challenges in adjusting to life in Canada

Refugee youth often experienced challenges adjusting to new life in Canada. Youth struggled to become accustomed to laws and systems in Canada, while also struggling to adjust to the weather, deal with the cost of living, and adjust to the general cultural differences. For those living in the shelter system, winter was noted as a particular struggle and many participants mentioned that government programs and services were not available to refugee claimants. Service providers noted that just simply being a youth and having a lack of family with them further compounded their challenges in navigating this new life. Although emergent findings give a clue to the youth adaptation process, it is important to acknowledge that data is still scarce on this matter. Findings from the service providers shows that refugee youth deal with a range of process and institutions to adjust to their new home country, including at the border; central intake and referrals from central intake. Some of these institutions and referrals are aimed at connecting youth with various organizations, service providers, and shelters, to name a few. For instance, a participant noted how at Pearson International Airport refugees have been given a list of shelters that they can utilize during their transition phase.

Challenges in receiving claimant status

In terms of challenges refugee youth face, service providers reported that unaccompanied refugees have to go through a lengthy and complicated process of applying for their *refugee claimant status* before they are granted this status to Canada. In this context, the unaccompanied refugee youth have to wait a long time before they can get a turn for their legal hearing. These waiting times can range dramatically; for example, one participant in the youth focus groups arrived to Canada in 2016, and at the time of the youth FGD, they were still waiting on their status decision. Service providers mentioned the impact of the hearing process

which often cause significant mental health challenges such as depression, "*One thing I would say is if the hearing can happen sooner than later so instead of keeping them waiting for a date for like up to 2 years, if it can happen you know quicker than that, that would be great. I think that would help a lot of them, maybe their depression wouldn't get so bad and it wouldn't be so dragged out yeah".* Furthermore, the hearing process is frequently postponed which adds more time before the unaccompanied refugee youth can move to their next phase/stage which compounds the impact on their mental health, and hinders their ability to adequately settle and adjust to their new life. This idea was mentioned by service providers as 'limbo waiting'. In particular, one refugee suggested that perhaps if the hearings took place in a timelier manner, instead of making the refugees wait up to two years, then perhaps current mental health conditions would not worsen.



Challenges from reversed care

Unaccompanied refugee youth face challenges related to their connection with their families back home or separation from them. Some of the service providers referred to the unaccompanied refugee youth's challenges as holding the role of caring for parents/siblings back home or siblings who are with them in Canada and conceptualized it as 'reversed care'. A service provider stated, "*There is a hard sense of isolation and the reversal of the care relationship…*". The unaccompanied refugee youth's care for their parents includes sending money to them, "*One of my clients every month has to send money home for school fees for siblings and has to support her parents who are not working*". One of the service providers added that the unaccompanied refugee youth' care includes caring for their younger siblings, finding housing and completing their education, "*In the shelter some youth are taking care for siblings finishing their education and finding housing, so they are under a lot of pressure".* This caregiver role compounded further stress.

Employment and financial stress

The most frequent burdens that were mentioned by refugee youth in regard to their settlement process were economic in nature. *Financial stress* (expressed as 'financial needs', 'financial pressure', or 'financial crisis') has emerged as a major challenge for separated refugee youth that stems from youth wanting to take independent adult roles at a very young age. Many of the youth identified that lack of proper employment compounded the financial stress they faced, as they need get find a job immediately upon arrival to support themselves and their families. As mentioned earlier, one service provider reported that one of their clients had to send money home to support her siblings since her parents were not currently working.

Several participants stated that after coming to Canada, they were often stuck in low paying jobs which did not help their financial insecurity. Two consequences in particular that were mentioned as a result of failing to secure enough income were the inability to eat nutritious food, and having to live in substandard housing. A few of the refugee youth had to choose a survival job outside of their education or skill set such as working night shifts at a gas station or working as a construction labourer to support their families. Furthermore, many participants noted that switching to a new job or second career was not always an easy option.

Furthermore, employment mistreatment is also a big challenge. A service provider highlighted this by saying that refugee youth experience "*a high number of employment exploitation".* Refugees found themselves being taken advantage of and mistreated. One such impact that was raised by several youth was ending up in precarious jobs, such as underpaid, part-time, short-term, and contract-based jobs.

Challenges with housing and living conditions

Concerns surrounding housing, shelters, and living conditions in general were raised in both the youth reports and service providers' report as being one of the big challenges and barriers unaccompanied refugee youth face. The lack of affordable housing was the most mentioned challenge in the youth report. They stated that their settlement process was heavily impacted by a lack of housing and income upon their arrival and this persisted. Many of the youth reported that they ended up living in a shelter when they first came to Canada. Service providers stated youth may struggle to find a shelter since they are often full, and it can be a timely process to find availability. Youth reported that conditions in the shelter were not favourable as they experienced a lack of freedom over food and mobility, and they were often provided the same food repeatedly which, the majority of the time, was not culturally appropriate. One youth mentioned *"the food was actually disgusting. Like, they [would] bring the food like the same food every time, like the same exact food. …. I feel like [that was] not healthy".* Service providers reported that many of the youth were frustrated in the shelters as they seldom had their own space and had little to no support. They stated, "*some shelters have*

a 100 beds in one room…the support they are receiving are very different. There is no support in the massive shelters". Another service provider mentioned, "*… they come first to the shelter and frustrated to share the rooms, then moving out after 2 years to go back to be on their own*". Service providers noted that one youth suggested refugee-specific shelter would be useful in overcoming many of these issues that they faced.

As time went by living in shelters, some youth persisted there while others were able to move on to other housing situations. Service providers reported that there were challenges in the transition from the shelter system to alternative housing situations. Youth were also shocked at the exorbitant housing market in Canada, particularly in the Greater Toronto Area (GTA), leaving renting as their only option, which was still substantially challenging if they were not financially stable or were facing financial insecurity. Issues with arranging housing were aggravated by both their lack of current income and lack of work history in Canada, which was typical of many newcomers in Canada.

Barriers to education

Another pivotal barrier refugee youth struggle with is access to education. Challenges in accessible education systems were identified in both the youth focus groups' and the service providers' findings. One refugee in the FGDs felt that a gap in the education system created challenges for them. The youth and service providers identified that as refugees, they hold neither the status of an international student nor a Canadian student and their access differed from those of international students. This may contribute to why some youth reported that they had challenges in adjusting to the Canadian schooling system. Furthermore, the service providers stated that many of the youth were stressed and confused overall about their education path. Some of the youth had to attend school again because there were problems with credits being transferred. Service providers said that many of the youth felt frustrated when they had to repeat education they had acquired back home, noting that *"all our clients are unaccompanied, [and] education is a big challenge. Some may have completed high school or some university and [were] frustrated to redo high school".* Service providers stated that some youth are denied access to education due to their refugee claim status, *"additional services for those whose claims have not been successful, because while they are on appeals and so forth they're denied a lot of things like education, can't go to college, can't go to university".* For some unaccompanied refugee youth, education can be a pressure exerted by themselves or by their families, which sometimes prevents them from succeeding. Furthermore, education might help unaccompanied refugee youth hide their emotions. One service provider mentioned, *"Some are driven for education and use it to shelter themselves from their mental health challenges".*

Language barrier

Language was mentioned by youth as one of the biggest challenges they faced, and service providers echoed this, *"language is the #1 Barrier".* Service providers reported that lack of language comprehension impeded their ability to plan for their futures and acknowledged that refugee youth require guidance due to the language barrier. Service providers noted that *"… they face more challenges trying to do too much things together so need to guide them, focus them. And for their planning especially, because lots of them has language barriers ...".*

Lack of language comprehension also impacted how they understood local by-laws and other laws, took care of financial issues, completed housing papers, applied to colleges and jobs etc. Often times, there was one family member, usually a child or teenager, who would communicate on behalf of the entire family. One refugee mentioned, *"We came, like nobody [knew], just my older sister. She was speaking English. And we don't know anything. We don't understand anybody. We don't know what's going on. So, it was hard to because you know, language, … you will communicate with others with your language"*.

Youth stated they also faced language-related discrimination, particularly when it came to their ability to comprehend English. One youth reflected on the difference in how they were treated in middle school versus high school noting, *"When I went to school, I got a little bit discriminated, I would say, in middle school. Um, but things changed. Right when I learned English...".* Language barriers have also been associated with inability to communicate with other shelter members as people from many countries with many linguistic backgrounds and accents live in the same shelter.

Socialization issues

Youth and service providers briefly mentioned that there were issues with socialization when the youth arrived in Canada which affected their ability to adjust to life. Youth stated that it was often challenging to find people who shared their same interests and that they struggled to connect to youth their own age. Service providers said that many of the youth had good relationships with their counsellors who acted as mentors, but this was more of a formal relationship. Those that came with family had an advantage as they could at least talk and have a relationship with their family members while they slowly developed their network of friends, while those who came alone faced a larger barrier in socializing. Many of the youth stated that they were homesick and missing their friends back home, which was worsened by the lack of opportunities to socialize in Canada.

