

Exploring the Determinants That Contribute to and Promote the Wellbeing of Immigrant and Refugee Children in Canada

by

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A thesis

presented to the University of Waterloo

in fulfilment of the

thesis requirement for the degree of

Doctor of Philosophy

in

Public Health Sciences

Waterloo, Ontario, Canada, 2024

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Author's Declaration

This thesis consists of material all of which I authored or co-authored: see Statement of Contributions included in the thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Statement of Contributions

This thesis consists of four manuscripts. Manuscripts in Chapters 2 and 3 have been published in peer-reviewed journals for which Hoda Herati is the first author. For all four manuscripts in this thesis, exceptions to sole authorship of material are as follows:

Chapter 2 – Paper I: “Mental health interventions for immigrant-refugee children and youth living in Canada: A scoping review and way forward”

Hoda Herati Conceptualized the manuscript; sourced, reviewed, collated, and synthesized the literature; drafted and edited the manuscript for publication.

Samantha Meyer Provided guidance in the conceptualization of the manuscript; read, edited, and provided feedback on all drafts.

Citation: Herati, H., & Meyer, S.B. (2023). Mental health interventions for immigrant-refugee children and youth living in Canada: a scoping review and way forward. *Journal of Mental Health*, 32(1), 276-289. <https://doi.org/10.1080/09638237.2020.1818710>

Chapter 3 – Paper II: “Exploring the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada: A multi-method participatory study”

Hoda Herati Conceptualized the manuscript; collected the data; analysed the data; drafted and edited the manuscript for publication.

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Citation: Herati, H., Neiterman, E., Parker-Shandal, C. & Meyer, B. Exploring the Determinants that Contribute to and Promote the Wellbeing of Immigrant and Refugee Children in Canada: a Multi-Method Participatory Study. *Child Ind Res* 16, 2279–2305 (2023). <https://doi.org/10.1007/s12187-023-10060-y>

Chapter 4 – Paper III: “Examining and demonstrating the use of a multi-method approach in research with immigrant and refugee children in a virtual setting”

Hoda Herati Conceptualized the manuscript; planned and designed the methodological approach described; drafted and edited the manuscript for publication.

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Citation: Herati, H., Neiterman, E., Parker-Shandal, C. & Meyer, S.B. Examining and demonstrating the use of a multi-method approach in research with immigrant and refugee children. [Manuscript in preparation]

Chapter 5 – Paper IV: “Extending the PERMA wellbeing model to respond to the needs of immigrant/refugee children of colour from the Middle East and North Africa region”

Hoda Herati Conceptualized the manuscript; developed the model described; drafted and edited the manuscript for publication.

Elena Neiterman Provided guidance in conceptualization of the manuscript; read, edited, and provided feedback on all drafts.

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Citation: Herati, H., Neiterman, E., Parker-Shandal, C. & Meyer, B. Extending the PERMA wellbeing model to respond to the needs of immigrant/refugee children of colour from the Middle East and North Africa region. [Manuscript in preparation]

Abstract

In 2023, Canada's new Immigrant Levels Plan was introduced to support Canada's economic recovery and growth, reunite families, and respond to humanitarian crises. As a result, Canada will welcome over 480,000 new immigrants annually during 2024-2026 including many families with children and youth. To date, most research with immigrant and refugee children has focused on the negative impacts of migration stressors over the factors that can support their wellbeing. Further, few studies include children as research participants despite the fact that children can play an active role in studies that examine issues affecting them. Rather, studies focused on children's experiences are based on the perspective of institutions and adults. As such, the overall aim of this dissertation is to examine the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada, considering their perceptions and subjective experiences. To meet this aim, this dissertation includes four papers, described below.

Paper I is a scoping review, following Arksey and O'Malley's methodology, that aimed to understand the psychosocial needs of resettled immigrant and refugee children and youth in Canada in the context of their school and community, and to identify the characteristics of school-/community-based mental health programs for this group. The findings of this review make contributions to the literature in terms of identifying approaches, particularly collaborative care models, school-community-family partnerships, and school-based creative expression programs, to addressing mental health issues in immigrant and refugee children and youth. Furthermore, this scoping review informed the methodology used in Paper II as it highlighted the value of using creative expression methods when working with immigrant and refugee children.

Paper II, the empirical paper of this dissertation, used a multi-method qualitative approach, namely the Mosaic methodology, to explore and identify the determinants that contribute to and promote the wellbeing of immigrant and refugee children aged 6-13 settled in Canada. In this paper, I focused on immigrant and refugee children from the Middle East and North Africa (MENA) region, taking into account that Canada has resettled a large number of refugees from this region in recent years (over 120,000 from 2015 to 2023). Considering the multi-method approach of the Mosaic methodology, I used a visual method (drawing) combined with a verbal method (interviews) to collect data from children (n=16) and their parents (n=9). This study was informed by the social-ecological framework that considers a child within the

context of family, community, and broader society. Accordingly, the findings of this study suggested that immigrant and refugee children's wellbeing is influenced by individual characteristics, relationships with their surroundings, and organizational/community factors. Further, the results showed that wider societal policy and practice changes are necessary to enhance the wellbeing of this group.

Drawing upon the findings of Paper II, Paper III examined and demonstrated the use of a multi-method approach in research with immigrant and refugee children in a virtual setting, making a methodological contribution to the literature. This methodological paper emphasized the importance of listening to children and involving them as active participants in research studies by using creative visual combined with traditional verbal methods to collect data from this group. This paper provides practical guidance for using a multi-method approach in research with immigrant and refugee children in a virtual setting.

Given the findings of Paper II, the conceptual paper of my dissertation (Paper IV) aimed to extend the PERMA model of wellbeing, a framework developed within a Western context and has five constructs: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment, to respond to the needs of immigrant and refugee children of colour from the MENA region. This framework has been used to study and evaluate individuals' wellbeing, however, its current constructs may not adequately represent the views and experiences of people with marginalized identities, such as racialized children and newcomers from non-Western nations. The findings of Paper IV contribute to the existing literature on wellbeing by identifying two new components, C for cultural and religious identity and S for safe and peaceful environment, to be added to the PERMA model of wellbeing (titled the PERMA-CS). The extended model can be used as a framework for research with immigrant and refugee children from the MENA region who resettled in a Western context, a novel population for this model.

In summary, through conducting a scoping review and a qualitative study that used a multi-method approach, I provide empirical, methodological, and conceptual contributions that will support the promotion of wellbeing of immigrant and refugee children in Canada. In particular, this thesis contributes to the literature by empirically identifying the factors that influence and promote the wellbeing of immigrant and refugee children in Canada. Moreover, the methodological approach of this thesis furthers our understanding of the use of a multi-

method approach in research with immigrant and refugee children in a virtual setting. Additionally, my thesis makes conceptual contributions to the literature by proposing a framework of wellbeing that builds on a previously defined model.

Acknowledgements

I am indebted and forever grateful to my supervisor, Dr. Samantha Meyer, for her tremendous support, guidance, and care throughout my doctoral journey. Her kind, thoughtful, and encouraging words helped me greatly to deal with the hardships during this journey. I appreciate the opportunity to work under her supervision, even though my research experience was not extensive. Indeed, this endeavour would not have been possible without her continued advice and support.

I would also like to express my deepest appreciation to my thesis committee members, Dr. Elena Neiterman and Dr. Crystena Parker-Shandal, for their insightful feedback and guidance. Their contributions and input were crucial in helping me develop my research approach.

I would like to extend special thanks to Dr. Sherin Hussien for her help in recruiting participants and to the participants for taking part in my study despite the stressful times of a pandemic.

My heartfelt thanks go to my mom and dad, Salameh Khorzoughi and Abdulkhaliq Herati, for their prayers, endless support, care, and unconditional love. I want to give a special mention to my mom for always being my go-to person when I needed help taking care of my young children so that I could have some personal time. I am also thankful to my mother-in-law and father-in-law, Nimah Arefai and Dr. Barakat Al-Bataina, for their prayers, kindness, and support during the challenging moments of my doctoral studies.

Words cannot express my gratitude to my friend, life partner, and beloved husband, Dr. Bilal Al-Bataina, for his patience, understanding, encouragement, and unwavering support. Thank you, Bilal, for being my source of comfort, for supporting me in everything, for giving me your wise advice when I needed it, and for your help in looking after our children so I could focus more on my studies. I could not have undertaken this experience without your love, care, and support, which have been crucial in helping me get through the stressful moments of this journey. Thanks a million!

To my sons, Barakat, Rayan, and Elias, I am truly grateful for your presence in my life. You are my inspiration to work hard and achieve my goals.

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Statement of Positionality

As the primary author of this thesis who conceptualized the papers, led the data collection process and interpreted the findings, I acknowledge that my social identity and positionality inspired the conceptualization and design of my thesis. My positionality in this research is shaped by my ethnicity, race, language, life experiences, and previous practice. I am from an ethnic group in the MENA region, speak English, Arabic, and Farsi, and self-identify as a racialized person. I am aware that these three aspects of my social identity share similarities with the participants' social and cultural identities. Thus, one of the motives for designing and conducting this study was to see if this researcher-participant matched identity may make participants and their parents feel more comfortable talking to me, despite the fact that I introduced myself as a researcher working with a Canadian institution. This conclusion is significant for me since it can inform my approach to this population in future research.

Another motive for me to conduct this study was my personal experience as an immigrant who migrated to Canada several years ago with her family, including siblings who were the same age as the participants in this thesis. Considering my previous experience as an immigrant, as well as my understanding of my siblings' difficulties adjusting to a new society and educational system, I wanted to learn more about the abilities and skills that migrant children can have to help them relocate and establish in a new country.

Additionally, I had direct contact with refugees arriving in Canada from war-affected areas when I volunteered to assist in interpreting to facilitate communication between this group of newcomers and their Canadian sponsors, and also when I conducted face-to-face interviews with them in a project to assess their needs and concerns. Given my shared linguistic and ethnic background with the potential participants and my belief in and adherence to the cultural values of this group, as well as my prior knowledge of their concerns and needs after resettlement in Canada, I acknowledge that my personal positionality in this thesis is that of an insider, in particular, "indigenous-insider" (Greene, 2014; Merriam et al., 2001). As Greene indicated, "The true indigenous-insider as researcher holds the values, perspectives, behaviours, beliefs, and knowledge of his/her indigenous/cultural community that is under study" (Greene, 2014, p. 3).

Epistemologically, I take an interpretivist stance and recognize that reality is subjective and can vary considering different individuals (Crotty, 1998, 2003). As an interpretivist researcher, I am aware that I would be able to explore participants' experiences in depth through informal discussions and interviews. By adopting an interpretivist epistemology, I believe that the data gathered and analysed are less likely to be generalized given that the data is primarily based on specific contexts, values, and perspectives.

Theoretically, I have a pragmatic view of theories (Dewey, 1916; Travassos-Britto et al., 2021). As a pragmatist, I believe that my knowledge and understanding of health and wellbeing are shaped by my socio-cultural background, beliefs, and life experiences. I am a researcher with a non-Western socio-cultural background who believes that having a supportive family, including extended family, engaging with one's community, and respecting cultural/religious beliefs all have an impact on a person's health. So, one of the frameworks that informed this thesis was the social-ecological framework, which states that people's health is determined not only by their personal and biological characteristics, but also by their interactions with their surroundings, such as their closest social circles, social networks and relationships, and social and cultural norms.

On the other hand, as a researcher interacting with Western populations and conducting studies in Western contexts, I also used the PERMA model of wellbeing in this thesis. A comprehensive overview of this model is provided in Chapter 5. This framework was applied to investigate whether this model, which was primarily developed in a Western context and focuses on individuals' emotions and functioning (feeling good and functioning well), can properly define the determinants of wellbeing among a group of non-Western children. Given my pragmatic view, using two frameworks with diverse focuses and perspectives enabled me to expand my knowledge about the concept of wellbeing and create a model, the PERMA-CS, that can be used to learn more about this phenomenon.

I am aware that my prior knowledge of participants' challenges, our shared ethnic and cultural backgrounds, and my own experiences as an immigrant and the challenges I and my family had experienced during our resettlement in Canada, may lead me to make assumptions about the participants' perspectives. I checked my interpretations with participants throughout the data collection process to determine whether my interpretations appeared to be representative

of their ideas and beliefs. In the event that images or written notes were not clear to me, I made sure to ask participants for further explanations rather than making assumptions. Additionally, to analyse the data I listened to the audio recordings of the interview sessions multiple times. This approach involved more than just listening to participants' answers, as I also considered my questions and follow-up questions throughout the sessions. For instance, despite the open-ended structure of the interviews, in some cases I used closed-ended questions (e.g., Would you be happier in school if you could understand and speak English?) to highlight a specific factor (e.g., language barrier), possibly influenced by my assumptions, beliefs, values, and/or personal experiences. In this case, I referred to the visual and written data to re-evaluate the findings and the themes identified.

Chapter 1. Introduction

Background

Rawan, a 10-year-old refugee, came to Canada with her parents and three siblings when she was 4 years old. After moving to Canada, she experienced many challenges including bullying by classmates. Yet, she was able to accomplish tasks, like improving her progress report and getting good grades, that made her feel proud, happy, and good. As well, Rawan believes that her happiness comes from helping and comforting others, for example, when they are being bullied. As a refugee from a war-affected region, Rawan also knows that being grateful for her life is part of what makes her happy. - A case study

In 2023, Canada's new Immigrant Levels Plan was introduced to support Canada's economic recovery and growth, reunite families, and respond to humanitarian crises. As a result, Canada will welcome over 480,000 new immigrants annually during 2024-2026 (Government of Canada, 2023a). Given Canada's priority of reuniting families, it is anticipated that the number of immigrant and refugee children will significantly increase, pointing to a need for children-focused approaches to facilitate their successful integration and resettlement into Canadian society (Gouin, 2016).

To date, the literature (Andrade, Roca, & Pérez, 2023; Beiser, Puente-duran, & Hou, 2015; Maioli, Stevens, Pinto, Linthout, & Devakumar, 2023; Shakya, Khanlou, & Gonsalves, 2010; Stuart & Ward, 2018) has focused primarily on immigrant and refugee children's risk factors, pre-migration stressors, their experienced post-migration challenges, the negative consequences of these challenges on the life and health of these children, and how these negative consequences can be addressed. Therefore, most of the previously defined indicators of child wellbeing do not consider the factors that contribute to positive wellbeing outcomes, leaving a gap in our understanding of the determinants that contribute to and promote the wellbeing of immigrant and refugee children after their settlement. Furthermore, determinants of children's wellbeing have traditionally been defined and measured based on certain behavioural criteria and developmental milestones established by institutions and/or the perspective of adults as authorized persons to provide information on behalf of children (Fattore, Mason, & Watson, 2007). However, the measures and criteria identified by traditional approaches may not

adequately define and reflect the concept of children's wellbeing because they do not take into account children's own experiences, perspectives, and daily interactions. Accordingly, there is a paucity of literature that examines the determinants of wellbeing of immigrant and refugee children by engaging them in the study and listening to their perceptions and lived experiences about factors impacting their wellbeing.

Concerning the research gaps identified above, the overall aim of this thesis is to examine the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada, considering their perceptions and subjective experiences.

Overall, in light of the growing number of immigrants and refugees in Canada, it is essential that we give them a voice to recognize and acknowledge their needs and concerns, as well as their strengths, capacities, resources, and protective factors. Ultimately, this strategy will work towards focusing on the positive aspects of children's lives and adopting a strengths-based approach, the approach that has been recommended in the development and implementation of programs, interventions, and social policies. (Hill, 2008; Thomas, Gray, & McGinty, 2012).

Thesis Structure

This thesis has a manuscript-based structure. It includes four independent but interrelated manuscripts (chapters 2, 3, 4, and 5), as the conceptualization of Papers III and IV were based on the findings of Paper II. As the first author of all papers, I was responsible for study conception and design, data collection, analysis and interpretation of the results, drafting, submitting, and revising the manuscripts. All co-authors provided methodological guidance and feedback on the draft manuscripts.

Before conducting the empirical study (Paper II), ethics approval was obtained by the University of Waterloo research ethics committee (approval # 43078). All adult participants provided written or verbal informed consent and all child participants provided verbal assent for participation, recording, and use of their quotes and drawings in publications. Pseudonyms were used to maintain anonymity. Since this study was conducted during a global pandemic, all sessions were completed virtually for each family via an online platform (Zoom).

Paper I – The Scoping Review

Traumatic life events experienced by immigrant and refugee children and youth may deteriorate their mental health and wellbeing (Eruiyar, Maltby, & Vostanis, 2018; Fazel, Reed, Panter-Brick, & Stein, 2012; Sim, Ahmad, Hammad, Shalaby, & Georgiades, 2023; Trentacosta, McLear, Ziadni, Lumley, & Arfken, 2016). Despite the documented negative effects of immigration on the mental health of immigrant and refugee children, studies have shown that interventions to support their mental health are not being fully utilized (Edwards et al., 2022; Kamali, Edwards, Anderson, Duku, & Georgiades, 2022). Thus, it is a public health priority to identify the mental health needs of immigrant and refugee children and to develop mental health interventions and programs to meet the needs of this population. The first paper of this dissertation (Paper I) in Chapter 2 is a scoping review aimed to understand the psychosocial needs of immigrant and refugee children and youth resettled in Canada in the context of their school and community and to identify the characteristics of school- and community-based mental health interventions and programs for this group (Herati & Meyer, 2023). This scoping review followed the five-stage framework suggested by Arksey and O'Malley: (1) identifying the research question; (2) identifying the relevant studies; (3) selecting the studies; (4) charting the data; and (5) collating, summarizing, and reporting the results (Arksey & O' Malley, 2005).