Trust issues

The unaccompanied refugee youths' transition impacts their ability to trust other people and service providers. The refugee youth came from a variety of backgrounds and faced a myriad of experiences over the course of their migration. The service providers identified

some negative experiences impacting the youth' ability to trust others. The political context of the unaccompanied refugee youth in their country of origin may play a role in their perspective of trusting others. One service provider with an Egyptian background mentioned, "*Some Arab people don't trust Egyptians due to political problems, as a result will not trust her advice, it gets complicated".*

Trust or mistrust can also be represented as the fear of betrayal from their service provider. One service provider said, "*There is always a certain degree of mistrust between youth and social workers, there's always a feeling of what if you betray me, youth prefer to go to someone within their community and get help to avoid betrayal*".

A trust in qualified legal services can also be a challenge for unaccompanied youth refugees. A service provider noted that *"it's trust too, because if youth don't trust you, they're not gonna ask you for legal [help]"*. A discussant pointed out further, that there is almost always some degree of skepticism from the youth when it comes to lawyers or legal workers. Refugee youth might encounter trust issues with Legal Aid if the progress is taking longer than they expected. Additionally, because most governmental programs are expensive, refugee youth might not trust the affordable ones*. A* service provider stated, *"I have found out through some people telling me. When you tell newcomers that there's free legal service, they automatically assume it's gonna be bad".*

Mental health issues of refugee youth

Mental health is a significant challenge and was flagged heavily as an issue by service providers. Interestingly enough, challenges concerning mental health seldom appeared in the youth focus group report explicitly, but did come up in when discussing topics concerning emotional issues surrounding separation from family, friends or their countries, or when discussing coping mechanisms. Refugee youth may face several mental health challenges resulting from both pre-migration, peri-migration and post-migration conditions. These mental issues manifest in symptoms such as PTSD, anxiety and depression. During the refugees' transition to the new life in Canada, there is a possibility of dealing with previous trauma, as mentioned by a participant, "… *often trauma we deal with are specific traumas experienced in youth shelters after refugee arrival*". In some cases, the living conditions [and/or] incident after the arrival to Canada could be triggering factors to the previous trauma, "*sometimes new refugees are left on street, head to youth hostels and are re-traumatized*". Mental health could take forms of general emotional vulnerability issues. Additionally, unaccompanied refugee youth' mental health is associated with risk of self-harm [and/or] suicidal ideation. Refugee youth avoided speaking about their mental health. One service provider said youth are, "*not interested in talking about depression, anxiety. PTSD*". Mental health stigma is an integral challenge for mental health, which makes people hesitant before they seek help on some occasions or when they are at risk. One service provider said, *"I think there's definitely stigma around mental health" and added "I had a client a few weeks ago who was referred to me … because her mother had called in and said she was suicidal".*

Service providers reported that unaccompanied refugee youth may be at risk of participating in criminal activity, *"[migration] is a massive pressure and mental health and emotional stressor that can even push [the youth] to crime"*. Another service provider echoed this by saying, *"[they] have seen lots of frustration [surrounding] mental health issues inside, even involving in crime"*.

As mentioned earlier, challenges faced with education, settlement, housing, cultural differences, language barriers, delayed court hearings, lack of socialization, trauma experienced during migration and family loss and separation all contribute to mental health issues refugee youth experience.

Rejection and blame

Some refugees might feel rejected and blamed by their families for some of the circumstances they encounter. For instance, a service provider mentioned a story of a girl who feared being blamed for the sexual abuse she experienced in her home country "… *She came here with her family but that is something she could not share with her parents. I think that maybe it's just the stigma because then the society will think that you know it's her fault that*

she' s sexually abused, probably culturally as well, which was a biggest problem and she didn't want to share it with her parents because she thought it could be reason of their separation they might get divorced".

Unaccompanied Refugee Youth's Experiences with Programs and Services

In Canada, unaccompanied refugee youth experience different types of *support and services* such as border support, central intake, connecting with the Canadian culture, education, building healthy relationships and building confidence in making choices, language-based resources, and self-care. Upon arriving to Canada, the unaccompanied refugee youth are provided with a list of services at the border to connect with the required and essential programs. Furthermore, data analysis shows that the refugee youth connect with organizations and service providers, on top of getting into shelters, through central intake, referral by a shelter, word mouth, or by simply walking into the organization. One service provider mentioned, *"We get referrals from central intake as well as the family shelter however we have a single shelter right".*

Some unaccompanied refugee youth access a wide range of services and programs found for them. This is confirmed by a service provider, "*some are doing amazing; they're connecting with all of the programs and services that we can you know find for them"*. Some unaccompanied refugee youth connect with organizations and services through schools, *"The way refugee youth have been connecting with me is that one of our nurses has an initiative at Greenwood, the middle schools".* However, some unaccompanied refugee youth might struggle to access services or programs in organizations due to reasons such as commuting or linguistic barriers.

During the refugee youth's move to Canada and as a result of the different changes happening in their lives, many of them experience self-care differently. Some of them struggle with self-care as their roles have changed and are carrying out reversed care. One service provider mentioned, *"This came last week in a girl's club, on self-care and one of the young women said that the hardest thing for her is that the people that use to take care of her she is taking care of them".* For some youth, attending self-care programs frequently gives them an opportunity to see their friends and build supportive relationships. A service provider stated *"that safe zone, that feeling of family and that's why they come back. I wouldn't say that they saw a poster and it's like…ohhh self-care tips I am going to go to this. It's really them getting to see their so called "their family" or seeing their friends or just".*

Another important experience that unaccompanied refugee youth encounter is the importance of *connecting with their culture*. During their transitional period, it is crucial for unaccompanied refugee youth to connect with their own culture to adapt and feel supported,

"I have seen so they support each other and connect with the culture and religion like I want to say the ethnic identity so they feel that we are here". Findings from the refugee youth reveal that the unaccompanied refugee youth were assisted to connect with their culture to adapt and feel supported. One key aspect of connecting with culture is to assist refugee youth to connect with cultural and religious organisations in which the youth may find their sense of belonging and self-identification. Connecting the youth with community organisations such as ethnic-identity based community organisation, has been found to be useful to assist in building self-confidence and supporting youth to understand they are not alone in Canada – their kin are here too.

One experiences unaccompanied refugee youth also encounter is lack of access to language-based resources. As unaccompanied refugee youth, new to Canada might struggle with linguistic barriers. It is important to connect them to community and language-based resources. This was supported by a service provider who said, *"Find their own community with a similar culture/ language community settings. Help them find language-based resources".* Furthermore, connecting with different communities and finding their own language-based resources allows them to easily trust and connect with the community. One service provider mentioned, *"What if you betrayed me? So I'm gonna go to someone in the community who speaks my language who'll tell me something completely different and I'll listen to that".*

Beneficial Programs and Services

Refugee youth who had lost family members required impactful social programs when they arrive in Canada. The service providers' report stated that the youth received a range of services and programs designed to ease their settlement process and to support them in order to settle both financially and socially in Toronto. Participants mentioned that they were able to easily access programs that helped them with housing, obtaining warm clothes, dealing with court for claims, applying for university, Ontario Student Assistance Program (OSAP), Ontario Disability Support Program (ODSP), social assistance, permanent residence application, filing taxes etc. They also accessed leisure programs such as art-based programs geared towards youth. Beneficial services and programs offered included leadership programs, mental health programs, psychological stress management programs, mentorship programs, personal and emotional expression programs, settlement services, and mental health workshops. In the service providers' report they further discussed that they encouraged youth and their parents to seek bullying prevention programs when they encounter bullying. One of the youth had mentioned that they faced bullying frequently.

Leadership and confidence building services and programs

One exemplary program described by a service provider was a ten week-long leadership program for refugee youth. Through this program, refugee youth acquired access to several

services, including resume preparation and acclimating to the city life, but more importantly it also served as a sort of 'advocacy platform' where youth could speak about issues that mattered to them. Importantly, a service provider mentioned, *"the leadership program/advocacy group, gives the youth a platform to talk about what they are passionate about and feel heard. The youth call it their family."* One service provider said, "W*e have a leadership program, by the end of the program there is a photo story that helps them tell their own story in Canada without judgement, helping them express themselves".* Another service provider mentioned that their leadership program has been very much useful for the youth (age 16-29), who have permanent residency or are convention refugees. Furthermore, an additional service provider mentions another leadership program geared towards newcomers, *"I work for the YMCA downtown. I run a newcomer youth and leadership development program, and we focus on primarily residents...".*

During the transitional phase, it is important to instill and build confidence in the unaccompanied refugee youth, which will enable them to make choices and take decisions. As such, several organizations provide workshops or programs to build this confidence in unaccompanied refugee youth. One service provider cited an example of a program provided by their organization, *"It's basically a 10 week long run program and we do a lot of sessions on confidence building, leadership, social responsibility and what is the most interesting session".*

Mentorship programs

Another valuable type of service offered to refugee youth was mentoring. Refugee youth can become vulnerable to social isolation and distress, and therefore saw mentorship programs available by different service providers as a safe space. Mentorship programs enable unaccompanied refugee youth to develop new relationships. A service provider mentioned how refugee youth found the mentorship program to be very beneficial, "*I was going to say one of the programs that I find extremely well I think the youth find extremely useful to come back kinda social isolation a lot of our clients are refugee claimants, so one of the things we offer that the youth are just like thank you so much it's been such a great experience is for the mentorship program".* Another service provider mentioned*,* "*I think it was the mentorship program that I was saying has been really valuable and when I see the youth that I've referred to it they're just like "it's been amazing, it's you know we got to explore this part of Toronto where we just they helped with my resume or whatever it may be…".* Moreover, connecting unaccompanied refugee youth with their own culture could be through mentors from a field of interest.

Unaccompanied refugee youth may build healthy relationships through programs and services offered by organizations. Building healthy relationships for refugee youth, particularly to those without family around them, is important so they can talk and form supportive relationships. In addition, healthy relationships with other individuals are different from a

relationship built with a counselor who is a professional, *"other than a counselor that's you know is more of a formal relationship so the mentorship has done amazing things for the youth".*

Language services

Youth in the FGD's identified many pros concerning the currently available programs and services offered to refugee youth. First, the youth pointed out that community-based organizations were very helpful to participants in ESL classes, finding nearby schools or helping with translation, interpretation and language services in general. Refugee deemed this instrumental to facilitating their integration into Canadian life. A youth mentioned that *"in the ESL classes like they help you, like you know, test you, find classes for you. They help you actually to find school near you or you can find that anywhere but like they still help you translating...".*

Settlement services

According to participants, among all the programs and services the refugee youth accessed, some of the most helpful were those which facilitated their settlement process. One youth noted, "*When you come to a new country, you need in the beginning somebody to help you with renting a house, study, search for a job and for everything, so these services we received were really good"*. Service providers agreed by saying "*I think the benefit is that they have 2 years of stability with us housing kinda sucks so it gives them an opportunity to focus on immigration, mental health, education, employment, umm…and gives them an opportunity to kinda step out of their comfort zone knowing that if there is any issues, they have support that's on site cause we're all kind of in the same building together".* Some organizations provided these settlement related services including language training, counselling and helping with labour market information and networking. A service provider mentioned the importance of having access to settlement services by saying that refugee youth should have "… *an understanding of the access to settlement services and the utilization of the service".*

Mental health workshops

Mental health workshops are impactful programs provided by organizations to unaccompanied refugee youth as they offer them with the needed support. Furthermore, mental health programs should be inclusive consisting of specific features that target the refugee youths' situation. For instance, one organization mentioned by a service provider provides one on one counselling sessions, *"the target client population for the youth specifically it is from 13 and I see clients up until 29. The key programs and services are offered so we do one on one counseling".* Another service provider highlighted the importance of having mental health programs that are inclusive for unaccompanied refugee youth by saying "*being trauma informed and approach, having access to interpreters for people to get care in their languages*

and having an understanding of like the intersection of resettlement stressors and the migration system and mental health and how to you know utilize or really wrap around a holistic approach". Finally, it is important to acknowledge the different paths refugee youth encounter in terms of family loss and separation when compared to refugee youth accompanied by their families. A service provider justifies that by stating *"refugee youth pass a path in terms of working through loss and separation is going to look really different from what their family process is with it... It is acknowledging the two very separate paths and even each family members' paths are going to take in terms of what the feeling of family loss and separation for each of them".* In addition, another service provider mentions that there should be a "*collaboration between mental health services and settlement".*

Psychological stress management program

Psychological stress management is also an essential and impactful program for unaccompanied refugee youth since they have high levels of stress, encounter different issues and try to work on several goals simultaneously. A service provider supports the importance of such programs by saying "*youth who are refugee like in the status always they have high level of stress and focusing with their issues but I would say lots of issues with their life because maybe one youth trying to sponsor 3-5 family members so they need to add more money and to pay to government or collecting (plain fares?) preparing for bigger house when they are in transitional housing, they need to find houses right?".*

Personal and emotional expression program

Service providers noted the irreplaceable role that personal and emotional expression program played for unaccompanied refugee youth, "*What I really feel the youth need help with is definitely emotional support because they are here all by themselves or they are new in the country".*

Youth network

A youth network is being worked on to assist unaccompanied refugee youth. A service provider stated *"one of the things we're working on now is, there is a network of us, working on protocols and policies trying to create a national framework for unaccompanied minors and separated children".*

Gaps and Barriers/ Challenges and Issues in Accessing Services

Challenges accessing culturally sensitive services

Unaccompanied refugee youth struggle with accessing culturally sensitive services with service providers who can relate to them and are understanding of their unique experience. A service provider mentioned how crucial the need of sensitivity within services is, through the

example of a client who was sexually abused in her home country, "*…I think that maybe it's just the stigma because then the society will think that you know it's her fault that she's sexually abused, probably culturally as well, which was a biggest problem and she didn't want to share it with her parents because she thought it could be reason of their separation, they might get divorced. I mean yeah that sensitivity is important in terms of I could not understand how you know you're a victim of sexual abuse and how can you be blamed. So I think that is something that we need to be sensitive about".* Furthermore, another service provider supports the importance of cultural sensitivity training especially within the LGBTQ+ community, *"cultural sensitivity training has to take place. And the youth that I work with have… You know, even LGBTQ youth who have so much issues with being mis-gendered by their doctors, right? And that's like a huge prevalence and that's a huge stigma".* Many of the respondents found engaging with talk therapy to be difficult for reasons associated with cultural perceptions of mental health and linguistic limitations.

Barriers to accessing mental health services

Access to mental health services is a barrier for most unaccompanied refugee youth. Refugee youth encounter stigma in accessing mental health services which prevents them from seeking help or accessing services when they need it the most. A service provider supports this by saying, *"I think there's definitely stigma around mental health".* Service providers underline that stigma around mental health has become a barrier to refugee youth to openly express their circumstances and seek pertinent services. Conversely, another service provider mentioned that the youth are "*not interested in talking about depression, anxiety or PTSD"*. This corroborates the lack of findings directly regarding mental health in the youth focus group report, and could suggest that the lack of mention could be due to this perceived stigma and aversion to openly discussing mental health issues.

Furthermore, the service providers' report revealed that the youth felt that the providers often tend to work on encouraging the youth to move forward with their lives upon their arrival to Canada while failing to address the underlying traumas. This may disregard their previous trauma, *"services just to move their lives forward, ignoring the trauma, ignoring what happened in the past, and putting that all on a back burner until they recovered?"*. Contrastingly, this could also suggest the service providers are not adequately educated in the unique mental health needs of refugee youth nor the socio-economic, cultural, and linguistic barriers that may inhibit their access to adequate, appropriate, and trauma-informed care.

Time constraints and limitations

Refugee youth mention issues associated with the length of time and cost of accessing some of the available programs and services. For instance some participants, while acknowledging the benefits of programs, they also felt that it involved a lengthy process of

admission which are also not always free of cost. Furthermore, even service providers face barriers within the time limitation of the counseling session, *"we only have 45-60 minutes per setting with each client. It is a barrier and very challenging. It is not enough when they have mental stressors to provide psychosocial support. When a client's claim is rejected, he won't be able to focus on the employment session"*. Findings reveal that these time restrictions often act as a barrier to proper personal and emotional support, and psychological and psychosocial support through services, and are partly due to funder's restrictions and the conditionality of aid. As evidenced in these discussions, this is a barrier to successfully support refugee youth who have mental health problems. For instance, a service provider mentioned that "*When services are time constant supposedly to fill up a form by 45 minutes because each agency has its specific time because funder give the time frame right? So umm…maybe in one certain you cannot go more than one hour with one client ...".* So, despite the unique psychological stress, pain, and sadness on top of other stressors that refugee youth face, the service providers cannot always provide proper care and intervention because of systemic barriers.

Participants raised the issue that the scheduling of the programs offered was not suited to the lived realities of the refugee youth. Youth stated that despite being aware of the different programs and services that were of interest to them, some of them were not able to access those programs as the timing interfered with their education. One youth participant noted, *"I've heard about a lot of services and agencies that doing all like workshops, but I haven't really participated. Partly it is because I was always busy with my school and I'm taking full time courses, so it was hard for me to commit to attending these workshops".*

Lack of affordable government programs – Systemic restraints

Access to essential services and programs by refugee youth was not without its challenges. Service providers pointed out that a major challenge is the systemic restraints that refugees face. Some refugee youth face practical challenges such as finding qualified government programs that are cheap and affordable, finding and book appointments, and finding a family doctor. They might also struggle in finding availability to book appointments. A service provider supported that by mentioning "*Systemic restraints is what I am seeing the most, particularly related to being a refugee claimant. So, as a refugee claimant there are very few resources available to you that are affordable or free. Like paid or free training programs always seem like a great idea and you want to recommend them, but you always have to call first and find out if refugee claimants are eligible and 9.9/10times they are not. So the system is not helping".*

Lack of meaningful employment services

Some youth pointed to the lack of meaningful employment services as one of the cons

of the service providers and their services. During the FGD's with youth, some participants indicated that their main interest lies in employment services and programs. Participants acknowledged that while service providers assist them with developing a resume or preparing for job interviews, these agencies can do very little in terms of actually getting a job for the refugee youth, even with the connections the service providers have in the industry. One youth noted, *"I expect that they can contact or yeah contact with any companies or to find a job for me, because they asked me what kind of job do you need? They asked me a lot of questions and I answer everything to help me… to find some kind of job. Okay? But they didn't help… they just ask questions. I give them the whole information. And then nobody helped me for".*

Lack of information about services

Findings from FGDs with refugee youth revealed that some participants never accessed any programs. The reasons for their lack of participation include lack of proper information about available services, lack of interest to use available services, and (mis)perceptions that services for were for mental health only and they were not aware of the recreational and other available services. While some participants had the knowledge and information on available services which they could choose from, others were unaware of any services. In response to a question on what programs and services they accessed after coming to Canada, one refugee youth mentioned that they had not utilized any services since they had come to Canada as they did not know how to. Some of the youth stated that they could easily access professionals such as social workers, while others struggled with finding professionals such as a family doctor.