Results suggest that collaboration between schools, communities, and families plays a crucial role in developing and implementing comprehensive mental health interventions for immigrant and refugee children and youth. In addition, this review of the literature found that creative expression programs are effective approaches to studying mental health issues and developing and implementing mental health programs and interventions for immigrant and refugee children (Kronick, Rousseau, & Cleveland, 2018; Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005; Rousseau, Marie-France Gauthier, et al., 2005; Valenzuela-pérez & Arias-valenzuela, 2014). Therefore, conducting this scoping review helped guide the methodological approach of my doctoral thesis, which used a creative visual method, namely drawing with my target participants.

Paper II – The Empirical Paper

The majority of previous literature on the lives and wellbeing of immigrant and refugee children focused on post-migration challenges and associated negative outcomes (Measham et al., 2014; Stuart & Ward, 2018), leaving a gap in the study of determinants that contribute to and promote the wellbeing of immigrant and refugee children after their resettlement, taking into account their subjective life experiences and daily interactions. As such, Paper II in Chapter 3 is an empirical paper that aimed to explore and identify the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada (Herati, Neiterman, Parker-Shandal, & Meyer, 2023). Given the significant impact of social-ecological factors on the wellbeing of children (Ben-ariéh & Frønes, 2011; Lewis, 2019; Migliorini, Tassara, & Rania, 2019), this empirical study was informed by the social-ecological framework, a multilevel conceptual framework that includes intrapersonal, interpersonal, organizational/community, and societal factors (Scarneo, Kerr, Kroshus, Register-Mihalik, J. K., Hosokawa, Y., Stearns, R. L., DiStefano, & Casa, 2019). Regarding the methodological design of this study, I used a multi-method research approach called the Mosaic methodology (Clark & Moss, 2011) where I utilized a creative visual method (drawing) combined with a traditional verbal method (interviews) to collect data from immigrant and refugee children aged 6 to 13 (n=16) and their parents (n=9). The written, verbal, and visual data were analysed using qualitative content analysis and thematic analysis (Elo et al. 2014; Braun & Clarke, 2006). These two analytical approaches were used simultaneously to cover both the manifest and latent contents of the data. In particular, qualitative content analysis was mostly used to describe the manifest contents of the data (e.g. I want a larger house so I don't have to share a room with my siblings, I'm happy here because there is no war, etc.). In this approach, I mainly focused on the frequency of codes (e.g. large houses, electronic devices, places without war, etc.). Additionally, by using a thematic analysis approach, I aimed to understand and express the latent contents of the data (The child painted her and her mom's skirt with her favourite colour while they were baking together to show her special relationship and bond with her mom). Accordingly, themes were identified inductively, taking into account both the manifest and latent contents of the data, based not only on the frequency and clear expressions of the codes, but also on the underlying meaning of the content. Further, I used a constant comparison method to compare the new codes/themes with the existing

ones as they emerged throughout the study. This method is an appropriate and effective approach to checking for data saturation when we stop collecting data (Onwuegbuzie et al., 2009).

Accordingly, ten themes were identified and organized into intrapersonal (material resources, resilience, empathy, accomplishments, gratitude, cultural and religious identity), interpersonal (firm maternal bonding/attachment, friendships, and peer relationships), and organizational/community (safe and peaceful environment, engagement in art- and play-based activities) levels, the three levels of influence in the social-ecological framework. Paper II contributes to the literature by identifying multilevel determinants of wellbeing for middle-aged immigrant and refugee children settled in Canada. The findings of this study suggest that the needs of this group of children should be assessed in various settings, including at home, schools, and communities, instead of just individually. Furthermore, this study examined how the introduction and/or change of policies and practices at the societal level, the fourth level of influence in the social-ecological framework, can positively impact the determinants of wellbeing of immigrant and refugee children.

Paper III – The Methodological Paper

Based on my approach in conducting the empirical study in Paper II, Paper III in Chapter 4 is a methodological paper aimed to examine and demonstrate the use of a multi-method approach in research with immigrant and refugee children in a virtual setting. This paper contributes to the literature by providing practical guidance for using a multi-method approach in research with immigrant and refugee children in an online environment. In this paper, I first examined the application of a multi-method research design that I used in Paper II, namely the Mosaic methodology. The Mosaic methodology encourages the use of non-traditional methods such as arts-based methods and traditional verbal methods to conduct studies with young children (Clark & Moss, 2011). I then demonstrated my practical approaches to collecting and analysing verbal, written, and visual data by referring to strategies, statements, narratives, and children's drawings from Paper II. Since the empirical study was conducted during a global pandemic, all sessions were completed virtually for each family via an online platform (Zoom). This approach helped me to further explore practical approaches to conducting online research with children in Paper III. The findings of this paper showed that using a multi-method approach allows children to express their feelings and relate to their lived experiences using their preferred method of

communication. Further, an examination of the methodological approach of Paper III showed that a multi-method approach provides more comprehensive data, improves data interpretation and analysis, and enhances data validity. Additionally, this paper implies that conducting research with children in a virtual environment may pose practical challenges. So, researchers must evaluate and consider these potential challenges prior to and during the study and develop appropriate mitigation strategies to address them.

Paper IV – The Conceptual Paper

Based on the findings of Paper II, Paper IV in Chapter 5 is a conceptual paper aimed to extend the PERMA wellbeing model, a framework developed within a Western context and has five constructs: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment, to respond to the needs of immigrant and refugee children of colour from the Middle East and North Africa (MENA) region. The focus of this paper was on participants from the MENA region, as Canada has resettled a large number of refugees from this region in recent years (over 120,000 from 2015 to 2023) (Government of Canada, 2017, 2021, 2023b). This paper contributes to the literature by proposing a framework extended from a well-known wellbeing model to further understand the concept of wellbeing and its determinants among particular groups of immigrant and refugee children.

Studies argued that wellbeing is a multidimensional concept and should not be measured based on emotions and pleasure only, but it should also be evaluated in terms of individuals' functioning and personal growth (Ryff, 2014; Thomas et al., 2012). Thus, wellbeing has been defined as both feeling good or hedonic wellbeing, and functioning well or eudaimonic wellbeing (Diener, Lucas, & Oishi, 2002; Huppert, 2014; Thomas et al., 2012). Hence, a comprehensive approach to studying the concept of wellbeing requires consideration of both hedonic and eudaimonic perspectives. The PERMA model is a Western framework that contains components from both hedonic and eudaimonic perspectives and is used to assess and measure the wellbeing of children and adults (Seligman, 2011). This model has 5 components that mainly focus on individuals' strengths rather than their weaknesses: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment (Goodman et al., 2017; Seligman, 2011). The PERMA model has been used in various settings to measure and assess the wellbeing of individuals. However, since this model was developed in a Western context and is based

primarily on the cultures, beliefs, and needs of Western nations, empirical and theoretical limitations have been identified that may limit the application of this model to different contexts (Donaldson et al., 2021; Goodman et al., 2017; Wong and Roy, 2018). Accordingly, there is a need to study the use of the PERMA model in different contexts and among people of colour with non-Western cultural and social backgrounds, such as immigrant and refugee children of colour considering their unique needs.

For data analysis, I referred to the same dataset including quotes and statements used to inductively analyze the data to identify themes in Paper II. However, to meet the aim of Paper IV, I deductively compared the established themes along with their relevant quotes and statements with terminologies commonly used to represent the main characteristics of the PERMA model constructs using a coding template (See Table 1 in Chapter 5). Some statements or quotes could not be supported by any of the given terminologies. As such, the findings of this paper suggest that beyond the five constructs of the PERMA model, two new constructs contribute to and promote the wellbeing of immigrant and refugee children of colour from the MENA region: ‘cultural and religious identity’ and a ‘safe and peaceful environment’ (titled the PERMA-CS). The proposed PERMA-CS is an extension of the PERMA model to respond to the learning, social, and emotional needs of immigrant and refugee children of colour from the MENA region and can be used as a framework for research with this group of children in a Western context. The proposed framework can also be used to generate questions for the development or customization of assessment tools to assess the wellbeing of this group across different domains.

In summary, through conducting a scoping review and a qualitative study that used a multi-method approach, this thesis provides empirical, methodological, and conceptual contributions that will support the promotion of wellbeing of immigrant and refugee children in Canada. In particular, this thesis contributes to the literature by empirically identifying the factors that influence and promote the wellbeing of immigrant and refugee children in Canada. Moreover, the methodological approach of this thesis furthers our understanding of the use of a multi-method approach in research with immigrant and refugee children in a virtual setting and provides my practical approaches for virtual data collection in research with this group of children. Additionally, my thesis makes conceptual contributions to the literature by proposing a framework of wellbeing that builds on a previously defined model.

I now turn to presenting each of the four papers as a stand-alone paper in Chapters 2, 3, 4, and 5. Chapter 6 includes the conclusion of this thesis.

Chapter 2. Paper I

Mental health interventions for immigrant-refugee children and youth living in Canada: A scoping review and way forward

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“This is an Accepted Manuscript of an article published by Taylor & Francis in Journal of Mental Health on 11 September 2020, available at: <https://doi.org/10.1080/09638237.2020.1818710>”

Abstract

Background: Traumatic life events experienced by immigrant-refugee children and youth may deteriorate their mental health and well-being. It is a public health priority to develop appropriate mental health interventions for this population.

Aims: To understand the psychosocial needs of immigrant-refugee children and youth resettled in Canada in the context of their school and community and to identify the characteristics of school-/community-based mental health programs for this group.

Method: Arksey and O’Malley’s methodology for scoping reviews was used to select the studies based on criteria, extract data in a table, and synthesize main findings.

Results: Fifteen peer-reviewed articles and five grey literature were identified. Key findings show that collaboration between schools, communities, and families play a crucial role in developing and implementing comprehensive mental health interventions for immigrant-refugee children/youth. Involving cultural brokers/interpreters and racially diverse school teachers/staff, is important to establish a trustful relationship between school authorities and marginalized population.

Conclusions: Further research is needed to examine the impact of collaborative mental healthcare among multiracial and newcomer families in Canada. Furthermore, there is a need to study the impact of adopting creative expression programs at schools/communities to improve emotional/behavioural problems and enhance school performance of these groups.

Keywords: Immigrants, refugees, mental health programs, school-based, community-based, children, youth

Introduction

According to the most recent report issued by The United Nations High Commissioner for Refugees, there are over 25 million refugees and 3 million asylum seekers worldwide, more than half of which are under the age of 18 (UNHCR, 2018). In the Canadian context and based on the 2016 Canada Census, 21.9% of the total population identified as immigrants. Due to the influx of Syrian refugees in 2016, one-quarter of the total immigrant population identified as refugees. Central to the focus of this paper, in 2016, 37.5% of the total children population in Canada, under the age of 15, had at least one foreign-born parent or they were foreign-born themselves (Statistics Canada, 2016). Additionally, the number of newcomer youth aged 15-24 who settled in Canada between 1999 to 2008 increased by 24.9% (Shakya, Khanlou, & Gonsalves, 2009).

A refugee is a person who without any warning had to flee his or her own country because of war, violence, and/or persecution while immigrants are those who with a plan left their own country to settle down in another one as a lawful permanent resident (International Rescue Committee, 2018). The distinction is important given that the stresses associated with immigrants as opposed to refugees, likely plays a role in their risk for mental health problems.

There are three stages of migration: pre-migration, peri-migration, and post-migration. The traumatic events experienced by Immigrant-Refugee (IR) children and youth across these stages of migration have been identified as significantly impacting mental health. Indeed, there are common stressors and challenges faced by both immigrants and refugees such as acculturation stress, separation from family, unemployment, and discrimination (Fenta, Hyman, & Noh, 2004). However, there are unique factors experienced by refugees during pre-and peri-migration stages that make them at a higher risk of developing physical and mental health issues compared to other immigrant populations. Witnessing death/torture of family members, using of unsafe methods to forcefully escape the critical conditions in their home country, and living in refugee camps for months/years with limited access to basic needs, all increase the vulnerability of refugee groups in the development of mental health disorders (Bempong, Sheath, & Seybold, 2019; Priebe, Giacco, & El-Nagib, 2016). It is therefore unsurprising that the majority of research on IR child and youth mental health has focused primarily on pre-and peri-migration stressors. However, the post-migration stage plays an important role in the resettlement processes of newcomers and remains poorly understood. Post-migration daily stressors have an equal or

even more significant impact on the mental health outcomes of refugees compared to their pre-migration trauma (K. E. Miller & Rasmussen, 2017; Kenneth E Miller & Rasmussen, 2010). It has been demonstrated that the post-resettlement period is associated with both the improvement and deterioration of child and youth mental health. High levels of community/social support in the new country, positive school environment/experience, and strong family relationships enhance the resilience and improve mental health status of IR children and youth (Betancourt & Khan, 2008; Fazel, Reed, Panter-Brick, & Stein, 2012). On the other hand, post-resettlement stressors have been associated with increased risk of depression and anxiety among war-affected refugee (H. Ellis, MacDonald, Lincoln, & Cabral, 2008; K. Miller et al., 2002). Discrimination based on religious identity/practices, social isolation/exclusion, acculturation, and issues related to adjustments to the new educational system, all have been identified as post-migration challenges leading to emotional problems among IR youth (Beiser, Puente-duran, & Hou, 2015; Measham et al., 2014; Shakya et al., 2009; Stuart & Ward, 2018).

Studies also suggest that there is a positive association between younger age at time of immigration and developing psychiatric disorders later in life (Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007; Breslau, Borges, Hagar, Tancredi, & Gilman, 2009). For example, a Canadian study identified that immigrant adults who at the time of migration were younger than six years old had higher rates of mood and anxiety disorders in adulthood compared to those who immigrated at the age of 18 or older (Patterson, Kyu, & Georgiades, 2012). This study did not explicitly indicate that this difference was based on the traumatic exposure after resettlement, but found that younger age at time of immigration and longer duration of residence in Canada along with other factors (country of origin and household size), were associated with increased risk of developing current mood and anxiety disorders among IR populations (Patterson et al., 2012). Data also identify health disparities related to settlement on the basis of immigration status. According to evidence from Longitudinal Survey of Immigrants to Canada (LSIC), there are disparities in physical health, mental health and wellbeing among immigrant sub-groups (Robert & Gilkinson, 2012). A LSIC report indicates that after four years of resettling in Canada, refugees had the highest rates of emotional problems (38%) while family class immigrants had the lowest rates of similar problems (26%) of all the immigrant categories (Robert & Gilkinson, 2012).

With regard to mental health interventions, studies have primarily focused on the pre-migration experience of refugee children and preventing/treating psychiatric disorders by using evidence-based trauma-focused interventions (Fazel & Betancourt, 2018; Murray, Davidson, & Schweitzer, 2010). However, researchers have raised concerns regarding the cultural appropriateness of trauma-informed services since these services use Western methods to evaluate and treat mental health problems of non-Western population (Bracken, 2002; Murray et al., 2010).

In addition to gaps in our understanding of the post-migration process, the broader social and environmental factors shaping IR mental health also remain poorly documented. While there are several specialized mental health interventions for IR children and youth living in Western countries (Kronick, 2018; Nose et al., 2017; Ruf et al., 2010), many of these interventions do not address the socio-ecological factors shaping IR child and youth mental health. In contrast to specialized trauma-focused interventions offered by clinicians and specialists to address pre-and peri-migration trauma, socio-ecological interventions such as those implemented at schools and communities focus on daily stressors of IR populations and incorporate intake from individuals, families, and communities to address children's multiple needs.

Studies have shown that school-and community-based mental health programs/interventions are effective in addressing post-resettlement psychosocial challenges and improving mental health outcomes of IR children and youth (Barrett, Sonderegger, & Xenos, 2003; Beehler, Birman, & Campbell, 2012; H. B. Ellis et al., 2013; Tyrer & Fazel, 2014). Further studies are needed to examine the facilitators and barriers to planning, implementing, and accessing school-and community-based mental health programs targeting this vulnerable group. Accordingly, this will help program developers and decision-makers to develop mental health policy and to allocate scarce resources (Kenneth E Miller & Rasmussen, 2010).

The present work occurs in advance of what is anticipated to be a major influx in immigration to Canada given Canada's 2020-2022 Immigration Levels Plan that aims to welcome over one million new immigrants between 2020-2022 (IRCC, 2020). Further, it is anticipated that the number of IR youth and children will be substantial given Canada's family-focused immigration policy and priority of reuniting families. This policy will increase admissions of sponsored spouses, partners, and children specifically, pointing to a need for

children and youth focused approaches to facilitate their successful integration and resettlement into the Canadian society (Gouin, 2016).

The aims of the present scoping review are: 1) to better understand the psychosocial needs of IR children and youth resettled in Canada in the context of their school and community, in order to better inform future programs and interventions, and 2) to systematically document the characteristics of, and the guidelines for, community- and school-based mental health programs for IR children and youth living in Canada. Based on our aims, the following research question was developed: “What are the facilitators and barriers identified in the existing literature that need to be considered in adopting community-/school-based mental health programs for immigrant-refugee children and youth living in Canada?”

Methods

Scoping reviews are the preferred methodology for addressing broad research questions regarding the scope of research in a given area and are useful to identify gaps in the current knowledge and suggesting topics for future research (Arksey & O’ Malley, 2005). In line with the aim of this research, a scoping review systematically summarizes research findings in a manner that can be used by researchers, policy makers, program developers, evaluators and end-users for practical application. (Arksey & O’ Malley, 2005; Munn et al., 2018).

This scoping review followed the five-stage framework suggested by Arksey and O’Malley: (1) identifying the research question; (2) identifying the relevant studies; (3) selecting the studies; (4) charting the data; and (5) collating, summarizing, and reporting the results (Arksey & O’ Malley, 2005).

Identifying the Research Question

What are the facilitators and barriers identified in the existing literature that need to be considered in adopting community-/school-based mental health programs for immigrant-refugee children and youth living in Canada?

Identifying the Relevant Studies

The following academic databases were selected based on their subject relevance to our research question and the advice of a library scientist: PubMed, CINAHL, ERIC, PsycINFO and Scopus (see Appendix A for search terms used). The search was conducted in January 2019.

Study Selection

Peer-reviewed Literature

To select the articles, the following inclusion criteria were applied: (i) peer-reviewed articles; (ii) articles published between January 2010 to December 2018; and (iii) articles published in English to avoid time and cost required for translation of materials. Articles which were published in the last 8 years were selected for two reasons; first we wanted to examine if the continued change in emigration trends as well as in demographic and social characteristics of the Canadian population (Edmonston, 2016) were reflected in recently published articles that aimed to study the mental health issues of ethno-cultural communities in Canada. Over years, Canada has welcomed refugees and immigrants from all over the world. Political, economic, and social crises globally, impact the emigration trends. In 1970s, for example, Chile and Bangladesh were main sources for refugees to Canada while in the recent years, the number of refugees from Syria and Iraq have been increased (Schwartz, 2015). Second, as Arksey and O'Malley (2005) indicate that, in some cases, for practical reasons and time constraints, a time frame needs to be built into the inclusion criteria (Arksey & O' Malley, 2005). In addition, the following exclusion criteria were used to select the relevant articles: (i) middle-old aged groups only; (ii) physical and learning disabilities without considering the resulted mental health issues; (iii) mental health prevalence and/or risk factors without referring to a school and/or community-based approach (intervention/program/service); (iv) clinic or hospital-based interventions and approaches; (v) articles with no available online full text; and (vi) articles conducted in a non-Canadian context. The selected articles were entered and organized by RefWorks, a reference management software.

In order to ensure the review of peer-reviewed literature was comprehensive, the primary author also conducted a Google Scholar search and reviewed references from all articles that

were included in the present review (Arksey & O' Malley, 2005). Google Scholar and reference lists did not yield additional resources for inclusion.

Grey Literature

Grey literature was searched on February 25th and 27th, 2019 to identify recommendations and guidelines provided by Canadian organizations and authorities about developing and implementing mental health services/interventions for IR children, youth, and their families. While there is not a gold standard method to systematically search grey literature (Godin, Stapleton, Kirkpatrick, Hanning, & Leatherdale, 2015), a search plan was developed to conduct this process. In developing a systematic search plan for grey literature, we considered to have a comprehensive search strategy while keeping the retrieved results manageable (Paez, 2017). For this purpose, the Google search engine was used since it is a popular and easily accessible method to look for relevant documents. The first 50 records retrieved from Google were scanned using their executive summaries, introduction section of the document, and/or table of contents. Accordingly, the full texts of the documents were screened. The contents which were consistent with the academic literature were selected.

The initial search of both peer-reviewed and grey literature resulted in 972 articles and documents. After applying inclusion criteria and removing duplicates, 633 peer-reviewed articles and 5 documents were left. For selecting articles, the titles and abstracts were read by the first author which resulted in excluding 520 articles. The remained articles were assessed using their full-text. By applying the exclusion criteria, 98 articles were excluded. At the end, 20 articles and documents were included in this scoping review (see Figure 1).

Charting the Data

A table was developed to chart the main characteristics of the included peer-reviewed articles including author information, study purpose, sample information, and methodology (see Table 1). For grey literature, data from each document were extracted in a table based on the following: Type or description of document/organization, organization(s) name, year of publication, and target audience (see Table 2). The measures and instruments that were used to collect quantitative data were also summarized in a table (see Appendix B).

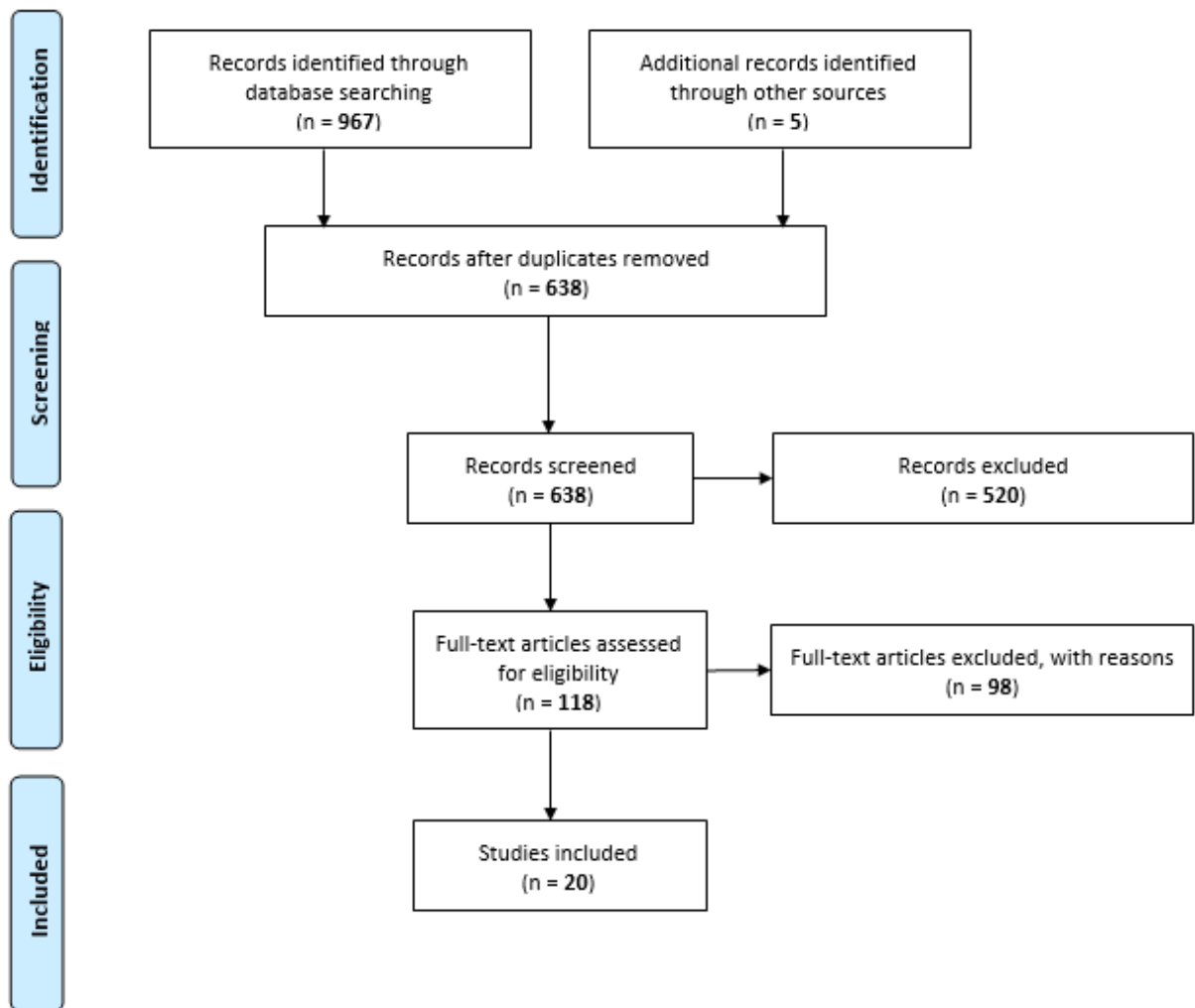


Figure 1. Studies selection

Collating, Summarizing, and Reporting the Results

Peer-reviewed Literature

Based on the inclusion and exclusion criteria, 15 peer-reviewed articles were included in the review. Of the articles identified, the majority (7 out of 15) were conducted in Montreal, Quebec (Kronick, Rousseau, & Cleveland, 2018; Lecompte, Miconi, & Rousseau, 2018; Nadeau, Jaimes, Johnson-la, & Rousseau, 2017; Nadeau, Lecompte, Johnson-lafleur, Pontbriand, & Rousseau, 2018; Cecile Rousseau, Armand, Laurin-lamothe, Gauthier, & Saboundjian, 2012; Cecile Rousseau et al., 2014; Cecile Rousseau, Measham, & Nadeau, 2012). Four of the studies were

conducted in Alberta; 1 in Calgary, 1 in Edmonton, and 2 in a large urban city in Western Canada (Brar-josan & Yohani, 2014, 2017; Habib, 2012; Yohani, 2013). Within Ontario (n=3 studies), 2 were conducted in the Greater Toronto Area (Hamilton, Marshall, Rummens, Fenta, & Simich, 2011; Islam, Multani, Hynie, Shakya, & McKenzie, 2017) and 1 in Ottawa (Valenzuela-pérez & Arias-valenzuela, 2014). Finally, one study was conducted in Canada with no identified city (Measham et al., 2014).

Grey Literature

Five documents were identified in the review of the grey literature. All reports were issued by Canadian organizations/authorities. The reports provide practice recommendations and guidelines for policy makers, program developers, healthcare providers, researchers, and decision-makers who have interest in mental health well-being of IR population (CAMH, 2012; Centre for Community Based Research, 2017; Mental Health Commission of Canada, 2016; Ontario Centre of Excellence for Child and Youth Mental Health, 2015; Winnipeg Regional Health Authority, 2014).

Table 1. Peer-reviewed studies

No.	Author (year)	Study Purpose	Sample information	Methodology
			- age - study location - ethnicity/languages spoken/country of origin	- Study Design - Data collection - Data analysis
1	Rousseau et al. (2012)	To study and evaluate the effectiveness of school-based interventions which use language awareness and drama expression activities in empowering immigrant-refugee youth with academic delays	- High school-aged students (n=55) with academic delays from two schools serve underprivileged neighborhood of immigrants/refugees. - Montreal – Canada - Africa, Latin America & Caribbean, Asia, Others	- Mixed - Observation and Questionnaire - Qualitative and Quantitative (paired t-test)
2	Rousseau et al. (2014)	To evaluate effectiveness of a school-based theatre intervention program for immigrant and refugee youth in special classes to improve mental health and academic outcomes	- High school-aged students with learning/behavioral problems (n=477) from schools serve underprivileged neighborhoods. - Montreal – Canada - Multi-ethnic backgrounds	- Quantitative (cluster RCT) - Questionnaires - Quantitative
3	Habib F. (2012)	To explore what makes English language learners feel included at school	- Elementary school-aged children (n=7) who are English Language Learners' (ELLs) and their parents/families (n=44). In addition to school-community sector representatives (in a community with high rate of poverty). - Calgary – Canada - Main spoken languages: * The ELLs parents/families: 10 language groups * School-community representatives: mainly English while one third had diverse cultural backgrounds	- Qualitative - Semi-structured interviews - Grounded theory approach / iterative coding and thematic analysis

Table 1. Peer-reviewed studies

No.	Author (year)	Study Purpose	Sample information	Methodology
			- age - study location - ethnicity/languages spoken/country of origin	- Study Design - Data collection - Data analysis
4	Nadeau et al. (2017)	To explore youth mental health collaborative services for migrant youth living in an urban setting	- 12-15 years old migrant young patients with a psychiatric diagnosis (n=5), one of their parents, and their primary care therapist (N=15) (social worker, art therapist, psychoeducator) - Montreal – Canada - South and southeast Asia while one family had both Canadian and European background	- Qualitative - Semi-structured interviews - Iterative coding and thematic analysis
5	Hamilton et al. (2011)	To examine the relationship between parents’ perceptions of school environment and children’s emotional and behavioral problems	- School-aged immigrant children (4-6 and 11-13 years old) and their parents (n=533) - Greater Toronto Area – Canada - Mainland Chinese, Hong Kong Chinese, Filipino	- Quantitative study used of cross-sectional data from New Canadian Children and Youth Study (NCCYS) - Questionnaires - Multiple regression analysis
6	Lecompte et al. (2018)	A pilot study to examine psychological, social and cultural risk factors for child insecure attachment in immigrant families experiencing high migration stress	- Immigrant mothers of 12-84 months old child (n=33) with low socio-economic status - Montreal – Canada - South Asian origin with different religious backgrounds	- Quantitative - Questionnaires and video-recording - Pearson correlations / Coding the recorded video for child attachment behaviour
7	Islam et al. (2017)	To understand mental health challenges and service access barriers experienced by certain immigrant group of people	- Youth from immigrant families aged 13-24 years old (n=10) - Peel Region (Brampton, Mississauga, town of Caledon) - Canada	- Qualitative - Semi-structured interview - Thematic analysis

Table 1. Peer-reviewed studies

No.	Author (year)	Study Purpose	Sample information	Methodology
			- age - study location - ethnicity/languages spoken/country of origin	- Study Design - Data collection - Data analysis
8	Measham et al. (2014)	To study and evaluate various mental health care models for refugee children and their families, with a focus on collaborate care	- 8, 9 and 11-years old refugee children - Canada - Africa and South Asia	- 3 case studies
9	Rousseau et al. (2012)	To study the collaborative mental health care model for refugee children and their families	- 4, 6 and 7-years old refugee children - Montreal – Canada - Sri Lanka, South East Asia, Nigeria	- 3 case studies
10	Brar-Josan & Yohani (2017)	To study and evaluate the role of educational cultural brokers in filling in the gap between refugee youth and mental health practitioners	- Educational cultural brokers (n=4) worked with refugee youth - Large urban city in Western Canada - Somalia, Sudan and Afghanistan	- Qualitative - Semi-structured interviews - Coding and thematic analysis
11	Yohani (2013)	To examine the role of educational cultural brokers in school adaptation of refugee children and their families.	- Educational cultural brokers (n=8) worked in an immigrant settlement agency. - Edmonton – Canada - Sudan, Somalia, Lebanon, Canada, Afghanistan, and Kurdistan	- Qualitative - Semi-structured interviews, focus groups, project report and program materials - Thematic analysis
12	Barr-Josan & Yohani (2014)	To study and provide a guide for collaboration between counsellors and cultural brokers when providing mental health services to refugee youth and families	- Cultural brokers (n=4) and counsellors (n=2) worked directly with refugee youth - Large urban city in Western Canada - Unknown ethnicity	- Qualitative - Semi-structured interviews - Coding and thematic analysis
13	Kronick et al. (2018)	To understand the lived experiences of refugee children in immigration detention through sandplay narratives	- 3-13 years old refugee children (n=10) who were either in detention or had a family member in detention - Montreal – Canada	- Qualitative methodology of narrative inquiry - Photographs taken from the sandtray, sketch drew of the sandtray by the author,

Table 1. Peer-reviewed studies

No.	Author (year)	Study Purpose	Sample information	Methodology
			- age - study location - ethnicity/languages spoken/country of origin - Multi-ethnicity	- Study Design - Data collection - Data analysis sandtray narratives were recorded, log of observations based on the sandplay and the environment, interview with other family members - Coding and thematic analysis
14	Nadeau et al. (2018)	To examine the association between immigration, poverty and family environment, and the emotional-behavioral problems among immigrant youth and their families receiving youth mental health services	- 4-17 years old children and their parents (n=140 parent-child dyads) - Montreal – Canada - Multi-ethnic backgrounds	- Quantitative (longitudinal project) - Questionnaires and scales - Independent t-test, Pearson correlation, and Multiple linear regression
15	Valenzuela-Perez et al. (2014)	To explore the psychological needs of refugee children (Latino-American) using a storytelling approach centered on needs by using “flower of needs” and a story	- 9 and 11-year-old refugee children - Ottawa – Canada - Mexican and Colombian	- Qualitative - Semi-structured interviews - Data condensation, data presentation, and verification of conclusions

Table 2. Grey Literature

Type or description of document/program	Organization(s) name	Year of publication	Target audience
Conceptual Framework that outlines the requirements of comprehensive approach to immigrants-refugees mental health well-being	The Winnipeg Regional Health Authority	2014	Different organizations, sectors, and agencies which work with immigrants and refugees population
A summary report of the Pan-Canadian roundtable discussion on supporting the mental health of refugees in Canada	Mental Health Commission of Canada with the support of the Canadian Council for Refugees, The Centre for Addiction and Mental Health, The Public Health Agency of Canada and Immigration, Refugees and Citizenship of Canada	2016	Policy-makers, system influencers and decision-makers
A policy paper prepared by a multi-disciplinary team with expertise in child and youth mental health.	Ontario Centre of Excellence for Child and Youth Mental Health	2015	Policy leaders and decision-makers
A joint project to provide a guideline for the best practices in Canada regarding mental health promotion programs for refugees	Centre for Addiction and Mental Health (camh) with support of Dalla Lana School of Public Health – University of Toronto and Toronto Public Health	2012	Managers and practitioners from agencies serving refugees from the Greater Toronto Area
A report to develop and conduct action-oriented, user-driven, participatory research in order to explore solutions with Syrian refugee youth regarding issues and challenges that are emerging as priority concerns	Centre for Community Based Research	2017	Policy-makers, decision-makers, community researchers

Results

As related to our aims, we analyzed the relevant studies and documents based on their purpose of study/type of document to categorize them into one of the following: Psychosocial needs of IR children and youth resettled in Canada in the context of their school/community; or characteristics of, and guidelines for, community-/school-based mental health programs targeting IR children and youth populations in Canada.