Refugee Youth Coping Mechanisms to Challenges They Experience

The majority offering opportunities to socialize. One participant said that they often go for a run so that they can avoid negative feelings or thoughts of self-harm after hearing bad news, especially if they are unable to talk out their feelings with peers or their support system. In terms of accessing services or professionals to cope, some of the youth reported that were able to receive mental health services from organizations, but others declined counselling as they did not feel comfortable sharing their emotions or did not think they needed professional help.

Recommended Policy Changes

Service providers during the FGD recommended several essential policy changes which are required for unaccompanied refugee youth. One of the recommended policy changes is

accelerating their hearing process. One of the reasons the hearing process should be accelerated is due to the negative impacts it has on refugees such as the effects on mental health. A service provider mentioned, *"uncertainty is hard and impacts health and mental health. An abused mother claimed and reclaimed refugee status and took 8 years and was sent back and they were terrified of going back, the unsettled situation caused severe depression".*

Another recommended policy change is in the education services as some refugee youth have to repeat their previously acquired degrees to gain Canadian degree credentials. Language barriers refugee youth might encounter may impede them from continuing their education. For instance, a service provider stated, *"language is a huge warrant so we have people in school that sadly I think it push through the grades when they shouldn't be umm…so as they're getting into higher levels of education its more and more becoming a problem which affects their self-confidence to continue".* Refugee youth are denied education due to their claim status. A service provider mentioned, *"services for those whose claims have not been successful, because while they are on appeals and so forth they're denied a lot of things like education, can't go to college, can't go to university".*

Another suggested policy change would be within the housing sector as it plays a crucial factor in the mental health of the refugee youth and provides refugee youth with needed stability. Conversely, some shelters do not provide them with the privacy required. For instance, a service provider gave an example by saying *"I see a big difference in youth there are some shelters that have like a hundred beds in one big room and when I have a youth who is staying in that shelter compared to a youth staying at Sojourn it is very different and what their mental health status is very different and the supports they are receiving is just there essentially I've been told I don't know if this true but like the shelters has a hundred beds there's no worker like there's no housing worker there's no supports …".* Another service provider also emphasized the need of more refugee specific shelters by stating *" … I think that we need refugee specific shelters to provide you know that trauma informed care"* .

Service providers during the FGDs emphasized the importance of developing a culturally sensitive mental health framework. Culturally sensitive mental health services are essential to understand the trauma some unaccompanied refugee youth encounter. Furthermore, such services are important to avoid racism and oppression towards the unaccompanied refugee youth as well as to better understand the needs of these refugee youth. A service provider justified its importance by mentioning *"being anti-oppressive, anti-racist umm…inclusive, being trauma informed and approach, having access to interpreters for people to get care in their languages and having an understanding of like the intersection of resettlement stressors and the migration system and mental health and how to you know utilize or really wrap around a*

holistic approach". Lastly, service providers mentioned that it is important for mental health services and immigration to collaborate.

Another crucial policy change recommended is in terms of the provision of mental health services as unaccompanied refugee youth encounter several mental health issues which require targeted support. A service provider supports this need by saying *" … I thought of this as you were talking about the client who two days prior was great and then two days later was having a self-harm episode … you can see the signs of depression and they will say to you specifically oh but don't worry about me I am not depressed because there's so much pressure to feel like they're in control and everything's okay and they're managing, reluctant like they're in my experience there's been a lot of reluctance to accept that there is mental health challenges".*

Finally, a pivotal policy change suggested by the service providers is for family reunification. Family reunification is an important service for refugee youth requiring more pathways within the immigration system.

DISCUSSION

Demographics and background information about refugee youth

The majority of the refugee youth (between the age of 16 and 24) interviewed for this study originated from the Middle East, followed by Sub-Saharan Africa and South Asia. This finding corroborates the literature sourced for the scoping review. For instance, one study revealed that out of the total number of Syrian refugees arriving in Canada between 2015 and 2017, over 20,000 were under the age of 18 when they arrived in this country [4]. Worldwide, approximately 35% of the refugee populations are youth between the ages of 15 and 24 [2]. Data collected through this project identifies that a few youth came to Canada with their full family, while most left part of their family and started their migration journey at an age as young as 8 years old. Often, they had to leave behind their siblings, grandparents, or other close members of the extended family. This study has contributed to bridging a knowledge gap,

pinpointing that there were no statistics about refugee youth in Canada who have experienced family loss and/or separation.

Reasons for refugee youth migration to Canada and their migration experiences

Push and pull factors for migration

There are many economic, social and political reasons to why youth emigrate which can generally be classified into push and pull factors. In the context of this study, most refugee youth reported facing forced migration triggered by war, conflict, political unrest, violence, and other civil unrest in their country of origin. Some mentioned their reason for migration to be escape from racism and discrimination. It is worth noting here that two additional push factors, the role of family conflict [36] and religious oppression [1] were identified in the scoping review but not in this study. There were several pull factors that attracted refugee youth to come to Canada. First, refugee youth identified the desire to find a "better life" in Canada. Second, the pursuit of better education in their host country. There was also the hope of being part of a multicultural society where there was the belief that racism is non-existent.

These findings corroborate the conclusions in the scoping study in which a combination of pull and push factors prompted the youth to leave their country of origin [31]. The pull and push theory of migration was first comprehensively presented by Everett Lee in 1966 [37]. This theory states that people migrate because of factors that push them out of their existing nation and factors that pull them in to another [37]. In recent years, this theory has been adopted into different disciplines and further refined including in refugee studies, sociology and public health. Nardone and Correa-Velez (2016) [31] found the following to be among the list of reasons for leaving home country namely to escape from violence and death, family conflict, powerlessness, and to be able to financially help family.

Migration experiences of refugee youth

Refugee youth followed different pathways to come to Canada and endured various experiences along the way. The majority of the refugee youth who participated in this study came to Canada via different countries where they stayed for the interim period after leaving their country of origin. In these countries they stayed for various length of time, even as long as a decade, in an effort to migrate to Canada. Secondly, study participants noted that the minors were exposed to extreme levels of vulnerability that created the need to remain invisible. The scoping review has identified that journey prompted short-lived friendships with other asylum seekers, and created a pervasive feeling of mistrust towards smugglers and other people they met along the way. These findings align with similar studies that captured the lived experiences endured by migrants (including refugee youth) in their journey towards their destination countries. For instance, Nardone & Correa-Velez (2016) [31] study documented that refugee youth journey was irregular and highly unpredictable.

Refugee Youth transition phase experiences and challenges

Settlement processes: the transition period

Once refugees arrive in Canada, they enter a transition phase of settling into their new life. Data collected in refugee youth and service providers focus groups shows that refugee youth deal with a range of processes and institutions to adjust to their new home country, including at the border; central intake and referrals from central intake; connecting with organizations, service providers, and shelters. Among the services offered at the border are resources concerning accessing essential services in Canada, including shelters. With regards to shelters, Müller *et al.* (2019) [23] study shows that placing a refugee in a low-support care facility was associated with higher levels of psychological distress.

Another important experience that unaccompanied refugee youth went through during their transition phase was service providers attempting to connect youth with culture they can relate to in order to support their adaptation. Whereas some unaccompanied refugee youth access all the services and programs found for them and are doing well, others struggle accessing services or programs in organizations due to reasons such as commuting or linguistic barriers.

During this transitional phase, refugee youth were supported with workshops or programs to build their confidence and to enable them to make informed choices in their day to day lives and adjust smoothly to their life in Canada. This is partly done through connecting youth with mentors. Data collected from focus group discussants pointed out that mentorship programs had a specialized component that targets young girls. Some young women were connected with mentors in specific career fields of interest. In relation to this, Müller *et al.* (2019) [23] study showed that higher levels social support in the host country were associated with lower levels of psychological distress.