Psychosocial Needs of IR Children/Youth Resettled in Canada in the Context of their School/Community

Family and Home Environment

Nadeau and colleagues study emphasized the involvement of families in collaborative mental healthcare (Nadeau et al., 2018). This study examined the relationship between various stressors faced by IR families and emotional/behavioural problems experienced by their children and youth. The study found that there is an association between family conflict and emotional/behavioural problems of children. Based on this finding, the authors suggest that collaborative mental health services are more useful if they can focus on the concept of transforming the negative family environment to a positive one. This transformation was suggested to be helpful for improving the emotional/behavioural problems of IR children and youth (Nadeau et al., 2018).

In one study, the impact of psychological, social, and cultural factors on child attachment behaviour of immigrant families were evaluated (Lecompte et al., 2018). Lecompte and colleagues studied the association between maternal depression and child attachment behaviour that is determined based on parent-child relationship, interactions, and emotional connection. This attachment behaviour is categorized as secure, avoidant, ambivalent, and disorganized. Child-parent interaction was examined using a 15-minute filming without having the researchers around which helped to create a natural environment to evaluate these interactions. High levels of maternal depression and anxiety was found to be associated with insecure child attachment behaviour (Lecompte et al., 2018). These results emphasized on the importance of addressing the mental health status of the whole family rather than focusing solely on the children.

In another study, a group of immigrant youth were interviewed about barriers to access mental health services in their community (Islam et al., 2017). Youth suggested that parents, along with schools and community, play an important role in addressing mental health issues among this population. Developing programs to enhance the mental health knowledge of parents, having school teachers and counsellors from different ethnicities, and involving community leaders as role models, were additional strategies identified for the development of effective initiatives to promote mental health (Islam et al., 2017).

School Environment

One study explored the impact of an inclusive school environment on the mental health of IR children and their families (Habib, 2012). Researchers interviewed students who were English Language Learners (ELL), their families, and school-community representatives. The findings suggested that having inclusive schools for multi-ethnic children enhances their feeling of safety which eventually lead to “social and emotional well-being” (Habib, 2012).

Additionally, another study examined the different perspectives of immigrant youth who had been diagnosed with a psychiatric illness, their parents, and their primary care therapists in utilizing collaborative mental health services (Nadeau et al., 2017). The youth had experienced services for at least 6 months prior to conducting the study. Based on the viewpoints of immigrant youth and their parents, schools were identified as a powerful source for providing support and high-quality mental health services; however, the issues of privacy and confidentiality were identified as considerations in service provision. In addition, the immigrant youth and their parents were identified as having difficulty understanding the type of care they had received from the healthcare providers. They emphasized the importance of building a trustful relationship with providers to enhance continuity of care and to assure their privacy. Youth also talked about the benefits of involving their families in their mental healthcare which helped them to better understand their parents’ perspectives about mental health. Furthermore, this study examined the viewpoints of clinicians and primary care therapists. The authors emphasized the importance of enhancing the communication and collaboration between professionals and institutions in order to identify the roles and responsibilities of each party. The importance of privacy in collaborative mental healthcare at schools was also identified by providers (Nadeau et al., 2017).

Parents' perception of the school environment is also an important factor that may impact children's emotion and behaviour (Hamilton et al., 2011). One study found a significant negative association between parents' perception of school environment and their children physical aggression behaviour. However, this association was not found between parents' school perception and children emotional problems (Hamilton et al., 2011).

Characteristics of, and Guidelines for, Community-and School-based Mental Health programs Targeting IR Children and Youth Populations in Canada

Creative and Expressive Activities

Four articles and one organizational document discussed the utility of expressive and creative programs when trying to address mental health issues of IR children and youth.

Drama-based Programs

Two articles studied the impact of school-based drama workshops on the mental health of IR high school-aged youth with academic delays (Cecile Rousseau, Armand, et al., 2012; Cecile Rousseau et al., 2014). There were significant differences between the findings of two studies. The 12-week language awareness activities combined with the drama workshops reduced self-reported impairment and enhanced empowerment among newly arrived and first generation immigrant youth (Cecile Rousseau, Armand, et al., 2012) while the other 12-week theatre expression program which mainly addressed second generation immigrant youth did not significantly reduce their emotional/behavioural impairment (Cecile Rousseau et al., 2014).

School-based drama workshops were also found to provide an appropriate environment to enhance self-esteem of newly arrived immigrant youth and empower them to freely express their feelings and resettlement challenges. These programs were effective in improving academic delays and enhancing emotional/behavioural impairment of this group. However, the authors suggest that second generation immigrant youth who may have experienced chronic life adversities may need more time before positive responses to creative expression programs are observed (Cecile Rousseau et al., 2014).

Sandplay Narratives and Storytelling Approach

One article studied the effectiveness of sandplay narratives to look at the lived experiences of IR preschool and school-aged children in detention (Kronick et al., 2018). The children used sand trays to create worlds and made stories to express their feelings about that world. As the findings showed, detention was a major life stressor for these children which significantly disturbed their life and deteriorated their mental health status (Kronick et al., 2018). The study concluded that sandplay narratives are a culturally and ethically appropriate method which can be used both as a research and as a therapeutic tool to examine the impacts of traumatized life events on IR children (Kronick et al., 2018). This method gives a voice to pre-schoolers and school-aged children to express their feelings verbally and non-verbally.

A storytelling approach was used by one study to investigate the psychological needs of two refugee children from Latino-American community (Valenzuela-pérez & Arias-valenzuela, 2014). The psychological needs were identified during 4 sessions of storytelling and through using two instruments with children: “flower of needs” and stories to find the most important and most frequent psychological needs, respectively. The students used coloured plastic circles as petals with two different sizes, large and small. Each petal represented a different psychological need while the colours expressed emotions related to those needs and the selected size showed their importance. The three plastic flowers created by refugee children, showed that the most important psychological needs of this group are: physical comfort/survival, connection/love, and peace/tranquillity. Additionally, the story revealed that the most frequent needs of IR children is the familiarity with their new environment (Valenzuela-pérez & Arias-valenzuela, 2014).

Play-based Programs

“Playing With Rainbow” (PWR) is a play-based program developed for at-risk refugee children by YMCA (Young Men’s Christine Association) of Canada (CAMH, 2012). This program was recommended by The Centre for Addiction and Mental Health (CAMH) as one of the best practices for mental health promotion initiatives for refugees. PWR has two phases. Phase 1 started and continued all throughout the winter of 2005. The children aged 5-13 years old participated in this 12-week art and play groups which covered different topics such as war-related trauma, anxiety, dreams, stress management, and self-esteem. The caregivers also

participated in this phase through a three-session group. They provided support to their children and helped them to get familiar with the community resources. These groups were facilitated by at least two PWR trained facilitators. Participants from six different ethno-cultural communities were involved in phase 1. Phase 2 of the program is still in the implementation stage and it mainly targets youth aged 13-19 years old and their parents (CAMH, 2012). Play-based programs such as PWR are effective mental health promotion practices in enhancing coping skills, involving community members in developing and facilitating programs, and providing comprehensive culturally appropriate services to the refugee children, youth, and their parents (CAMH, 2012).

Cultural and Linguistic Competency

Two articles used case studies to examine the impact of involving schools and communities in collaborative mental healthcare for refugee children and their families (Measham et al., 2014; Cecile Rousseau, Measham, et al., 2012). One of the studies, mentioned “multi-tiered approach” as a helpful method to provide culturally and linguistically-appropriate psychosocial interventions for refugee children at schools and communities (Measham et al., 2014). The other study indicated that having a systematic approach that involves different institutions such as “schools, clinics, and community organizations” will provide a comprehensive care not only for the individual but also for the whole family which will eventually enhance the mental health well-being of the refugee children (Cecile Rousseau, Measham, et al., 2012).

The role of cultural brokers (CBs) in collaborative care was examined by three articles (Brar-josan & Yohani, 2014, 2017; Yohani, 2013). In one study, interviews were conducted with educational CBs who directly worked with refugee youth. The two themes include formal supports in working with mental health practitioners and informal mental health supports to refugee youth and their families (Brar-josan & Yohani, 2017). The aim of formal supports was to connect the refugees’ youth to mental health practitioners in a culturally appropriate way. For informal supports, CBs worked to enhance the sense of belonging and to ease the adaptation process for refugees’ youth and their families. The study findings indicate that educational CBs help to establish a trustful relationship between refugee youth, their schools’ authorities and mental health practitioners (Brar-josan & Yohani, 2017). They play an important role in identifying the mental health needs of refugee children and facilitate their access to mental health

services which can be difficult to be achieved by school teachers and authorities (Yohani, 2013). Another study evaluated the importance of collaboration between CBs and counsellors which is necessary to address the cultural barriers that prevent refugee youth to access mental health services in their schools and communities (Brar-josan & Yohani, 2014).

The cultural competency of mental health interventions targeting IR population was emphasized in the conceptual framework provided by Winnipeg Regional Health Authority (Winnipeg Regional Health Authority, 2014). This document suggested that cultural proficiency should be offered at three different levels: organizational, structural, and clinical. Collaboration between different sectors has been suggested to enhance the emotional well-being of refugee youth in Canada through providing culturally and linguistically appropriate interventions to this group (Mental Health Commission of Canada, 2016).

Collaborative Care

The CAMH provides best practices guidelines for developing mental health promotion programs targeting refugee population in Canada: empowering refugee populations and reducing mental health stigma through community engagement, improving resilience and community capacity building for refugees, and addressing the identified barriers which limit/prevent refugees to access and use programs. This document emphasizes involving multiple stakeholders with different perspectives and implementing mental health interventions using various culturally appropriate settings such as home visits, community and school-based programs, community clinics, etc. (CAMH, 2012).

School-based mental health promotion programs are recommended by The Ontario Centre of Excellence for Child and Youth Mental Health as an effective way to address the mental health issues among newcomer children and youth (Ontario Centre of Excellence for Child and Youth Mental Health, 2015). This centre emphasizes the importance of delivering culturally-responsive mental health interventions based on the needs and concerns of newcomer families. These families need to be involved in the decision-making process to identify their needs and priorities. Additionally, the identified needs can be addressed through collaboration between different sectors, stakeholders, and community partners which will result in developing

policies at different levels (Ontario Centre of Excellence for Child and Youth Mental Health, 2015).

In a report provided by The Centre for Community Based Research, the experienced barriers as well as successes faced by Syrian refugee youth across Ontario, were discussed. This mixed-method study used document review and focus groups with Syrian refugee youth aged 15-20 years old to answer the proposed research questions (Centre for Community Based Research, 2017). The authors identified several strategies that can be used to enhance the mental health of Syrian refugee youth in Canada. The use of expressive programs such as writing, presentation, and art, participating in sport activities, being involved in fundraising campaigns to help the war-affected people in Syria, and having motivational speeches in schools and communities, were some of the recommended strategies to enhance Syrian refugee youth mental health. Peer-support groups were also proposed as a means of addressing the emotional distresses of this population (Centre for Community Based Research, 2017).

Discussion

The concept of collaborative care was consistently identified across literature. Multilevel collaboration is a new direction for developing effective mental health interventions for IR children and youth after resettlement (B. H. Ellis, Miller, Baldwin, & Abdi, 2011). Multilevel collaboration is suggested to support the concept of a socio-ecological model that is necessary to meet children's multiple needs (Vostanis, 2016). Partnerships between different settings was suggested to set the basics for providing a holistic approach to mental healthcare for IR population. As we discuss in greater detail below, each of the family, school, and community settings were identified as being critical in the development and implementation of mental health services.

Mental health interventions targeting diverse ethnocultural communities should be inclusive and address racial disparities (Mental Health Commission of Canada, 2012). However, having an inclusive mental health intervention cannot be attained without addressing barriers to the utilization of mental health services among IR population including the fear of stigma, cultural and linguistic barriers, lack of knowledge about available services, and mistrust of authorities (Kandiah, 2018; Shakya et al., 2009).

Our findings suggest that mental health services also need to be provided in a culturally-sensitive way while acknowledging pre-migration traumatic experiences and post-migration stressors to enhance the coping skills, resilience, post-migration growth, and adaptation abilities of IR children and youth (Kandiah, 2018; Summerfield, 1999). Regarding resettlement, the data suggest that stressors can be addressed effectively using non-stigmatizing settings such as schools that are easily accessible by IR children, youth, and their parents (Tyrer & Fazel, 2014). Embedding new services within existing programs at schools is an effective strategy to eliminate mental health stigma. For IR parents, providing programs that address school-related issues of their children are more acceptable than programs which merely talk about mental health problems (B. H. Ellis et al., 2011).

The data also suggest that having culturally competent and racially diverse school teachers/staff; involving professional interpreters, educational CBs, and counsellors at schools; and partnering with community organizations to overcome cultural/linguistic barriers, all can help in building rapport between schools' authorities and IR families (B. H. Ellis et al., 2010; Islam et al., 2017; Murray et al., 2010; Shannon, Wieling, Simmelink-McCleary, & Becher, 2015; Yohani, 2013). These approaches will also help in resolving the issues of power differentials and mistrust of authorities among this group. Having service providers, teachers, clinicians, and counsellors who speak the same language of target population and have similar cultural backgrounds, enhances the trust, sense of belonging, and social support/inclusion among IR population and promote their mental health (Griner & Smith, 2006; Kandiah, 2018). Despite the important role of CBs and interpreters, it is unrealistic to assume that all the ethnicities and cultural groups are represented by those brokers. Building partnerships with community-based organizations is suggested to be a good approach to have inclusive schools and to include different cultural voices that may not be present.

A group of researchers from Montreal, Canada, conducted several studies to explore the impact of school- and community-based creative expression programs (Kronick et al., 2018; Cecile Rousseau, Armand, et al., 2012; Cecile Rousseau et al., 2014; Cecile Rousseau, Benoit, Lacroix, & Gauthier, 2009; Cécile Rousseau et al., 2007; Cecile Rousseau, Drapeau, Lacroix, Bagilishya, & Heusch, 2005). Even though creative expression programs can be used for different age groups, their "modes of expression" need to be changed to meet the developmental

needs of the targeted age group (Cécile Rousseau, Lacroix, Singh, & Marie-France Gauthier, 2005). For example, in Canada, drama-based programs were mainly adopted and used with IR adolescents and high school-aged students (Cecile Rousseau, Armand, et al., 2012; Cecile Rousseau et al., 2014; Cécile Rousseau et al., 2005) while sandplay narratives, drawing/painting, and storytelling approaches have been used with IR pre-schoolers and elementary-aged students (Kronick et al., 2018; Cécile Rousseau & Heusch, 2000; Cécile Rousseau et al., 2005; Valenzuela-pérez & Arias-valenzuela, 2014). These programs have been shown to improve emotional/behavioural symptoms and school performance of both IR children and adolescents as well as to enhance their self-esteem (Kronick et al., 2018; Cecile Rousseau, Armand, et al., 2012; Cecile Rousseau et al., 2014, 2009; Cécile Rousseau et al., 2007; Cecile Rousseau, Drapeau, et al., 2005).

In addition, drama expression workshops have been effective in social growth and adaptation processes of newly arrived IR adolescents. These school-based workshops provided a safe, culturally-appropriate, and non-stigmatized environment for IR adolescents to express themselves (through playing different identities), to experience teamwork and share responsibilities with their multi-ethnic team members, and eventually, to cope with some of their loss and grief (Cecile Rousseau, Marie-France Gauthier, et al., 2005).

The findings indicated that creative expression programs were culturally appropriate and safe approaches to address mental health issues among this group. However, the positive impacts of these programs were more significant among first-generation immigrant youth compared to second-generation groups (Cecile Rousseau et al., 2014). Accordingly, in developing mental health programs for the IR population, different characteristics such as country of origin, ethnicity, gender, immigration/refugee status, and number of years since immigration need to be considered (Guruge & Butt, 2015).

The data suggest that culturally-appropriate health promotion initiatives and community-based programs help newcomer families to adapt to their new environment and enhance their mental health knowledge. These programs are helpful in addressing acculturation issues, resolving family conflicts, and enhancing resilience of IR children and youth (Lecompte et al., 2018; Nadeau et al., 2018). In addition, facilitating these programs by community leaders can help in resolving mental health stigma (Islam et al., 2017).

Finally, these data point to the need to include viewpoints of the target population in the development and provision of programs. This approach has been identified as enhancing the sense of empowerment and self-worth and improving social interactions of disadvantaged groups (Sabatier & Berry, 2008). Collaborative care models which encourage multiple viewpoints by establishing partnerships between schools, community-based centres, and families may provide a comprehensive approach to address mental health issues among IR children and youth. In addition to addressing cultural and linguistic competency, collaborative care can also reduce/eliminate the issue of distrust of authorities/power differentials among this group (B. H. Ellis et al., 2011).

Limitation

The key limitation of this scoping review was the time frame identified to include articles. This was done for practical reasons and time constraint. By applying this limit, some potential papers may have been missed from this review. Also, only articles published in English were included in this review. As this paper reviews articles/documents relevant to the Canadian context, including French-language articles and grey literature could provide additional information relevant to the development of school- and community-based programs.

Another limitation is that roughly half of the studies in this review were conducted in Montreal, Canada by the same group of researchers. Based on the unique characteristics of Quebec's funding models, it cannot be assumed that programs and interventions would be effective in other provinces. For example, in fiscal year 2013, the estimated public expenditures for community mental health services in Quebec was \$56.9 per capita which was 10 times higher than the similar expenditures in Ontario (\$5.8 per capita) (Wang, Jacobs, Ohinmaa, Dezetter, & Lesage, 2018). As such, the uniqueness of Quebec has implications for how the data are interpreted by readers insofar as any recommendations of best practice must be contextualized – in this case, with a recognition of the need for government support and resources.

Conclusion

The collective data suggest that collaborative care models are an effective approach to addressing mental health issues among immigrant-refugee children, youth, and their families. Barriers to accessing mental health services may be reduced/eliminated by establishing partnerships

between schools, communities, and families. Moreover, school-based creative expression programs, are good examples of effective approaches that have been used to study, prevent, and treat mental health issues of immigrant-refugee children and youth.

Future Implications

Future research to evaluate the effectiveness of creative expression programs on the mental health of immigrant-refugee children and youth from different ethnicities is needed. Immigrant-refugee population are highly heterogeneous and this criterion needs to be considered in developing and providing mental health services for this group. This may help to develop programs that are more nuanced and tailored to be culturally appropriate.

Finally, research is needed to examine mental health needs and interventions based on the gender and immigration status, as well as the impact of mental health interventions for a first-generation versus a second-generation immigrant youth.

Declaration of Interest

No potential conflict of interest was reported by the authors.

Chapter 3. Paper II

Exploring the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada: A multi-method participatory study

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This version of the article has been accepted for publication, after peer review (when applicable) and is subject to Springer Nature's AM terms of use but is not the Version of Record and does not reflect post-acceptance improvements, or any corrections. The Version of Record is available online at: <https://doi.org/10.1007/s12187-023-10060-y>

Abstract

Given the large number of immigrant and refugee children coming to Western countries, there is a need to examine the determinants of wellbeing among this group, considering their perceptions and subjective experiences. The aim of this study was to explore and identify the determinants that contribute to and promote the wellbeing of immigrant and refugee children aged 6-13 settled in Canada. This study was informed by the social-ecological framework and used interviews and drawing to collect data with children (n=16) and their parents (n=9). Data were collected virtually during October - December 2021. Our data suggest that immigrant-refugee children's wellbeing is influenced by individual characteristics, relationships with their surroundings, and organizational/community factors. Data also suggest that wider societal policy and practice changes are necessary to enhance the wellbeing of this group. To the best of our knowledge, this is the first study to examine the determinants of the wellbeing of middle-aged immigrant-refugee children in Canada. Moreover, this study contributes to research strategies that advocate for children as active participants in studies, where children are not only involved in collecting and interpreting data but also given the opportunity to provide advice on what can be done to improve their surroundings in order to make them happier.

Keywords: immigrant and refugee; children; wellbeing; qualitative; social-ecological; Canada

Introduction

Despite the impact of the coronavirus pandemic on the immigration system worldwide, leading to a decline in immigrant and refugee intake, Canada hit record numbers in 2021 when over 405,000 people became permanent residents (Cooper, 2022; Robitaille, 2022). According to Canada's new 2022-2024 Immigration Levels Plan, there will be a large influx of new immigrants including refugees to Canada over the next three years (a target of over 400,000 new permanent residents each year) (IRCC, 2022). In terms of the immigrant-refugee (IR) population moved to Canada from certain areas, since 2015, and in light of the ongoing crisis in the Middle East and North Africa (MENA) region, Canada has resettled large numbers of refugees from Iraq, Syria, and Afghanistan, among others (Government of Canada, 2017, 2021a). Additionally, of the over 196,000 refugees settled in Canada between January 2015 and May 2022, 41% were school-aged children (17 years old and under) (Government of Canada, 2021b).

The majority of literature to date surrounding IR children's life and wellbeing is focused on post-migration challenges and the related negative consequences (Measham et al., 2014; Stuart & Ward, 2018). However, there is a need to explore the determinants that contribute to and nurture the wellbeing of IR children after their resettlement, considering their subjective life experiences and daily interactions. In doing so, we must also examine the social and environmental factors that play a significant role in promoting the wellbeing of this group. This study aims to explore and identify the determinants that contribute to and promote the wellbeing of immigrant and refugee children aged 6-13 settled in Canada.

Background

Wellbeing is "a concept that refers to people's capacity to live healthy, creative and fulfilling lives" (Western & Tomaszewski, 2016, p. 1). As a complex and multi-dimensional concept, wellbeing has been defined as both feeling good and functioning well (Huppert, 2014), and it can be influenced by economic, political, social, and psychological factors (Semerci & Erdoğan, 2014). Given the constructed nature of the term, the meaning of wellbeing is different across cultures, languages, disciplines, and historical periods (Ben-ariel & Frønes, 2011; Lewis, 2019). Consistent, however, are studies indicating that wellbeing is not directly associated with social prosperity and achievements (Cummins, 2010; Helliwell & Putnam, 2004; Thomas et al., 2012).

Rather, the concept of wellbeing and individuals' satisfaction with their educational, economic, and social achievements is largely related to and defined based on certain cultural expectations and accomplishments within communities (Diener et al., 2003).

Identified Gaps in Child Wellbeing Studies

Children are active social players in their schools and societies and there are calls for them to be involved in all aspects of studies that examine their everyday lives (Einarsdottir, 2007; Mason & Danby, 2011). However, it is suggested that researchers may be reluctant to include children in studies because they believe that the data obtained from children will not be reliable or valid (Casas, 2011). It may also be difficult to provide a space and time for children to actively participate in research due to cultural and social expectations of children and families (Dalli & One, 2012; Lundy, 2007). Thus, wellbeing in children has traditionally been defined and measured according to certain behavioural and developmental criteria set by institutions, such as schools (Fattore et al., 2007), and/or by adults such as parents and teachers who are authorized to provide information on behalf of children. As such, these definitions may not adequately reflect the concept of child wellbeing and the factors that contribute to it as they do not take into account what children experience and perceive as wellbeing (Ben-Arieh, 2005, 2006).

Accordingly, there is a need to conduct child-centred research, an approach that views children as key informants (Darbyshire et al., 2005) and emphasizes research 'with' rather than research 'on' paradigm (Due et al., 2014; Mctavish et al., 2012; Morrow, 2001b).

Furthermore, most of the previously defined child wellbeing indicators do not consider the factors that contribute to positive wellbeing outcomes. Rather, they have mainly focused on the child's risk factors and the negative consequences of experienced life challenges (Semerci & Erdoğan, 2014). Consequently, researchers have focused primarily on reducing risk rather than promoting wellbeing. Thus, giving a voice to children will help to recognize their protective factors and to identify the resources available to them (Thomas et al., 2012). Ultimately, this will work toward focusing on the positive aspects of children's lives and adopting a strengths-based approach in preparing, developing, and implementing wellbeing programs for this group (Thomas et al., 2012).

As for age groups, children between 6 and 13 are usually neglected in studies compared with the other groups (Hill et al., 1996). So far, most of the child research and policy recommendations have been focused on preschoolers (ages 3-5) to examine early interventions and adolescents (ages 15-19) to study teens' behavioural problems and the related long-term outcomes (Fattore et al., 2007) leaving a significant gap in studying health- and social-related issues of middle-aged children.

Given Canada's immigration policy, it is expected that many IR children/youth and their families have already been resettled and will be coming to Canada in the next few years. Therefore, there is a need to examine the determinants of wellbeing in IR children in Canada, considering their perceptions and subjective experiences. The wellbeing of this group is likely to be influenced by many factors and thus the current study explores wellbeing through the lens of the social-ecological framework.

Theoretical Framework

This study was informed by the social-ecological framework that was first introduced by Bronfenbrenner as an ecological systems theory (Bronfenbrenner, 1989, 1999). This conceptual framework has four levels of influence: intrapersonal (individual's biological factors and personal characteristics/interests, etc.), interpersonal (social support/network, relationships with others), organizational/community (settings in which social relationships happen), and societal (policy/regulations, social and cultural norms/practices, etc.). (Hovell et al., 2002; Scarneo et al., 2019) (see Fig. 1).

Central to the present research, social-ecological factors have significant impacts on the wellbeing and psychosocial development of children (Ben-ariéh & Frønes, 2011; Lewis, 2019; Migliorini et al., 2019). Additionally, this framework has been used as a multilevel approach in public health studies and practice to examine the factors that promote the health of populations of different age groups and ultimately to develop health promotion and disease prevention strategies (Graham et al., 2022; Martínez-Andrés et al., 2020; Scarneo et al., 2019). Thus, we used this framework to organize and discuss our results at the intrapersonal, interpersonal, organizational/community, and societal levels to illustrate the multilevel factors that contribute to and promote the wellbeing of IR children.



Figure 1. The four levels of social-ecological framework

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Methodology

Research Paradigm and Design

In this study, we drew on an interpretivist paradigm to explore the determinants that contribute to and promote the wellbeing of IR children and to better understand how this group perceives wellbeing considering their subjective lived experiences and daily interactions (Chen et al., 2011; Creswell, 2014). It is recommended that research with children should integrate traditional methods (interviews, focus groups) with child-appropriate task-based strategies (drawings, photos) because their communication modes may differ based on their language and literacy abilities (Darbyshire et al., 2005; Mctavish et al., 2012; Morrow, 2001a). Accordingly, this study used a qualitative, multi-method research methodology called the Mosaic approach (Clark & Moss, 2001) where we used verbal (interviews) and visual (drawing) techniques to communicate with and gather data from IR children. The drawing sessions were combined with children's interviews that were primarily based on their explanations of drawings. We also used open-ended questions to give children more space to speak and express their thoughts. Additionally, we conducted interviews with participants' parents to gain a deeper understanding of children's social-ecological context. Ultimately, the perspectives collected by different methods from all participants were pieced together to provide a clear and comprehensive picture of the studied topic (Clark, 2005).

Screening, Sampling, and Recruitment

This study focused on foreign-born children aged 6-13 who came to Canada as refugees or immigrants and had a basic knowledge of conversational English and/or speak Arabic or Farsi. Arabic and Farsi are two of the most widely spoken mother languages in many countries in the MENA region, and Canada has resettled large numbers of refugees from this region in recent years (Government of Canada, 2017, 2021a). Additionally, Arabic and Farsi were the second (30%) and the third (26.7%) most-growing non-official languages in Canada since 2011, respectively (Statistics Canada, 2017). As the first author of this study is fluent in Arabic, Farsi, and English, no interpreter was required.

For sampling, this study used purposive and snowball techniques. To identify and recruit participants, we collaborated with an organization's program director who had close contact with IR families and had enough information about their demographics. With parents' permission, the director shared with us the contact information of families who met the eligibility criteria and expressed an interest in participating. Ultimately, a virtual meeting was arranged.

Data Collection

Prior to conducting our study, ethics approval was obtained from <removed for blind peer review>. Accordingly, parental informed consent and child assent procedures, as approved by the Research Ethics Board, were followed. Data were collected virtually via Zoom from October to December 2021. The online sessions were conducted separately for each family.

Parent's Session

The study focused primarily on children. However, literature suggests that when conducting research with children, caregivers' perspectives should not be excluded, since listening to multiple perspectives allows researchers to better understand interactions at the micro and macro levels (Clark, 2005). Additionally, given the social-ecological framework that informed our study, we also spoke to parents (n=9) to gain insight into children's demographics and social-ecological backgrounds. We asked them about their child's immigration category, household size, parent's communication with the school and neighbourhood, as well as the child's relationship/interaction with the school and neighbourhood.

Child's Session

After completing the online session with the parent, the child session was conducted individually with each participating child. To enhance children's privacy during sessions, we discussed with parents the importance of providing children with a private space to share their experiences with us on their own, as this will greatly impact the results of our study. We began with an introductory two-part activity to establish a rapport with participants (Crivello et al., 2009). First, child participants were asked to close their eyes and imagine a child who has a good and happy life, then open eyes and talk about it. Next, we asked participants to define the three terms that are usually used to explain wellbeing: happiness, health, and comfort (Western & Tomaszewski, 2016). This two-part activity was followed by four drawing sessions for children combined with child-friendly conversations about their pictures and open-ended questions from the interview-drawing guide (see Table 1).

To develop an interview-drawing guide, we relied on certain concepts, definitions, and descriptions of wellbeing from the existing literature that informed our questions, probes, and drawing sessions (Bitektine, 2008; Ryan & Deci, 2001; Symonds et al., 2022; Vujčić et al., 2019). Through drawing and answering questions, children shared their perceptions and experiences of wellbeing by referring to the factors in the context of their individual, relationship, community, and society that, in their understanding, can affect their wellbeing.

Table 1. Interview-drawing guide

Discussion Questions/Probs
1. Complete these sentences: a) I feel happy and good when ---- b) I feel healthy when ---- c) I feel comfortable when -----
2. Can you tell me about something(s) happened to you that makes you feel happy and good?
Drawing and discussion: Can you draw for me a child who is happy and has a good life? Tell me about it.
3. Complete these sentences: d) I feel sad and not good when ---- e) I feel angry when ---- f) I feel not comfortable when -----

g) I feel scared when -----
4. Can you tell me about something(s) happened to you that makes you feel sad and not good?
Drawing and discussion: Can you draw for me a child who is not happy and doesn't have a good life? Tell me about it.
5. What makes you feel good about your life? Are you happy with your life?
Drawing and discussion: Can you show me 1 or more than one thing that make a happy life for you? Tell me about it.

We also added one supplementary section to our guide to ask more specific questions about the impacts of children's homes/families and schools/peers on their perceptions of wellbeing. Further, we provided a space for participants to share their thoughts on how the home and school environment can promote their wellbeing (see Table 2). After completing each session, child participants were asked to take photos of their drawings and send them electronically to us.

Table 2. Interview-drawing guide for child's home/family and school/peers

Home and family relationships (parents, grandparents, siblings)
1. What makes you happy and comfortable at your home? What makes you not happy, sad, and angry at your home? 2. What does family mean to you? Probe: How does a happy family look like? 3. What your parents can do to make you feel good and happier?
Drawing and discussion: Can you draw me a picture of your home and the things that make you happy there? Tell me about it.
School relationships (peers, teachers)
1. Do you like to go to school? Why?

2. What do you feel about your friends/peers at school? Can you tell me more about your relationships with them?
3. What do you feel about your school's teachers/staff? Can you tell me more about your relationships with them?
4. Imagine yourself and complete this sentence: I am not happy at school because -----
5. How can your school and your teachers make you feel good and happier?

Data Analysis

The written, verbal, and visual data were analyzed using qualitative content analysis (Elo et al., 2014; Schreier, 2014) while considering the study's purpose, child participant's social-ecological background (based on key points discussed by parents and summarized in each child's mosaic), visual images, transcribed/written narratives, and the researcher's field notes. Prior to analysis, verbatim transcripts of child participants were uploaded to NVivo 12 software. To analyze drawings and narratives, we used approaches adapted from Lambert & Pasha-Zaidi (2016), Lyndon (2012), and Barthes (1977). Analysis was conducted during and after data collection whereby we reviewed the contents of drawings with children, looking at objects, places, people, events (Deguara, 2019; Leeuwen, 2005), and the meanings behind those contents (Moriarty, 2005). To help us understand the drawings, we asked children: "what does this mean to you?", "what do you feel at this place, and why?", "why did you select this color to represent this object?", etc.

For coding data, we used inductive thematic analysis that allowed data to drive the themes (Braun & Clarke, 2006; Caulfield, 2022). For each participant, we first applied line-by-line coding. Then, we combined and refined all codes that overlapped in meaning, if necessary, and categorized them into grouped codes before moving them to the mosaic tables created for each participant (see Appendix A for a demonstrated mosaic). Ultimately, we used a focused coding approach where we organized grouped codes into meaningful themes. The focused coding was intended to determine whether the grouped codes met the study's aim and were conceptually strong. Consequently, we created thematic tables for each participant. Finally, we went through all thematic tables to identify the common themes as well as those with latent meanings while considering the aim of the study.

Our data analysis process was intentionally not linear; it involved moving back and forth between the whole and parts of the text (Graneheim & Lundman, 2004). For this purpose, each of the above-mentioned steps was done separately for each participant before moving to the next one. However, the mosaics and thematic tables were compared to each other consistently throughout the process of data analysis to refine codes and themes where necessary. Furthermore, we used a constant comparison method to compare the findings with the existing ones as they emerge throughout the study. This method is an appropriate and effective approach to check for data saturation when we stop collecting data (Onwuegbuzie et al., 2009).

Results

Child participant demographic characteristics (n=16) are presented in Table 3.

Table 3. Children's Demographic Characteristics

Pseudonyms	Age	Sex	Immigration category ¹	Age when came to Canada
Maryam	7	Female	Immigrant	Less than one
Mohammad	7	Male	Immigrant	Less than one
Omar	7	Male	Immigrant	Less than one
Maram	9	Female	Immigrant	Not clear
Noor	11	Female	Refugee	8
Najwa	13	Female	Refugee	6
Rawan	10	Female	Refugee	4
Amina	10	Female	Refugee	7
Sarah	11	Female	Refugee	6
Farah	11	Female	Refugee	5
Elham	10	Female	Refugee	5
Fatima	7	Female	Refugee	2
Ahmad	8	Male	Refugee	2
Abeer	10	Female	Refugee	6
Adam	11	Male	Refugee	7
Ali	12	Male	Refugee	7

¹ The immigration category of the participants and the difference between the number of immigrants and refugees were not considered in the collection/analysis of the data.

Based on the data analysis, ten themes emerged that were organized into intrapersonal, interpersonal, and organizational/community levels of the social-ecological framework. See Table 4 for an overview of the themes and examples from our findings. The societal-level policies are discussed within the context of the identified themes.