As part of the transition phase, unaccompanied refugee youth went through the process of applying to become a refugee claimant before they could apply for status in Canada. Data collected from refugee youth and service providers revealed that hearing processes were consistently postponed or dragged out which consequently had negative effects, such as worsening of the youth's pre-existing mental health challenges and leaving them uncertain in regards to when they can progress to the next stage in their settlement process. Evidence suggests that if the refugee claim hearing took place in a timelier manner, pre-existing mental health conditions would not deteriorate. This was demonstrated through the scoping review which underlined that refusal (and delays) of asylum was highly associated with higher levels of psychological distress [20]. It is important to acknowledge that data is still scarce on this topic, and this study has contributed to bridging this gap.

Challenges faced by refugee youth

As refugee youth enter the transition phase and subsequently integrate themselves in Canada, unavoidably, there are challenges and barriers that they encounter. It is important to note that challenges faced by refugee youth are double-tier: challenges they face as youth (and often as unaccompanied youth), and challenges they face as refugees living in Canada. Examples of challenges that they experience as youth include navigating the education system,

adjusting to school, problems of socializing and establishing relationships, and facing discrimination. Examples of challenges that arise as refugees navigate the Canadian system include housing issues, problems living in the shelter system, finding a decent job, language barriers, and navigating a new country that has rules and customs different from what they knew back home. In addition, youth missed their home and friends back home.

There are several challenges that are youth specific. In this subsection there will be a focus on two: adjusting with the education system, and experiences of discrimination. A prominent challenge identified in FGDs was the lack of recognition of educational credentials earned in their country of origin. This challenged their ability to pursue higher education in Canadian educational institutions. In addition, they face difficulties in accessing higher education as a domestic student in the interim period while their refugee claim results are still pending. In short, the bitter reality is that refugee youth cannot access education as domestic student and can't afford them as an international student.

Language barriers are one of the biggest challenges faced by many refugees in general and refugee youth in particular. In the context of refugee youth, language barriers, in particular lack of language comprehension, has reportedly contributed to the experience of discrimination in schools. It has also been associated with an inability to communicate clearly with classmates and teachers. This barrier has also been associated with inability to communicate with other shelter members as people from many countries with many linguistics backgrounds and accents live in the same shelter. As described in Müller *et al.* (2019) [23], poorer language proficiency is associated with higher levels of psychological distress and depression in refugee youth. Furthermore, refugee youth face complex challenges in terms of adjusting to their new life in Canada due to language barriers. Lack of language comprehension further complicates how they understand the laws, complete applications for housing, and apply for colleges and jobs. This study has also uncovered that these challenges with language comprehension had mired the refugee youth's settlement process.

One of the major challenges that refugee youth encountered relates to their experiences with shelter services and accessing housing. Not unexpectedly, the majority of refugee youth had started their first days in Canada by living in a shelter; and, while a few have moved out of the shelters, most of them are still living there. This study has revealed that unaccompanied refugee youth struggled in finding shelters as these services were usually full and took time to find. Almost all participants reported experiencing unfavorable shelter services, for instance, lack of freedom over food choices and restrictions on their mobility, including strict bed time rules and limited overnight visits with relatives and friends. Challenges associated with finding affordable housing was aggravated by their lack of income and work history in Canada, which is common for newcomers to Canada.

Lack of decent job was the second major challenge identified by the participants in the focus groups. The study revealed that lack of decent employment compounded the financial stress they faced. Furthermore, when they did finally find a job, exploitation in the workforce was common and the youth found themselves being taken advantage of and mistreated.

This study has shown that many refugee youth, in particular unaccompanied refugee youth suffer from problems of trusting others. First, some youth come to Canada with previous experiences that have contributed negatively to their sense of trust. In other words, *mistrust* partly emanates from the political context of the unaccompanied refugee youth in their country of origin. The study has uncovered that this lack of trust or mistrust takes deeper sense that may be represented in the fears of betrayal from services providers.

The other challenge identified by the refugee youth is access to mental health services. Refugee youth suffering from mental illness also face stigma, which hinders them from seeking help or accessing mental health services when needed the most. Furthermore, unaccompanied refugee youth struggle in finding qualified government programs that are cheap and affordable. The scoping review highlights challenges regarding poor mental health and difficulty accessing mental health services. The scoping review also shows how challenges encountered by refugee youth (in particular unaccompanied refugee youth) contribute to psychological distress and anxiety. Müller *et al.* (2019) [23] concluded that lower levels of individual resources in the host country were associated with higher levels of psychological distress. Furthermore, Demott *et al.* (2017) [20] concluded that young asylum seekers reported high levels of psychological distress upon arrival and symptom levels stayed relatively unchanged over time.

Other challenges associated with living in Canada mentioned by the participants were weather, cost of living in general and cultural differences. Winter was identified as a challenging season particularly for refugee youth living in shelters.

Impact of family separation and loss on refugee youth health

Mental health: post-traumatic stress disorder, depression, and anxiety

This study demonstrated that a significant number of unaccompanied refugee youth experience mental illness. The most commonly reported mental illnesses among the youth were PTSD, depression, and anxiety. This in line with the conclusion of the scoping study where it concludes there is a prevalence of mental health issues amongst those refugee youth that experience family loss or separation face including PTSD, depression, and anxiety [36]. Studies claim that PTSD was the most prevalent mental health concern, followed by depression and anxiety. Oppedal & Idsoe (2015) [24] revealed previous trauma of refugee youth could be triggered by their current living conditions upon arrival to Canada. Service providers reported that often refugee youth may fail to recognize trauma, and that there was a lack of understanding of trauma among them. Findings by Smid et al. (2011) [30] show that 16% of refugee minors disclosed late onset PTSD symptoms correlated with traumatic events, low education and older age of minors.

Studies indicate the mental health impacts of family separation are not similar for all refugee youth. Seglem *et al*. (2011) [25] study shows that depression is high among unaccompanied refugee minors (URM). Likewise, Müller *et al.* (2019) [23] study concluded that URMs are more vulnerable than accompanied refugee minors (ARM) regarding the prevalence and severity of PTSD, depression, and anxiety. URMs experienced higher numbers of traumatic

events, and high level of stress and need higher levels of support on arrival to the host country [21,28].

The different mental illnesses refugee youth endure may be traced to both pre-migration circumstances and experiences, and post migration conditions. First, many of the youth studied had experienced stressors throughout their lifetime caused by ongoing civil unrest and conflict, which precipitated poorer mental health outcomes. Furthermore, traumatic journeys of migration, loss of family, and stressors of settlement cumulatively impacted the mental health of the youth. It has been shown that those experiencing ongoing traumatic stress will not build resilience to repeated exposure, and each event further contributes to the deterioration of their mental health [26]. Secondly, data collected from service providers' shows that in some cases, living conditions of refugee youth [and/or] incident after arrival to Canada have triggered previous traumas and symptoms.

It is important to note here that mental illness has been compounded in lack of adequate trauma recognition. Data collected through this study indicates lack of adequate trauma recognition by services providers, which may have contributed to the trauma ignorance among the unaccompanied refugee youth. I was noted that some service providers often tend to work on encouraging youth to move forward with their lives upon their arrival to Canada while failing to address underlying traumas.

There are two captivating conclusions from the scoping study. The first is gender disaggregation of mental health. It was found that unaccompanied female refugee minors reported higher levels of depression compared to males [25]. The second is correlation between mental health and a parent from whom a refugee youth has been separated. In this regard, Suárez-Orozco et al. (2011) [32] study shows that youth who underwent prolonged separation from their mothers reported the highest levels of anxiety and depression, compared to separation from father. Both of these themes are lacking in this study and could be researched in the future.

Data collected from the service provider's shows that on issues of mental health many of the refugee youth were found to fear stigma, and thus struggle to openly speak about any mental health challenges they may experience. This could possibly account for the lack of mental health discussion in the youth focus groups. Refugee youth avoided speaking about their mental health. Many of the youth also face feelings of rejection and blame from their families. Other studies have echoed similar findings [26].

This study has uncovered that refugee youth' mental health is associated with risk of self-harm [and/or] suicidal contemplations. First, refugee youth are at a higher risk of suicidal ideation and self-harm and may fail to seek help. Secondly, service providers recognize that many refugee youth may be at risk or be pushed to commit crimes. This tends to emerge from chronic-stress and high-pressure conditions. Other studies have noted several behavioral problems correlated with increased levels of stress such as attention problems, self-destructive behaviors, and aggressive behavior [18].

LIMITATIONS

Despite the plethora of research around the impact of family loss and separation on refugee youth identified, most of them could not be considered for this scoping review. This is due to the studies varying in focus, breadth, extent, and target group (e.g., children, unaccompanied minors or youth vs any refugee youth or their parents/caregivers or the service providers, etc.). The review identified the geography, demographic composition, and impact of the loss or separation depicted in the peer-reviewed articles. Mental health and therapeutic or social interventions were the key themes in these articles along with understanding of the reasons and experience of the journey of the refugee youth. Researchers mentioned the prevalence, patterns, and predictors of mental health issues (PTSD, Depression, and anxiety) among youth; as well as the effective social or therapeutic interventions to support. Severity of

post-traumatic stress disorder is a function of the frequency and severity of traumatic experience and stress- revealed in these studies. Articles also mentioned the pathways and mechanisms of action on how repressive defensiveness, denial dismissal, and restraint behavior of the vulnerable youth increase stress or reduce the happiness in life and thus led to attention disorders and forensic outcomes like aggressive behavior and self-destruction. Intervention, at the personal or social level, alleviates the impacts. If trauma is not addressed substantively, PTSD will sustain or lead to a late onset PTSD. A supportive society and an experienced guardianship are also very crucial for healing trauma. Considering this review as a scoping one, judging the quality of evidence was not attempted. Further research and critical reviews will find the gaps in the current evidence.