Table 4. Themes related to determinants of IR child wellbeing with examples from findings

Social-ecological Framework	Themes	Examples
Intrapersonal level (Individual)	Material resources	House (own room and bed) Electronic devices
	Resilience	Adaptability
	Empathy	Ability to connect relationally with others
	Accomplishments	Recognized for skills and talents
	Gratitude	Awareness of privileges
	Cultural and religious identity	Respected and included
Interpersonal level (Relationship)	Firm maternal bonding/attachment	Close connection with their mother/maternal figure in life
	Friendships and peer relationships	Trusted relationships Peer acceptance
Organizational/Community level	Safe and peaceful environment	Places with no war and violent conflicts Feeling safe and included at school
	Engagement in art- and play-based activities	Participation in after-school clubs/programs

Intrapersonal-level Determinants

1. Material Resources

To be happy, participants named material resources, including a house, especially their own room and bed, and electronic devices. For them, living in an overcrowded house where they must share rooms with other siblings was a cause of feeling unhappy and uncomfortable. Amina, a 10-year-old refugee, said:

“I have a lot of siblings. My older brother and sister have their own room, but I don't get one and must share a room with my sister. [...] silence room, so I could do my online schooling where there is not much background noise.” – Amina

Children also compared their homes to new, larger ones to show how having more space makes a difference for them. Elham, a 10-year-old refugee, spoke of a girl who wants a new house:

“She has a house but she wants a different house. Because she wants to see the difference between her old house and the new one. [...] Maybe because the new house has 2 or 3 bathrooms but the old house had only one. Like the new house has a big bathroom but the old house had a small bathroom.” – Elham

This sentiment of individual ownership to gain happiness extended to owning electronic devices such as tablets, computers, and mobile phones; they were repeatedly cited by participants as a cause of happiness and enjoyment at home.

2. Resilience

Participants talked about the importance of showing people their strengths. By drawing (Figure 2), Farah, an 11-year-old refugee, illustrated half the face of a happy girl wearing a hijab. In her narration, Farah discussed how this girl decided to hold on to her hijab despite others asking her to take it off and how this act helped the girl feel happy and strong. As Farah explained, she drew half a face to indicate the difficulties she experienced when first moved to Canada before she could show people her strengths.



Figure. 2. Picture of a half-face of a smiley girl wearing a hijab

The children also shared with us how they felt when they moved to a new place or changed schools and after years of being in a new environment. As Adam, an 11-year-old refugee, said:

“There are some friends I made in my country before coming to Canada. I miss playing with them. [First when we came] I didn't have any friends in the neighbourhood. So, I couldn't play with anyone except my sister. I was bored and it wasn't fun. Now, I have friends in our neighbourhood, so that's actually a nice thing.” – Adam

Also, Sarah, an 11-year-old refugee, showed resilience by talking about her experience:

“When I came to Canada I was scared because I knew I would start a new life. This country is very different from my other ones. The languages, houses, and the food. It was different, but then I got used to it.” – Sarah

Sarah implicitly named the struggles she faced around acculturation; however, she also demonstrated how she developed the skills to overcome these challenges to eventually get “used to it.”

3. Empathy

Participants shared how proud they feel when they help other students in school. They indicated that helping students who are new to the classroom so they do not feel lonely and translating for students who do not speak English are examples of helping and supporting others. Additionally, participants showed empathy toward peers who were being bullied. Rawan, a 10-year-old refugee, had an experience with this:

“Today, someone called my friend fat and ugly so I tried to help her by giving her a positive explanation that she wasn't the only one in the world that got bullied before.” – Rawan

Participants also expressed how caring about others' feelings makes them feel good and proud of themselves. They talked about how children's negative emotions would upset their friends/family and how they need to control their emotions in order not to upset them. Sarah illustrated this case in her drawing (Figure 3). Below is Sarah's narrative about her image:

“This boy looks happy, but inside he's not. This side [the sad side] is crying and this side is happy and the [sad] side is the real one. He would show his friends that he's a happy person but in real life, he isn't. He would show his mother his fake face so she wouldn't worry. He would show his fake face to all his family so they wouldn't worry about him or get upset.” – Sarah

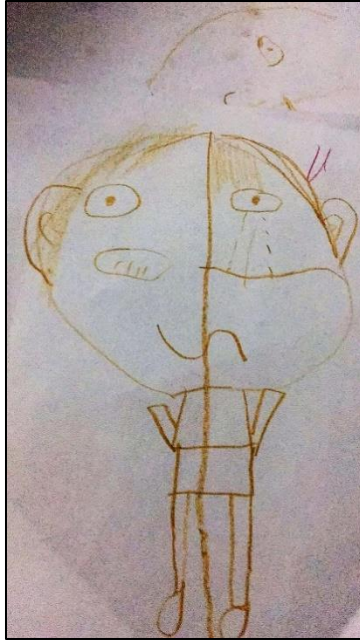


Figure 3. Picture of a child with a face split in two: a smiley side and an unhappily crying side

Children's awareness of their home life and outside life in Canada strengthened their sense of empathy. They developed skills to conceal their struggles to support their own parents' acculturation process.

4. Accomplishments

Participants showed how they are persistent and able to cope with and improve on various tasks, particularly in relation to school and athletic performance. They discussed how proud and happy they are to work hard to improve their grades and finish their homework. Rawan said:

"I'm proud of myself that I always get good grades and can improve better in my progress report and in what I do" – Rawan

Participants sometimes illustrated their achievements with drawings. Receiving a medal for good athletic performance was an impressive achievement for Maram, a 9-year-old immigrant, as shown in her picture (Figure 4).



Figure 4. Picture of a child receiving a medal for good athletic performance

Children's accomplishments were demonstrated by both objective and subjective achievements. For objective achievement, they referred to awards they had received for their good academic and athletic performances, while for subjective achievements they spoke of working hard to accomplish challenging tasks.

5. Gratitude

To express their satisfaction with life, participants talked about how grateful they are to have a house. For Ali, a 12-year-old refugee, his gratitude was not just for having a house, but for everything else in his life:

"I have a lot of stuff I can be thankful for and I'm not asking for more. I can go to school, I have entertainment like PlayStation, I have a TV, a bed, a house, everything." – Ali

Further, refugee children talked about how surviving a war and being alive makes them happy and grateful for their lives. As Rawan said:

"I feel happy that I wasn't dying when the serious war happened because you could have just been not alive." – Rawan

6. Cultural and Religious Identity

Children referred to the importance of being able to practice their culture and religion, particularly in schools. Maryam, a 7-year-old immigrant, spoke excitedly about her time taking Arabic classes:

“We go online Arabic class. [...] Because you can read in Arabic and say Quran in Arabic.” – Maryam

She also talked about how happy she was when had the opportunity to celebrate both her religion and the Canadian holidays at school.

“My favorite time of the week or the day is Ramadan and Eid because we celebrate it. Also, [At school] I like painting Halloween and Ramadan.” – Maryam

Maryam's mother believed that schools in Canada should have religious education classes for all students to teach them about their culture and religion, in order to make students from different cultural backgrounds “feel normal and accepted [in this new country]”. Moreover, parents expressed concern about the subjects they teach in schools in Canada without considering “other cultures and religions because this child might not like to hear these things”. One parent said: “[Because of these topics] my girl was coming home sad and embarrassed.” She continued: “I suggest that children who are opposed to topics such as sex education because of their cultural and religious values can leave the class when the teachers want to discuss these topics and listen to something else.”.

For schools to provide a sense of belonging to all students, parents mentioned that schools need to take the initiative to respect the culture and religion of all students and to promote multiculturalism. For example, they suggested organizing a cultural dishes day at school where all families bring a dish of their traditional food to share with others, hiring teachers from different cultural and religious backgrounds so that they can understand students' values and beliefs, and creating a safe prayer space in schools for students who want to pray. Additionally, the lack of English was a problem highlighted by parents as a barrier to communicating with their children's school staff.

Interpersonal-level Determinants

7. Firm Maternal Bonding/Attachment

Compared to all other family members, participants primarily focused on talking about and illustrating (Figure 5) their close relationships with their mothers as a reason for their happiness. In their opinion, a happy mother makes a happy child. Najwa, a 13-year-old refugee, said:

“The happiest part in your life is your family and especially your mom, whenever your mom is happy, you're happy and whenever your mom is sad, you're sad. I'm happy when my mom is happy, so, I make my mom happy.” – Najwa



Figure 5. Picture of children illustrating their interactions with their mothers

Participants talked about how fulfilling their mothers' wishes can make them feel good. For example, Sarah cited having her extended family in Canada as one reason to be happy as it was her mother's only wish. To feel good and comfortable, the children also emphasized the importance of having someone they can trust to talk to when they are not feeling happy. For them, that trusting person was their mothers.

8. Friendships and Peer Relationships

To feel good every day, participants stressed the importance of having good relationships with friends and peers, whether they were from school or neighbourhood. To describe a happy

relationship, children mostly referred to the factor of trust. For them, it makes a child happy to meet trusted friends at school every day who can be counted on.

Furthermore, participants used the negative terms bullying, mean people, laughing at, and making fun of, to describe their personal or others' negative experiences with peers. Rawan expressed her feelings of sadness and anger when her peers in the classroom laugh at her:

"[I feel sad and angry] when someone draws on me on purpose to ruin my shirt. Then someone else laughs, and everybody laughs. Sometimes I tell them to stop, but they wouldn't stop. [They do that] only to me, because I don't see them mostly do it to other kids." – Rawan

As depicted in Najwa's drawing (Figure 6), participants discussed how bullying and peer rejection can negatively affect the school environment and therefore bullied children need to change schools.

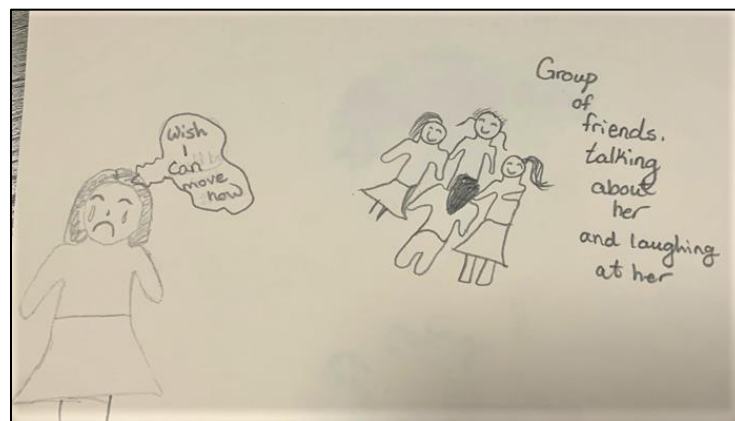


Figure 6. Picture of an unhappy child is being bullied by peers and wants to move from the current school

Moreover, the children talked about how sad it is when people exclude others because of their physical appearance. Elham talked about her school experience:

"They [peers at school] don't want to be your friends because you're different. Like in my class, this girl, she's really different. In one arm she only has 2 fingers and in the other 5. There are people who are different and they [peers] don't want to play with them." – Elham

Children in our study showed that relationships built on trust, inclusion, and acceptance increase their happiness.

Organizational/Community-level Determinants

9. Safe and Peaceful Environment

Children, especially the refugee group, stressed the importance of living in a safe and peaceful environment. As for the environment, they mainly related to a country without war and inclusive schools without bullying. Najwa, for example, emphasized the importance of moving to a safe country by both talking about and drawing a child's experience (Figure 7).

“Alhamdulillah [Thank God in Arabic] we are in a good place where we are safe and there's no war.” – Najwa

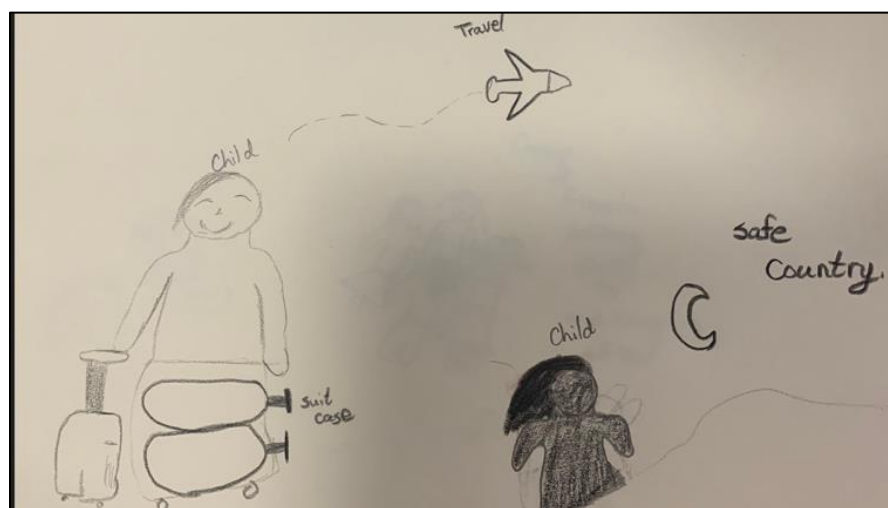


Figure 7. Picture of a happy child with suitcases moved to a safe country

Participants used specific phrases to refer to what a safe environment looks like to them. For Ahmad, an 8-year-old refugee, a country with no “real guns” is a safe country while for Farah, a country that is “very fun” is safer than a country where there is “a lot of war”.

Also, participants believed that schools are safe and peaceful places where “no one makes fun of others” and teachers are supportive in a way to teach children not to be mean and not bully their friends.

10. Engagement in Art- and Play-based Activities

Participants stressed the importance of engaging in artistic and playful activities such as “drawing and coloring”, “exploring nature”, and “outdoor play”. Drawing and coloring were mentioned as a way to enjoy the time and overcome negative feelings. As Rawan explained:

“It [coloring] makes me feel happy because when I’m sad I can color using my imagination and creativity”. – Rawan

Further, children spoke about the opportunity to engage in after-school clubs where they can make new friends and enjoy their playing and learning time. While children expressed a desire to participate in after-school clubs/activities, their parents shared concerns that they could not afford these types of activities because they were “too expensive”.

Discussion

The aim of this study was to explore and identify the determinants that contribute to and promote the wellbeing of IR children in Canada. This study found that the availability of material resources for IR children impacts their wellbeing. This result is consistent with other literature showing that having material resources – for example, their own bedroom and enough space at home - was a reason for refugee children's feeling of satisfaction in Norway (Archambault, 2012). This group would be happy and content with their assigned home if it can fulfill their pre-settlement expectations and imaginations about their new place (Archambault, 2012). Literature suggests that having access to material resources such as basic equipment and a spacious home, particularly for IR children, would help strengthen a sense of belonging to the new country after settlement (Archambault, 2012).

Housing is a social determinant of health (Marmot, 2005) and a good indicator of the successful integration of IR group in resettled countries (Ager & Strang, 2008). Thus, at a societal level, it is important to consider improving the housing quality, and affordability and increasing the variety of housing arrangements available to IR families to improve their wellbeing (Ziersch et al., 2017).

We also identified resilience as a wellbeing determinant in IR children. Although this finding is consistent with the literature recognizing resilience as an indicator of children’s

wellbeing (Asanjarani et al., 2022; Symonds et al., 2022), there are insufficient studies examining this relationship in IR children. Our study found that IR children's positive self-view, confidence in their own strengths, and satisfaction with their actions and decisions helped them overcome certain challenges when they came to Canada and ultimately feel happy. This finding highlights the importance of positive views of self (Masten et al., 2021) and high self-esteem (Dumont & Provost, 1999) as resilience factors identified in the literature. As a determinant of wellbeing, our study found that resilience helps IR children adapt positively to uncertainty, unpredictable events, and significant changes in their lives over time. This finding is consistent with the literature that suggests resilience maintains and promotes wellbeing and life satisfaction among child and youth groups (Asanjarani et al., 2022; Khanlou & Wray, 2014; Liu et al., 2013).

Additionally, our study found that IR children's ability to show empathy by helping others is a factor that promotes their happiness and wellbeing. This finding is in line with the literature identifying 'helping others' as an indicator of children's wellbeing (Symonds et al., 2022). Our participants showed empathy towards their peers by explaining how they could help them in dealing with daily challenges, such as bullying and the inability to communicate in English. This finding is mainly important for IR children, who may have experienced similar challenges in life and, by showing empathy, demonstrate their ability to feel and share the emotional experiences of others (Cunsolo et al., 2021). Studies have suggested that there is a significant positive association between children's empathy and their social relationships/prosocial behaviours (Cunsolo et al., 2021; Taylor et al., 2019), i.e. behaviours voluntarily performed for the benefit of others (Hein et al., 2018); these prosocial behaviours can ultimately promote children's wellbeing (Aknin et al., 2012).

Our study also found that the IR children may show their empathy by using an expressive suppression approach, an emotion regulation mechanism to hide their expression of negative emotions (Gross & Cassidy, 2019) from family/friends, to avoid distressing them. According to our results, concealing the expression of negative emotions from others made children feel good about themselves. This finding is inconsistent with many studies (Gardner et al., 2017; Gross & Cassidy, 2019; Schäfer et al., 2017) indicating expression suppression has a negative impact on children and adolescents' overall wellbeing. However, a study found that children's choice to

hide emotions can be beneficial to them and have positive outcomes when done to protect others' feelings (rather than to avoid interpersonal rejection) (Cole & Jacobs, 2018).

Additionally, our participants expressed that accomplishing and mastering certain tasks, as well as being grateful for what they have in life, induces a sense of pride and happiness in this group. To date, insufficient studies have examined how accomplishment and gratitude in IR children can affect their wellbeing. Thus, this could be an area for future research to promote wellbeing in this group.