CONCLUSION

This 2-year research was conducted using a multiphase sequential knowledge generation approach. Scoping review findings prepared the foundation for the next phases of collecting live experiential data from service providers and refugee youth who lost their family member(s) or were protractedly separated from their families in their country of origin. After triangulation of data, at least three major concluding remarks could be made in this research.

The first one draws out key points with regards to how experiences of separation from or loss of family due to war, conflict, persecution, or forced migration affect refugee youth and their families in terms of post-migration settlement and well-being. The notion of “not needing any help and they can deal with their own situation” may seem surprising. However, given the

age group of the participants and the myriads of challenging life circumstances this confidence could be explained as either emotional numbing or emotional resilience.

It is important to dissect the experiences (and challenges thereof) faced by refugee youth into two: challenges they face as a youth (and often as unaccompanied youth), and challenges they face as refugees living in Canada. Refugee youth face challenges in navigating the education system, problems in socializing and establishing relationships, and face discrimination. Further, many of them felt homesick which was worsened by the lack of socialization and sense of belonging in Canada. Refugee youth complain about the lack of recognition of educational credentials earned in their country of origin as they aspire to pursue higher education in Canada. With regards to this, refugee youth express frustrations when they had to repeat education acquired back home, and barriers in accessing higher education as a domestic student while their refugee claim results are still pending. On top of this, language barriers have been associated with an inability to communicate clearly with their classmates and teachers. Poor language proficiency triggers psychological distress and depression in refugee youth [23]. Separated refugee youth expressed their concerns surrounding housing, shelters, and living conditions in general. Their settlement process was heavily impacted by a lack of housing and income upon their arrival and this persisted. The cumulative effect of all such experiences impacts debilitating mental health problems for refugee youth, the most common being PTSD, depression, and anxiety. Nevertheless, most refugee youth approached for this study were not interested in talking about these issues, due to their perceived stigma and aversion to openly discussing mental health issues.

The second major concluding finding refers to the kinds of services and support arrangements that promote the well-being of refugee youth and their families. Refugee youth received a range of services and programs designed to ease their settlement process and to support financial and social settlement. Such programs helped them with housing, obtaining warm clothes, dealing with the court for claims, social assistance, and filing taxes, etc. Services offered to refugee youth also include leadership programs, mental health programs, psychological stress management programs, mentorship programs, personal and emotional expression programs, recreation, and settlement services. Service providers also went the extra mile to encourage youth and their parents to seek bullying prevention programs as needed.

The role of family, friends, peers, and spirituality were also underscored as vital support systems to cope with negative emotions and feelings in the youth and the service providers' reports. Talking out emotions and feelings was the most common help-seeking behavior to help overcome many mental health problems triggered by family loss and separation. Furthermore, recreational activities and art-based programs were found to help refugee youth cope with mental health problems. School trips or recreational activities gave them a break from monotonous daily routines and offered opportunities to socialize. In a similar vein, physical activity, such as going for a run so can help cope with negative feelings or thoughts of self-harm after hearing bad news, especially if they are unable to talk out their feelings with peers or a support system. Overall, it is the conclusion of this project that available services and support arrangements have helped promote the well-being of most refugee youth and their families.

The third focus is on targeted advocacy to update and amend relevant policies, and include all stakeholders in the advocacy process. Current Canadian policies on reunification, access to healthcare, particularly mental healthcare by refugee youth, and waiting time to hear the verdict from the court impact their mental health, well-being, and settlement process. Finally, advocacy for focused policy amendments and needs-informed service delivery can improve their experience.

OVERALL RECOMMENDATIONS

Likewise other elements within the settlement process, participants' experiences and opinions differed in terms of suggestions. Majority of the participants identified unmet needs in the existing programs and services offered to them, and very few participants felt that the current services provided were entirely adequate.

Recommendations include:

- Services, particularly around trauma, LGBTQ+ issues, and sexual abuse, were stressed as important to implement sensitivity training by the service providers.

- Custom programs and services could be made available to refugee youth as per their need, as they differ from those of people previously residing living in Canada and non-asylum-seeking immigrants.
- Parents need counselling on making efforts in understanding their children.
- A youth network to allow refugee youth to connect with more people who share similar experiences as them and create new opportunities for policy suggestion.
- Program or advocacy groups would be useful to provide a platform for youth to talk, build healthy relationships and socialize.
- Resources offered in the refugee youth' languages and within their own communities to easily communicate and foster trust between them and service providers.
- Refugee youth should be able to have easy access to programs and services of any kind free of cost or at a reduced price.
- More outreach in the community and through online media may help spreading the information about different programs and services available to newcomers to Canada.
- Leverage employment services and programs beyond resume and interview clinics or workshops to work towards helping participants getting a job.

While some participants emphasized focusing on basic problems like housing and food security, others thought that programs and services should help with social and emotional settlement. Youth did not mention suggestions to improve mental health services. Although they experienced feelings of loneliness, sadness, despair, and loss and separation from family and friends, taking care of their mental health seemed to be undermined by other unmet needs, namely housing, employment and status.

In addition to overall recommendations towards services and programs for refugee youth, policy recommendations are crucial.

POLICY RECOMMENDATIONS

Several recommendations became apparent throughout the course of the study by either the recommendation of the youth themselves, service providers, or the researchers involved in this project. Policies aimed at assisting education, employment and finances, living conditions and housing, mental health, and creating further, more effective programming were discussed. Suggestions for policy improvements were also drawn from the results of these focus group discussions.

Education

Youth and service providers alike provided recommendations in terms of education. The refugee youth felt that there should be help provided with continuing education for those that wish to pursue it. For example, they felt it might be helpful to have a service that showed youth their options in terms of what colleges, universities and programs were available. They also felt the education system overall could be improved and adapted to meet specific needs of the refugee youth. For example, many youth face language barriers and some may be denied education because of their status as refugee claimants, particularly if they are unaccompanied. Service providers addressed some different needs, in particular they state that many of the youth have to repeat previously acquired degrees or high school in order to have Canadian equivalency which creates feelings of frustration. The service providers suggest that should be addressed so that the refugee youth do not have repeat education unnecessarily.

Employment & Finances

Majority of the participants identified an unmet need in terms of employment services and suggested implementation of meaningful and effective services. Although some participants were proactive in their efforts to make the best use of all the different services available in order to get a job, they were not always successful. The researchers in the youth focus groups suggested that perhaps employment services should offer programs beyond resume and interview clinics or workshops to help participants actually find decent jobs. Additionally, youth identified that services that helped with networking or internships would be extremely helpful. Mainly, participants noted that organizations should help them gain Canadian work experience as this was a primary barrier in their ability to find work. Overall, the researchers in the youth focus groups suggest that providers involved in employment services should be explicit in terms of the type of help they are able to offer in order to avoid frustration and disappointment. Service providers noted that psychological stress management and access to services that aid with such stress management are important in the job process as it helps ease the high levels of stress they face so that they can focus on their work goals. They also suggest more funding and government support for unaccompanied youth who often will be trying to sponsor multiple family members as well as transition themselves to their new life in Canada.

Housing/living

The most important yet often unmet need is affordable and accessible housing. In the youth report, participants identified that there needs to be decent housing available for landed refugees in order to avoid undue hardship and further stressors prompted by the lack of decent housing which can affect their settlement process. Housing is not affordable and can be difficult to come by for many newcomers. Service providers provided further support for changes to housing services and said that proper housing services play a crucial part in mental health and wellbeing of youth. For youth living in the shelter system, although it is not a desired circumstance for any of the participants to be in, they identified that shelters need to make substantial improvements. One of the participants mentioned they feel like the shelters are akin to a jail and the shelters should ease out the mobility restriction policies and curfews they

have in place. Shelters also need to adapt in ways that offer better privacy and living conditions to those residing there.

Mental health

As mental health was identified as a substantial challenge, there are many recommendations for helping refugee youth with their mental health. Service providers said that workshops on mental health needed to be inclusive, focused, and further supported. They stressed that mental health services need to be culturally sensitive in order to avoid racism and oppression and should address the unique needs and traumas of refugee youth. They further suggest that the services should be conscious of traumas that the refugee youth may have faced, and should also have approaches to deal with this trauma. Services should include translators and interpreters so that the youth can adequately benefit from these mental health services. Youth may deny they have any issues and service providers should reach out to youth who may appear to be struggling despite what they say and encourage them to seek help. They further suggest "collaboration between mental health services and settlement/immigration services."

Overall recommendations and further programming

Like other elements within the settlement process, participants' experiences and opinions differed in terms of suggestions. There should be counselling aimed at parents as well, to assist them in making efforts in understanding their children. Service providers identified that a youth network would be beneficial as it would allow them to connect with more people who share similar experiences as them as well could create new opportunities for policy suggestion. Service providers also identified that program or advocacy groups would be useful to provide a platform for youth to talk. It would also allow them to build healthy relationships and opportunity to socialize. This is particularly important in those who have no family or friends with them as it gives them an opportunity to connect with peers and build meaningful, informal, relationships outside of those they have developed with counsellors or other professionals. Service providers also identified that resources offered in the refugee youth' languages and within their own communities would allow the refugee youth to easily communicate and foster trust between them and service providers. In terms of settlement, service providers identified that the hearing process for refugee youth should be accelerated as the slow process and uncertainty currently in place can have negative impacts on the mental health and wellbeing of refugees.

Family reunification

In terms of family reunification, some of the youth suggested that it would be helpful to them if they were able to have the rest of their family immigrate with them. They stressed the importance of service organizations that offer help to youth who are experiencing family loss or separation. Service providers identified that further pathways should be accessible for youth to reunite with their family.

Family reunification represents a critical aspect of improving quality-of-life measures among refugee youth and migrant populations. Empirical evidence has consistently demonstrated that the psychological impact of family loss can have lasting effects on both physical and mental health; particularly for children and young adults [38]. The disintegration of familial support among refugee youth has been linked to higher rates of depression, anxiety, as well as Post-Traumatic Stress Disorder (PTSD) [39]. Before 2011, the government of Canada projected an eight-year average waiting time for the reunification of parents and grandparents [38]. While new measures such as the implementation of the super visa alternative have improved “wait times”, it has meant that for many, reunification has become more difficult to achieve, temporary and precarious [38]. Canadian immigration policy has also been criticized heavily given its increasing insistence on minimum income requirements for sponsorship [39]. Critical evaluation of the family reunification process that examines current gaps in both policy and legislation.

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APPENDICES

Appendix A: Peer Researcher Handbook

PDF VERSION AVAILABLE

Appendix B: Toolkit for Research on Refugee Youth

A Purposeful Journey

Toolkit for Refugee Youth Research

Disclosure page

This toolkit is part of the project titled "Impact of Family Loss and Separation on Refugee Youth: Implications for Policy and Programs'' funded by Children and Youth Refugee Research Coalition (CYRRC) SSHRC 895-2017-1009 for the period of March 15, 2017 to March 31,2021. It was developed by Akm Alamgir, Serena Nudel, Musammat Badrunnesha, and Sara Maria Daou.

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Glossary:

Collaborative Research Design: Research based on the principle that the generated evidence should be a collaborative process which includes a diversity of stakeholders and partners with a shared interest in the issue. In this research, the collaborative design enabled academics, research partners, service providers and refugee youth to collaboratively design, collect, analyze and interpret data.

Family loss and separation: By separation we mean that sometimes youth are separated from family members in times of war or conflict which may be accidental or on purpose. For instance, parents might send their children abroad for their own protection or youth might flee to Canada on their own.

By loss we mean specific experiences of loss such as death of a family member, but also losses in terms of one's home, friends, family and country.

Focus Group Discussion (FGD): A method for collecting qualitative data from a homogeneous group of people (i.e. refugee youth and service providers) to discuss a specific topic. The questions are open-ended to

	stimulate an informal discussion with the participants which helps in understanding their perceptions, beliefs and the service needs required regarding the impact of family loss and separation on refugee youth in Toronto. A focus group discussion usually takes around two hours and consists of 8-12 participants in each group.
Peer researcher:	A researcher who might have personal and lived experiences of the issue being studied and is co-steered by trained **researchers**
Service provider:	An individual who provides service to refugee youth and children at an organization in Ontario, Canada.
Youth	In this research, we considered youth who belong to the age group of 16-24. However, there are different definition of youth in different jurisdictions in Canada. For instance, according to a 2010 paper by United Way of Calgary and Area, the federal government uses several definitions of youth: Statistics Canada defines youth between 16-28 years old, whereas Human Resources and Skills Development Canada defines youth between **15-24 years old**.

Preface

This toolkit was developed as part of the community-based research, Impact of Family Loss and Separation on Refugee Youth, to provide stakeholders, researchers, programmers and others with a comprehensive set of research and practice-based tools they can utilize. The tools were created and developed during the COVID-19 pandemic; thus some tools are adapted based on the Ontario Public Health guidelines safety measures of COVID-19. The tools are presented sequentially based on the phases of the research.

What is a Research toolkit?

This research toolkit is a combination of different charts, documents, tips, and templates of the project, impact of family loss and separation on refugee youth. Producing a toolkit is one of the research team's objectives to support community-based researchers in conducting a comprehensive study. This toolkit will also help different stakeholders gain a better insight into the research.

How was it created?

This toolkit is based on a community based participatory action research on the impact of family loss and separation on refugee youth in Canada. It contains essential elements for refugee youth their families or guardians, their service providers and other stakeholders for providing appropriate support for their integration into Canadian economy/society.

What are the goals, objectives and the goal of creating this toolkit?

This toolkit consists of research and practice-based tools which are developed to help researchers, knowledge users, community organizations, front-line workers and anyone else interested to learn about refugee youth. This toolkit helps translate theory into practice. It is also developed to provide users with an in-depth understanding of the research's implementation, help users utilize it in their own field and adapt it accordingly. Finally, this toolkit is produced to help build the user's capacity.

Who are the intended users of the toolkit?

This toolkit can be universally utilized based on the needs of various stakeholders, programmers and researchers. Users can use any tool they require and adopt it according to their changing needs. However, this toolkit is generally intended to target community organizations in Canada who work with refugee youth, different levels of the government, legal services, mental health agencies, refugee youth coalitions, service providers, Canada border services agency (CBSA) and others. Different sections in this toolkit can be utilized by different stakeholders as well as the general population.

Tool 1: Scoping Review

Before conducting the research, a scoping review on "The Impact of Family Loss and Separation on Refugee Youth" was developed to provide an overview about the available research evidence on this topic. This scoping review provided the research team with an opportunity to understand the key concepts of Family Loss and Separation on Refugee Youth, the knowledge gaps in the research, and types of evidence to inform policy making in Canada. The scoping review was presented by the research team in different conferences.

The PRISMA-ScR model was used for the scoping review to select the most relevant articles. The research team used the Arksey & O'Malley's (2005) framework to conduct the scoping review. This framework consists of five steps: (1) identify the research question(s); (2) identify relevant studies; (3) select studies; (4) chart the data; and (5) collate, summarize and report the data.

Learning Objectives:

- Provide an overview about the available evidence on the presented research
- Understand the gaps and limitations of the research
- Understand the need in conducting this research
- Understand the first step initiated before conducting the research

Intended Users:

- Researchers
- Program Staff

Link to the published article:
https://dalspace.library.dal.ca//handle/10222/79385

Tool 2: Resource List

The resource list was developed for usage by refugee youth and service providers after the focus group discussion. The resource list will help service providers pinpoint the absent yet crucial services for refugee youth. Moreover, the resource list will also help refugee youth learn about the available services in the five key provinces of Canada (greatest amount of refugee settlement) and provides them with information on how to connect with them. The resource list was sent by email to both refugee youth and service providers for any future reference.

Learning Objectives:

- Learn about the different services available across the five provinces in Canada
- Learn how to access the different services available across the five provinces in Canada
- Utilize this as a database for the available and add any new services

Intended Users:

- Service providers
- Refugees
- Newcomers
- Researchers
- Program staff
- Other stakeholders

Feel free to use the link below and adapt it based on your requirements.
https://www.dropbox.com/s/6bpwvcktc9x3bld/Resource%20List%20for%20Refugees%20and%20Newcomers%20in%20Canada.pdf?dl=0

Tool 3: Peer Researcher Training Manual

As part of this research, the researchers developed a peer research training manual. The peer researcher training manual included 8 modules made up of 14 hours for theory learning and 30 hours for practical learning. The peer researcher training manual was developed to help users implement this training to their own peer researchers or adapt it and utilize it based on their needs.

Learning Objectives:

- Learn about a comprehensive training provided for the Peer researchers to build their capacity in community-based research
- Adapt or utilize this training for future capacity building workshops on community-based research

Intended Users:

- Researchers
- Peer researchers
- Program staff

Feel free to use the link below and adapt it based on your requirements.
https://www.dropbox.com/s/mcd92479yz0n4f1/Peer%20Research%20Training%20Report%20-%20Final.pdf?dl=0

Tool 4: Collaborative Data Management and Analysis Plan

To understand the impact of family loss and separation on refugee youth in Toronto, the research conducted a scoping review (Refer to Tool 1). The phases in the scoping review were completed collaboratively by the research team and the advisory board community. For instance, a collaborative decision making approach was utilized during the co-design, co-analysis and dissemination phases.