Practicing cultural and religious beliefs and maintaining a cultural identity was found to promote IR children's wellbeing. Our participants highlighted their happiness and joy in celebrating both their culture/religion and Canadian holidays. Additionally, parents emphasized the importance of considering the cultural/religious differences of all students in classroom curriculum and school spaces so that the IR children feel accepted in the new country/school. This is consistent with other studies showing that a high sense of belonging to one's heritage and to the culture of receiving society, promotes the wellbeing of immigrant adolescents (Berry et al., 2006b, 2006a). We found that, in line with other studies, multiculturalism policies promote cultural maintenance, so the IR group can remain connected to their heritage, and social integration, so they can become part of the broader society; both increase this group's level of wellbeing (Berry & Hou, 2016).

Participants also referred to relationships with family, especially close attachments with mothers/maternal figures, and their relationships with peers as sources of happiness. Our findings suggest that the factors of peer acceptance and trusted relationships would promote IR children's wellbeing. Consistent with our findings, studies have shown that quality peer relationships that have been identified in the literature on the basis of inclusion, peer acceptance, and trust, among other factors (Holte et al., 2014), help promote migrant children's self-esteem and their ability to cope with ongoing challenges/stressors that they may face after resettlement (Bolger et al., 1998; Hartup & Stevens, 1999).

Being in a safe and peaceful environment was also found to be a reason for our participants' wellbeing. This is in line with the WHO recommendations, indicating that providing a space to strengthen a sense of safety and belonging for IR children who have experienced

displacement and war helps promote their health and wellbeing (World Health Organization, 2018). Consistent with other literature, the wellbeing of IR children in the current study is greatly influenced by their school's environment (McDiarmid et al., 2022; Oxman-Martinez & Choi, 2014). Schools in the host society, which are psychologically safe, welcoming, non-discriminatory, and inclusive, improve IR children's wellbeing by having a positive impact on their academic performance, social skills, and sense of belonging (McDiarmid et al., 2022; Oxman-Martinez & Choi, 2014). Additionally, literature showed that the wellbeing of IR adolescents is positively influenced by their teachers' support (Cristini et al., 2011). Thus, there is a need to implement a whole-school bullying prevention policy/strategy that engages the board, school staff, students, parents, and the wider community to develop a positive school climate that has been shown to reduce the incidence of bullying behaviours among students (Richard et al., 2012), impact the real and perceived safety of the school, and ultimately affect the wellbeing of children and adolescents (García Bacete et al., 2014).

Finally, our study found that engaging in play- and art-based activities make IR children feel good and happy. Creative activities have been proven effective in several studies for addressing and promoting the different aspects of health and wellbeing of IR children (Burruss et al., 2021; Kowitt et al., 2016; Ugurlu et al., 2016). We found that participating in after-school clubs, spending time outdoors, exploring nature, and being physically active make our participants happy. Although there is limited literature to examine how nature and imaginary activities affect wellbeing in IR children, our results are consistent with other studies of children in general suggesting that exposure to nature, time outdoors, and imaginative play help to regulate emotions, develop personal autonomy, enhance empathy, and promote children's wellbeing (Rudkowski, 2014; Snell et al., 2016; Walshe et al., 2020). Further, participation in after-school clubs helps newly arrived children/youth to develop positive relationships with others, feel accepted and valued, increase their self-esteem, improve their attitudes toward school, and promote their wellbeing (Gouin, 2016).

Despite the importance of after-school programs to the wellbeing of IR children, their parents have found it difficult to access and use these programs mainly due to their high cost of participation. Thus, it is important to address these practical challenges at various stages of

programming, staffing, funding, implementation, and evaluation (Bridging Refugee Youth & Children's Services, n.d.).

Research Contributions

To the best of our knowledge, this is the first study to examine the determinants that contribute to and promote the wellbeing of middle-aged IR children in Canada by involving them as active participants in the study through the use of verbal and visual qualitative methods. Moreover, our study contributes to research strategies that advocate child participation in studies by involving IR children not only in collecting and interpreting data, but also as advisors by asking what can make them happier in their surroundings, such as their family/home, and school. The strengths of our study also lie in the use of a social-ecological framework that considers a child within the context of family, community, and broader society. Accordingly, this study contributes to the existing literature on child wellbeing by examining what are the factors influencing the wellbeing of IR children, mainly by looking at the individual, relationship, and organizational/community levels, and also by exploring how we can positively impact these factors to promote the wellbeing of this group by introducing/changing policies and practices at a broader societal level. It would be useful to include the determinants identified in this study in the surveys measuring the wellbeing of IR children in a Western context. Thus, such surveys and assessment tools should not only examine negative outcomes and risk factors in vulnerable children but also positive outcomes and protective/promotive factors.

Future Implications and Conclusion

The multilevel determinants of wellbeing explored in this study suggest assessing needs across various settings, including families, schools, and communities, instead of just individually. Hence, for wellbeing projects to be effective, the factors found to promote wellbeing should be considered when conducting needs assessments, as they guide the development of strategies and prioritize resources. Moreover, these determinants/promoting factors can be used as objectives to drive interventions to support wellbeing in IR children in Canada. Finally, wellbeing programs and public policy initiatives developed and implemented to target the identified factors should be evaluated to determine whether they are effective among this population.

Chapter 4. Paper III

Examining and demonstrating the use of a multi-method approach in research with immigrant and refugee children in a virtual setting

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Citation: Herati, H., Neiterman, E., Parker-Shandal, C. & Meyer, S.B. Examining and demonstrating the use of a multi-method approach in research with immigrant and refugee children. [Manuscript in prepration]

Abstract

Involving children in studies furthers the belief that children's experiences should be valued. Arts-based methods, such as visual research methodologies, enable children to actively engage in studies. Children are more interested in discussing their experiences and feelings using visual techniques rather than traditional verbal methods. Using visual methods is mainly effective in research with immigrant and refugee children considering their unique needs (e.g., language and communication barriers, difficulty building relationships, negative perceptions toward research, etc.). Researchers have recommended adopting multi-method approaches, like combining visual methods with non-visual tools, in collecting data from children to keep them engaged during the study. In addition, considering the COVID-19 restrictions on in-person studies, there is a need to explore how research with multi-method approaches can be adapted for use in virtual settings. In this article, we aim to examine and demonstrate the use of a multi-method approach in research with immigrant and refugee children in a virtual setting. Our discussion draws upon a qualitative study we conducted virtually during a global pandemic (October – December 2021) with immigrant and refugee children in Canada (n=16) and their parents (n=9) to examine the determinants of wellbeing among this group of children. The design of our study was informed by a multi-method approach, namely the Mosaic methodology, in which we used a visual method (drawing) with children and a qualitative verbal method (interviews) with children and their parents to collect data. This article provides practical guidance for using a multi-method approach in research with immigrant and refugee children in a virtual setting.

Keywords: Immigrant and refugee, children, multi-method, virtual setting, visual research methodology

Introduction

Many of the health and social indicators concerning children are based on the findings derived from traditional research methods such as interviews, closed-ended questionnaires, etc. (Kohen et al., 2007; Venancio et al., 2020). However, these methods may not be flexible and adaptable to the needs of vulnerable children, like those with learning disabilities and non-English speakers, as these methods mostly require verbal fluency to participate. Thus, studies have used different child-centred and arts-based methods including visual (e.g., drawing, photography), narrative (e.g., poetry), and performative (e.g., drama, dance) methods, to listen to children, involve them in decision-making activities, and work with rather than on them (O'Connell 2013; Christensen and James 2017; Murray 2019; Danenberg, Doumpa, and Karssenberg 2018; Broström 2012; Korkiamäki and Kaukko 2023).

Listening to children helps to enhance children's autonomy and self-expression (Committee on the rights of the child (CRC), 2005), strengthen their self-determination and self-esteem, and develop the child's critical thinking skills (Howe & Covell, 2007). Additionally, involving young children as active participants in studies promotes the notion that children's experiences should be respected (Carnevale, 2020), provides them with space to express their opinions and perspectives, and encourages them to share their thoughts about developing solutions to issues that affect them (Gornik & Sedmak, 2021).

Children are more comfortable talking about their daily activities, experiences, and contradictory feelings (e.g., bullying and inclusion) through arts-based methods such as visual methods, rather than more traditional methods such as surveys and interviews (Ajodhia-Andrews, 2016; Barley & Russell, 2019; Liamputtong & Fernandes, 2015). Visual methods can also help in recalling memories and bringing up inquiries that might not otherwise be raised by researchers (Liamputtong & Fernandes, 2015). Accordingly, using visual methods with children results in richer and higher quality research data compared to using the common traditional verbal methods only (Guruge et al., 2015; Pain, 2012; White, Bushin, Carpena-Méndez, & Ní Laoire, 2010). The visual methods are also effective in research with immigrant and refugee children considering their unique needs. For example, immigrant and refugee children can benefit from visual methods because they may have limited language skills (Due, Riggs, & Augoustinos, 2014; Moskal, 2017) or are not proficient in the researchers' native language

(Aldridge, 2014; Vecchio, Dhillon, & Ulmer, 2017), making it difficult for them to communicate through verbal and textual methods. Visual methods can also be helpful in research with this group of children as they may have difficulty building relationships and have negative perceptions and attitudes about research (Francis Cain & Trussell, 2019). Moreover, the literature recommended adopting multi-method approaches such as combining visual methods with non-visual tools (e.g., interviews and focus groups) to collect data from young children; the approach that provides complementary insights and a better understanding of children's perspectives and experiences that would otherwise be difficult to obtain using a single method of data collection (Darbyshire, MacDougall, & Schiller, 2005; Sevón, Mustola, Siippainen, & Vlasov, 2023). Additionally, using more than one data collection method results in a more robust data set compared to using only one method (Sevón et al., 2023).

Given researchers' recommendations on using multi-method approaches with children, particularly arts-based methods combined with traditional verbal tools, there is a need to explore how these methods can be adapted to apply to different contexts among different populations. The COVID-19 pandemic was one of these contexts that had a significant impact on the conduct of research studies, especially those involving humans (Harper et al., 2020). The pandemic's restrictions on in-person research, particularly those that required close contact with participants, highlighted the need to adapt research approaches that employ multiple methods for use in virtual settings.

This article aims to examine and demonstrate the use of a multi-method approach in research with immigrant and refugee children in a virtual setting. Our discussion built upon a qualitative study conducted by the authors virtually during a global pandemic (October - December 2021) to explore the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada. Here, we refer to this study as the Wellbeing study in which we used a multi-method approach, called the Mosaic methodology (Clark et al. 2003; Clark and Moss 2001; Clark 2005) to collect data from child participants and their parents using visual and verbal methods. Although the aim of this article is not to analyse and present the results of the Wellbeing study, we use strategies, statements, narratives, and children's drawings from the study to support our discussion and demonstrate the methodological research design of a multi-method approach adapted for use in an online environment with immigrant and refugee

children. The empirical contribution of our Wellbeing study was the objective of another article, in which the results were analysed, presented, and discussed in more detail [citation was removed for blind peer review].

Background and Methodology of Our Wellbeing Study

In 2023, Canada's new Immigrant Levels Plan was introduced to support Canada's economic recovery and growth, reunite families, and respond to humanitarian crises. As a result, Canada will welcome a significant number (over 480,000 each year) of new permanent residents in 2024-2026 including many families with children and youth (Government of Canada 2023a). As the number of children with migrant and refugee backgrounds increases significantly, there is a need to explore and identify the surrounding factors that promote the health and wellbeing of this group of children, as well as facilitate their adaptation to life in settled countries.

To date, most research with immigrant and refugee children has focused on the negative impacts of migration stressors over the factors that can support their wellbeing (Shakya, Khanlou, and Gonsalves 2010; Beiser, Puente-duran, and Hou 2015; Stuart and Ward 2018; Measham et al. 2014). Furthermore, wellbeing researchers have questioned whether it is possible to involve young children as active study subjects to examine their wellbeing and happiness (Strózik, Strózik, and Szwarc 2016), mainly because they believe that data collected from young children may not be reliable and valid (Casas 2011). Considering the identified gaps, our Wellbeing study aimed to explore the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada by considering their perceptions, lived experiences, and daily interactions with their surroundings. The theoretical framework of our study was informed by the Bronfenbrenner social-ecological framework (Bronfenbrenner 1999) considering the significant impact of social-ecological factors on the wellbeing of children (Lewis 2019; Migliorini, Tassara, and Rania 2019; Ben-arieh and Frønes 2011).

The target participants were foreign-born children (n=16), ages 6 to 13, who came to Canada as immigrants or refugees and had a basic knowledge of conversational English and/or speak Arabic or Farsi. In our Wellbeing study, we focused on immigrant and refugee children from the Middle East and North Africa (MENA) region, taking into account that Canada has resettled a large number of refugees from this region in recent years (over 120,000 from 2015 to

2023) (Government of Canada 2023b). The researcher who conducted the study had similar cultural and linguistic backgrounds as the participants. To recruit the participants, we collaborated with a community partner. Prior to conducting the study, ethics approval was obtained by [removed for blind peer review]. All parents provided their verbal or written informed consent and children gave their verbal assent to participate in the study.

To collect data, we adopted a multi-method approach, namely the Mosaic methodology (Clark et al. 2003; Clark and Moss 2001; Clark 2005) in which we used drawing with children combined with interviews with both children and their parents (n=9) who were included in the study to better understand the demographics and social-ecological background of the children. Interviews and drawing sessions were conducted for each family virtually via Zoom in the participant's preferred language. All sessions were audio recorded, transcribed verbatim, and organized using NVivo 12 software. The data were analysed inductively through line-by-line coding, refining and categorizing the identified codes into groups and ultimately organizing the grouped codes into themes (Caulfield 2022; Braun and Clarke 2006).

The Mosaic Methodology: A Multi-method Approach

The Mosaic methodology is a multi-method approach that researchers use to collect data from children by utilizing different methods such as drawing, interviews, observation, photography, role play, and storytelling (Meehan 2016; Alison Clark 2005; Lyndon 2012; Clark and Moss 2011; Waller and Bitou 2011; Fler and Li 2016). The Mosaic approach was first developed in a study to include children's voices in the assessment of early childhood services (Clark and Moss 2001). It was adapted in another study to engage pre-schoolers along with their parents and practitioners in a discussion about their preschool's outdoor environment (Clark and Moss 2005). In their study, Clark and Moss (2005) used traditional methods like observing and interviewing children combined with non-traditional tools, including children using cameras to take photographs, taking researchers on an exploratory tour of the sites, and using their photographs and drawings to create maps representing the sites (Clark and Moss 2005). Each of the methods used in this approach is like an individual tile that needs to be put together to give a clear picture of a big mosaic (Clark 2005).

Given the aim of the present article, we now turn to examining and demonstrating the use of a multi-method approach in research with immigrant and refugee children, referencing the methodological research design of our Wellbeing study. To discuss and demonstrate our approach, we employ statements, narratives, and children's drawings from the Wellbeing study.

Examining and Demonstrating Our Use of a Multi-method Approach in Research with Immigrant and Refugee Children in a Virtual Setting

Since this study was conducted during a global pandemic and due to restrictions in place at the time, all sessions were conducted virtually via an online platform (Zoom). Therefore, we worked towards adapting our methodological approach to create an online research space for our participants.

Informed by a multi-method approach, we collected data from children using drawings and interviews. The drawing, as an arts-based method, was chosen for our virtual study with immigrant and refugee children for several reasons. First, we thought that children would feel more comfortable sharing their thoughts and experiences through drawings rather than a regular conversation with an unfamiliar adult researcher they have met for the first time online. Further, research showed that drawing is a fun, creative, inclusive, and interactive way of communication (Deguara 2019; Mitchell et al. 2011; Punch 2002); the aspects of a research tool that promote children's engagement in a research study, particularly when the research is conducted online. Moreover, given that drawing is an inexpensive and easy-to-use tool (Gaywood, Bertram, and Pascal 2020), we considered drawing to be a suitable method for a virtual study with children because this method would not require such complicated instructions to be followed by parents and children to use it. Additionally, as a non-textual and non-linguistic tool, drawing can also be used in situations where the language and communication barriers are considered obstacles to conducting studies, and in situations where it is difficult to express thoughts with words (Literat 2013; Gaywood, Bertram, and Pascal 2020). This is particularly important for immigrant and refugee children, the target participants of our Wellbeing study, who may feel more comfortable showing and sharing their past experiences, such as moving and adjusting to a new country, and the challenges they have faced during that process, through indirect and less hurtful methods such as drawing rather than speaking (Liamputtong and Fernandes 2015).

Since drawing was one of the methods we used to collect data, we mailed a colouring kit to the child participants before the sessions to compensate them for their time. This was considered in the ethics approval process, akin to providing financial compensation to adult participants. Children were also encouraged to use these kits during the sessions, helping to overcome resource-related barriers to participating in the research. After completing a session, we electronically sent the parents 15 Canadian dollars to compensate them for their time.

In applying a multi-method approach with children, adult participants such as parents, teachers, and service providers can also be involved in the study (Muela et al. 2019; Rogers and Boyd 2020). The Mosaic methodology we used in our study, refers to this approach as *multiple listening*, which encourages listening at different levels with a range of individuals and groups (Clark 2005). As the literature indicated, in some cases, adding adults' perspectives and narratives to a multi-method approach with children increases researchers' understanding of the topic of interest and enhances the richness of data (Rogers and Boyd 2020). Based on this principle, we also conducted semi-structured interviews with children's parents prior to data collection sessions with children to gain insights into the demographic characteristics of the child participants. Aside from gathering demographic information about the child, we also spoke with parents to further explore the social and environmental aspects surrounding the child participants, such as the interactions and communications of the child with their family, school, peers, and neighbourhood/community, particularly after moving to Canada. It was important to interview parents to supplement the data collected from children, as they were of different ages, which could hinder their ability to recall or be fully aware of the social and environmental factors that affected their migration journey and ultimately their wellbeing.