Learning Objectives:

- To learn collaborative decision making
- To understand how the co-design, co-analysis and dissemination phases were achieved
- To understand the analysis plan utilized for the conducted scoping review

Intended Users:

- Researchers
- Program staff

Feel free to look at the DEPICT model article and adapt it based on your own requirements
https://www.dropbox.com/s/4bpqg31iyj9mqil/Depict%20model.pdf?dl=0

Tool 5: Risk Prediction Management Template

A project risk prediction management template is a step-by-step instructional document. It identifies and anticipates an unexpected situation that places the project activities at risk and assists in finding ways to solve this challenge.

Learning Objectives:

- Identify different levels of risk and learn how to manage it
- Learn how to manage the risks to minimize its impacts on the project's activities
- Learn how to operate a research project consistently and effectively

Intended Users:

- Community agencies

- Program staff
- Researchers

Feel free to use the link below and adapt it based on your requirements.
https://www.dropbox.com/scl/fi/s5f885z669g1ayy5de2gx/Risk-prediction-Management-Template.gdoc?dl=0&rlkey=x0fwd5h8si6hzus539jsf2b6y

Tool 6: Outreach Recruitment Plan

It is a best practice to create an outreach plan to structure and evaluate outreach efforts. The outreach plan helps researchers stay focused on the targeted activities. Conducting the focus group discussions during the pandemic was challenging. Thus, the research team had to explore alternative avenues and utilize internal and external networks and resources in recruiting refugee youth for the refugee youth focus group discussion.

Learning Objectives:

- Learn about the best methods to reach the targeted population
- Learn how to identify different resources and networks to utilize them in recruiting interviewees for the focus group discussion
- Understand how to design a step by step outreach plan based on the project's goal and activities

Intended Users:

- Community agency
- Project coordinator
- Outreach worker
- Researcher
- Peer researcher

Feel free to use the step by step laid out plan and adapt it based on your own requirements
https://www.dropbox.com/scl/fi/5ebm94cosb2u11hhipwc2/OutreachPlan.gdoc?dl=0&rlkey=9cot401a41uue3kuh000xcl5m

Tool 7: Recruitment Flyer

The recruitment posters and flyers were utilized as part of the recruitment strategy in the research. One of the ways refugee youth were recruited was by posting the recruitment flyer on Access Alliance's Instagram page. The flyer has all the information refugee youth need to know about the focus group discussion (i.e. time, location, honoraria amount). The flyer also

has the eligibility criteria of refugee youth to participate in the research (i.e. age, status in Canada, residence location).

Learning Objectives:

- Understand how refugee youth are recruited for focus groups
- Utilize [and/or] adapt the recruitment posters and flyers based on one's research's needs
- Learn about the eligibility criteria of the recruited refugee youth in this research

Intended Users:

- Program staff
- Researchers
- Service providers

Feel free to use the link below and adapt it based on your requirements.
https://www.dropbox.com/s/bcejzci9mmoq59f/FG%20recruitment%20-%20Youth%20-%20Final%20-%20Sept%2018.pdf?dl=0

Tool 8: Informed consent and assent process for collecting sensitive data from sensitive populations

The informed consent was developed based on the current research best practices. It is essential to obtain informed consent before collecting any data from participants in the research process.

Feel free to use the developed informed consent and adapt it based on your own requirements
https://www.dropbox.com/s/1lmhti9y45hxfjl/Informed%20Consent%20-%20Youth%20-Final.docx?dl=0

Before collecting data from a vulnerable population, it is essential to train the peer researchers on how to collect sensitive information without causing harm. Peer researchers were trained before conducting the focus group on how to collect sensitive data such including informed consent and checking for emotional stability. They were then trained on collecting sensitive data during the focus group in regards to establishing trust and beginning with less sensitive questions. Finally, they were trained on what to do after collecting sensitive data such as checking the emotional experience of the interviewee and referring to a counselor, if needed. It is important to note that a counsellor was available during data collection because the focus group may have triggered negative emotions in the participants.

Learning Objectives:

- Learn about the informed consent utilized
- Adapt [and/or] use a similar informed consent based on the research's needs
- Train future researchers on how to "collect sensitive data" from a vulnerable population during a focus group discussion

Intended Users:

- Researchers
- Peer researchers
- Service providers

Feel free to use the presentation on "Collecting Sensitive Data" and adapt it based on your own requirements.
https://www.dropbox.com/s/hp4bg9obe1o3bgz/Service%20providers%20demographics%20for%20report.pptx?dl=0

Tool 9: Focus Group Discussion Scripts

When co-facilitating a focus group discussion on Zoom, it is crucial to develop a focus group discussion script. In the script, a specific time is allocated for each section [i.e. Introduction (10 min.)] and each section is further divided by each facilitator's narrative. Developing a focus group discussion script helped in several ways: (1) the focus group discussion was more organized and structured as confusion was avoided, (2) the focus group discussion script helped facilitators focus on the given topic while ensuring all necessary information was asked and included; and (3) the focus group discussion script helped the researchers to smoothly facilitate the focus group discussion.

Learning Objectives:

- Learn about the utilized focus group discussion script
- Adapt or utilize the presented focus group discussion
- Learn how to divide the timings for each section
-

Intended Users:

- Researchers
- Peer researchers

Feel free to use the link below and adapt it based on your own requirements.
https://www.dropbox.com/s/1ftogh25ykzshgh/Focus%20Group%20Script%20-%20Updated.docx?dl=0

Tool 10: Tips to Arrange Successful Focus Group Using Zoom

Collecting data from a focus group is a quick research technique to collect data in qualitative research.It also helps discover trends and opportunities based on group discussions, beliefs and opinions, focusing on what people say vs what they do. In a regular focus group, 7–9 participants are invited to the discussion guided by a moderator; a session lasts about 2 hours.

COVID-19 affected the execution of regular focus groups, as we needed to ensure social distancing. The research team adopted a blended model interviewing the participants via zoom and guided by the traditional approach.

Learning Objectives:

- Understand the systematic process of a group meeting [and/or] interviews for a research project
- Learn how to create an operational plan for Zoom focus group discussion [and/or] interviews
- Learn how to prepare the research team to conduct virtual focus group discussion [and/or] interviews

Intended Users:

- Community agencies
- Researchers
- Peer researchers
- Program staff

Feel free to use the link below and adapt it based on your own requirements.
https://www.dropbox.com/scl/fi/89oizeef8jd8ardyhrn6d/Tips-to-Arrange-Successful-Focus-Group-Using-Zoom.docx?dl=0&rlkey=5r0rrm41wbv1zunh7z22phqnc

Tool 11: How to use Zoom for Focus Group Discussions

Zoom plays a vital role as the leader in modern enterprise video conferences, with an easy, reliable cloud platform for video and audio conferencing, chat, and webinars across mobile, desktop, and room systems. (https://zoom.us) Zoom is also easily accessible by everyone as it is free and is considered to be a user friendly application.

Due to the COVID-19 pandemic and adhering to the Ontario provincial health and safety guidelines, the project team arranged focus group discussions with refugee youth through Zoom instead of in-person meetings.

Since utilizing Zoom for focus group discussions in research is a new method, a user manual of "How to Use Zoom for Focus Group Discussions" was created for the research team and any future researchers or users.

Learning Objectives:

- Learn how to navigate and effectively use Zoom features to become familiar with them
- Learn how to maintain the focus group discussion's confidentiality while utilizing Zoom (i.e. locking the room)
- Learn how to allow everyone to participate during the Zoom focus group discussion

Intended Users:

- Researchers

- Peer researchers
- Program staff
- Other users

Feel free to use the link below and adapt it based on your requirements.
https://www.dropbox.com/scl/fi/nc6sel08gqeaj9qc461ew/How-to-Host--a-Focus-Group-on-Zoom.docx.docx?dl=0&rlkey=a1598recs745j6mi8f9p8r0ti#heading=h.gjdgxs

Tool 12: Knowledge Mobilization (KMb) Plan

KMb is an interactive dynamic process of sharing technical knowledge to end-users to meet the target population's needs or provide better services. The method comprises a set of strategies and a range of nonlinear activities that bring together knowledge generated by external parties and internal expertise to make it accessible by practitioners.

The detailed KMb plan outlines this research's target audience, the best strategies to connect with them, the intended outcome and the outcome indicators. The KMb plan also contains a few specific KMb events and a tentative budget for year-long KMb initiatives.

Learning Objectives:

- Understand the importance and scope of different knowledge mobilization methods
- Learn tips and techniques on how to share learned lessons of particular research to make an impact on a policy level
- Support community-based organizations, researchers and relevant stakeholders by setting clear goals and identify different outcomes
- Gain skills on how to create an action plan

Intended Users:

- Public, Researchers
- Policy Specialists/Government bodies
- Community- based organization/Service agencies
- International Agencies

Feel free to use the link below and adapt it based on your requirements.
https://www.dropbox.com/scl/fi/71hy6bw8iegg6iqsrctse/KMb-plan-Refugee-Youth-Project.docx.docx?dl=0&rlkey=fbzwtjjf5wdp57ovsq52a66fk