All interviews with parents were conducted in Arabic and then translated into English by the first author, who was fluent in Arabic and English. The interviews were first transcribed in Arabic and then translated into English prior to the analysis of the data. The online sessions with the parents, which took 45-60 minutes, were immediately followed by the child sessions, which lasted between 90 and 120 minutes. Nevertheless, since the study was conducted virtually at participants' houses, involving parents in our study posed a challenge as in most cases family members were present with the children at all times, which may have affected the children's thinking and feelings. According to studies, children may not feel comfortable discussing

concerns and lived experiences in the presence of their caregivers and parents (Thomas and O’Kane 1998). Thus, we discussed with parents how the outcome of our study is greatly influenced by the comfort children feel sharing their experiences with us on their own, and how a private space can facilitate this. Based on our experience, this approach was mostly effective in describing the research context to parents and emphasizing the importance of providing a private and quiet space for their children during the drawing and interview sessions. Accordingly, parents either asked the child participant to go to another room to speak with us, or they and others left the room.

The interviews with parents were followed by the children’s sessions. All interviews and discussions with children were conducted primarily in English. However, we assumed that although almost all children were fluent in English, they may have difficulty expressing themselves or using some English phrases given the fact that they were not born in Canada and their first language may not be English. To address this challenge given the multi-method approach of the study, we used the following statement at the beginning of each session and before starting to collect data: “If you find it difficult to talk or answer my questions in English, that’s totally fine. You can explain them in Arabic or use your colouring kit to draw what you would like to tell me.” Accordingly, in some cases, the child participants used Arabic to refer to some phrases/statements that indicate their cultural/religious beliefs and traditions, such as Alhamdolלה which means “Thank God” and Kakat Al-Eid which is a special type of cookie that families bake during Eid. These statements were first transcribed in Arabic and then translated into English by the first author prior to the analysis of the data.

To collect data from the child participants in a virtual setting, we used various strategies to keep them engaged during the sessions. Each session began with an introductory warm-up activity to build a rapport with the child participants. This activity was adapted from a study conducted by Crivello and colleagues (Crivello, Camfield, and Woodhead 2009). We first asked children to close their eyes and imagine a child they know who they think has a good life and is happy. Then open their eyes and talk about why they think that child is happy. Then, we asked participants to define the three terms that, according to studies (Western and Tomaszewski 2016), are usually used as the main components of wellbeing: happiness, health, and comfort. This activity was used to provide participants with a general overview of the study topic and helped us

gain a general understanding of children's perceptions of wellbeing (Crivello, Camfield, and Woodhead 2009).

Next, drawing activities and interviews with children were conducted using the interview guide's questions and probes. Children's pictures could also be used as prompts to ask further questions (Liebenberg 2018; Moskal 2017). Ultimately, for each child, perspectives collected from different methods were put together (like mosaic pieces) to give a complete picture of the studied topic (Clark 2005). This approach was informed by a multimodal framework that emphasizes the use of multiple communication modes with children to enhance their participation in the study (Clark 2011b). As the Mosaic methodology suggests, using multiple tools to collect data promotes *internal listening* among participants and allows them to look at the topic of interest from different perspectives and find new ways of thinking (Clark 2005; 2011a). For example, utilizing visual methods in research with children can allow them to recall important life experiences and/or relate to feelings that they were unable to express while discussing and answering questions. Informed by this approach, in the sessions with children, we first asked them questions based on the interview guide and then asked them to draw taking into account the points discussed earlier in the interviews. For example, we first asked them, "Can you tell me about something(s) happened to you that makes you feel happy and good?". After they had responded to that question and in order to further explore it, we moved on to the drawing session by asking, "Can you draw for me a child who is happy and has a good life?". After every drawing session, there was a discussion on the image. To keep the children's voices front and centre in our study, we included them not only in data collection and interpretation but also as advisors, asking them what they think may be done to improve their surroundings, such as their family and school, to make them happier.

As the study took place online, it was not possible to observe the full range of body language and nonverbal communication during the sessions. So, it was important to repeatedly confirm that children were still interested in participating in the study. As such, we continuously asked children for their ongoing assent during the sessions (Ajodhia-Andrews 2016; Barley and Russell 2019). In cases where we observed lots of movement and indications of lost interest in the study (such as no interest in speaking or drawing), we offered participants options such as taking a short break, having a snack, changing location, turning off the camera, or even ending

the session and continuing on another day. In addition, to encourage the children to remain active and interested in talking to us during the study, we also gave them the opportunity to moderate the sessions to some extent. For example, one of the participants took us on a virtual tour of his bedroom, showing us his bed, toys, stuffed animals, and art made at school. This is what the Mosaic methodology refers to as *role reversal* when children play an active role, taking the lead “in which ideas, people, places and objects are given significance.” (Clark 2005, 25). Child participants were also given the opportunity to take photos of their drawings and send them electronically to the researcher. This approach was supported by the fact that children were familiar with uploading/sending works via an online platform, as they did during school closures due to the COVID-19 global pandemic. However, there were instances where our strategy to enhance children's engagement presented challenges. For example, several participants kept sending their drawings that had nothing to do with the study after it was over. In order to address this issue, the researcher thanked the children for sending these drawings, but to discourage children from sending more pictures, she informed them that she could not keep their drawings or use them for the study because those images did not answer the study's questions. The researcher also sent each child a certificate of appreciation for their time, effort and artwork. This strategy also assisted in informing them that their participation in the study was over.

Concerning the analysis of the data and to avoid later misinterpretations of the data in our study, children were instructed to name, label, or write a brief description of their pictures (Groundwater-Smith, Dockett, and Bottrell 2015). This writing could be done on the pictures and/or using the chat feature on Zoom. This approach was effective in encouraging children, particularly those less interested in verbal explanation, to participate in the discussion and keep them engaged. Studies suggested that adding textual explanations to visual elements is important since the artifact could be interpreted in many ways that do not necessarily reflect its creator's intentions (Groundwater-Smith, Dockett, and Bottrell 2015).

Further, children were given the opportunity to tell stories and/or talk briefly about what was depicted in their drawings while giving more details about places, people, and objects. This technique allowed them to think more clearly about what they wanted to tell the researchers while allowing the researchers to better understand what was not clear from the images and use them as prompts for further questions. Accordingly, when interpreting and analysing the data in

our study, we were aware that every written text, verbal statement, and graphic image conveys an overt message that needs to be explained and a latent meaning that needs to be interpreted (Graneheim and Lundman 2004).

To find out the true meaning of children's visual images, verbal and written narratives and to avoid missing data that could have a significant impact on the study results, we analysed data based on drawing contents such as the places, people, objects, and events shown in the pictures (Deguara 2019); and drawing representations of the used elements such as a specific colour, shape, size, etc. (Moriarty 2005). Additionally, for the deeper level analysis (Wright 2010), we mainly referred to emotions and feelings expressed by the participants through the drawings and conversations to better understand the meaning behind the drawn images (Deguara 2019; Leeuwen 2005). The narrative and photo below illustrate how using a specific element (in this case a colour) to represent an object (in this case a person) can be as important as the object itself, as it represents the emotions, experiences, and perceptions of the participants behind the drawing of that particular object.

Maryam², a 7-year-old female, came to Canada as a refugee with her parents and two siblings. In response to our question about what makes her happy and satisfied with life, she drew a picture (See Figure 1) of herself with her mother wearing skirts of the same colour as they work on something together. She referred to red as one of her favourite colours and therefore used it for both herself and her mother. In her statement, she spoke about how she feels happy baking cookies with her mother. From our conversation with her, it became clear how the presence of the mother in her life has a significant impact on her wellbeing and happiness. For example, she mentioned that “talking to my mom makes me feel better when I don't feel good”, and “I feel proud when I help my mom”.

² Participant's name was changed for the purpose of anonymity.



Figure 1. Picture of a mother and child wearing same colour

This case shows the importance of analysing visual, verbal, and written data at different levels to identify the manifest and latent contents of the data (Graneheim and Lundman 2004; Thyme et al. 2013). For example, we need to focus on what is explicitly shown and described in the visual images, what symbols/elements were used to stand for or represent something in the images, and what feelings and perceptions lie behind the narratives and drawn images.

To further examine our use of a multi-method approach, we provide the following narratives and drawings from the Wellbeing study in order to demonstrate the importance of incorporating multiple methods in research with children, in particular immigrant and refugee children considering their unique needs.

In the Wellbeing study, children were given the opportunity to express their feelings and relate to their lived experiences using their preferred method of communication (Due, Riggs, and Augoustinos 2014). The narrative below along with its drawing, helped us to recognize that all perspectives and experiences of children are valuable and need to be explored, something which would not have been possible with a single data collection method (Murray 2013; Sevón et al. 2023).

Sarah³, a 9-year-old female, came to Canada as a refugee with her mother and four siblings. When asked what makes her happy, she spoke more than once about making her mother happy, seeing her smiling face, and fulfilling her wishes, without giving any further details. However, in the drawing sessions, she drew a child with a face split in two (See Figure 2). One side showed a smiley face while the other side showed a sad face with tears. In her talk about this image, she emphasized the importance of hiding sad feelings from her mother to make her happy since she is a single mother and has to take care of her and other siblings.

³ Participant's name was changed for the purpose of anonymity.

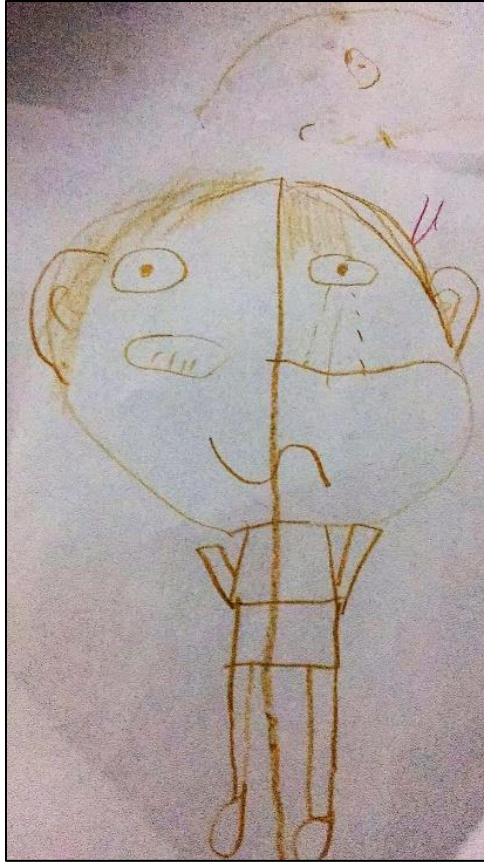


Figure 2. Picture of a child with a face split in two: a smiley side and an unhappy side with tears

This case shows the importance of using different methods to collect data as children, in particular, the immigrant and refugee children may not feel comfortable talking about bad experiences and feelings in their life while they can express themselves using indirect and less hurtful tools such as drawing (Liamputtong and Fernandes 2015).

Additionally, in conducting studies with immigrant and refugee children, researchers' lack of awareness of this population's cultural and social backgrounds can affect the research process and outcomes (Gaywood, Bertram, and Pascal 2020; Im and Swadener 2016). We anticipated that, because of their social and cultural backgrounds, the immigrant and refugee children may not be interested in, or able to speak about, contentious matters like bullying, racial discrimination, religious conflicts, death of loved ones, etc. The following narrative from the post-interview notes and accompanying photo allowed us to see that in studies involving

children, particularly cross-cultural studies, the use of visual tools combined with verbal methods can help researchers address cultural and social issues that cannot otherwise be identified.

Farah⁴, a 10-year-old female, came to Canada as a refugee with her parents and five siblings. Farah seemed more interested in drawing and colouring than speaking. When we asked what makes her happy and satisfied in life, she drew a half-face of a smiley child wearing a hijab (see Figure 3). Then, she explained how a girl can be happy when she can wear and hold on to her hijab regardless of what people around her say and do to force her to take off her hijab.



Figure 3. Picture of a half-face of a child with smiley face wearing a hijab

⁴ Participant's name was changed for the purpose of anonymity.

This case illustrates the importance of resilience for the wellbeing of children from different social and cultural backgrounds. A unique insight like this could not be obtained by talking to children alone, as they may not be able to put into words the challenges they face daily after resettlement and the strategies they use to cope with those challenges. Furthermore, without an explanation, a picture alone can lead to a misinterpretation of the findings. As we can see in the picture above, the child is smiling and wearing a hijab without concern. However, based on what the participant said, behind this smiley face is a girl determined to hold on to her cultural and religious beliefs.

Research Contributions and Conclusion

The strength of this article lies in providing practical guidance for using a multi-method approach in research with immigrant and refugee children in a virtual setting.

This article concludes that when conducting research with children experiencing multiple adversities (e.g., immigrant and refugee children), the use of a multi-method approach such as those that use arts-based methods in combination with verbal tools helps provide more comprehensive data, improves data interpretation and analysis, and enhances data validity. Further, this study implies that conducting research with children in a virtual environment may pose practical challenges, which may affect children's engagement, research process and outcome. So, researchers must evaluate and consider these potential challenges prior to and during the study and devise appropriate mitigation strategies to address them.

Declaration of Interest

No potential conflict of interest was reported by the authors.

Chapter 5. Paper IV

Extending the PERMA wellbeing model to respond to the needs of immigrant/refugee children of colour from the Middle East and North Africa region

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Citation: Herati, H., Neiterman, E., Parker-Shandal, C. & Meyer, B. Extending the PERMA wellbeing model to respond to the needs of immigrant/refugee children of colour from the Middle East and North Africa region. [Manuscript in preparation]

Abstract

The PERMA model is a framework developed within a Western context and includes the five components of positive psychology: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment. Although this framework has been used extensively to assess individuals' wellbeing, its current constructs may not adequately represent the views/experiences of people with marginalized identities (e.g., racialized children and newcomers from non-Western nations). This study aimed to extend the PERMA model to respond to the needs of immigrant/refugee children of colour from the Middle East and North Africa (MENA) region who were resettled in a Western country. The findings are from an empirical study conducted in 2021 to examine the determinants contributing to and promoting the wellbeing of immigrant/refugee children in Canada. The data were collected using interviews and drawings from immigrant/refugee children of colour (n=16), aged 6-13, with a focus on those who came to Canada from the MENA region. Interviews were also conducted with parents (n=9) to better understand children's demographics and social-ecological backgrounds. Our findings suggest that beyond the five constructs of the PERMA model, there are two new constructs that contribute to and promote the wellbeing of immigrant/refugee children of colour, in particular those from the MENA region: 'cultural and religious identity' and a 'safe and peaceful environment' (titled the PERMA-CS). Our proposed PERMA-CS is an extension of the PERMA wellbeing model that can be used as a tool to respond to the learning, social, and emotional needs of immigrant/refugee children of colour from the MENA region in a Western context.

Keywords: Immigrant and refugee; children of colour; wellbeing; PERMA model; Middle East and North Africa; Canada.

Introduction

Wellbeing is a term embedded in the World Health Organization (WHO) definition of health: “Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease and infirmity.” (World Health Organization, 2023). So being proactively ‘well’ is a part of securing health. Studies have suggested reimagining wellbeing as a multidimensional concept (Huppert & So, 2013) since theoretically wellbeing is both feeling good and functioning well (Huppert, 2014). The two most common approaches to conceptualizing wellbeing are subjective or hedonic wellbeing (HWB), and psychological or eudaimonic wellbeing (EWB).

The HWB approach refers to “a person’s cognitive and affective evaluations of his or her life, including both emotional reactions as well as cognitive judgments of satisfaction.” (Diener, 2002, p. 63) The affective aspect of HWB refers to individuals’ lifetime experiences with positive and negative emotions and their ability to balance these emotions (Migliorini et al., 2019; Western & Tomaszewski, 2016). The cognitive measure of HWB refers to life satisfaction (Lewis, 2019; Thomas et al., 2012), or a judgmental process, in which individuals assess the quality of their lives based on their unique set of criteria (Pavot & Diener, 2008). Central to this paper is the notion that HWB does not have fixed meanings and is socially and culturally constructed (Ereaut & Whiting, 2008; Lewis, 2019).

As a multidimensional concept, it is argued that wellbeing should not be measured based on emotions and pleasure only, but it should also be evaluated in terms of individuals’ functioning and personal growth as well as self-realization of life meanings and life purposes; the wellbeing approach we refer to as EWB (Thomas et al., 2012). According to Ryff (2014), attaining a high level of wellbeing depends on autonomy, positive relations with others, self-acceptance, environmental mastery, purpose in life, and personal growth (Ryff, 2014). Based on this perspective, wellbeing is not necessarily achieved by attaining people’s desires and needs as these desires may not positively impact individuals’ wellbeing (Ryan & Deci, 2001). The EWB approach recognizes the impacts of societal factors (such as racial discrimination, social inequality, and belonging to ethnic minorities) on individuals’ wellbeing (Ryff & Keyes, 1995).

A comprehensive approach to studying the concept of wellbeing requires consideration of both hedonic and eudaimonic perspectives. The PERMA model, one of the most recently

developed models of wellbeing, contains components from both hedonic and eudaimonic perspectives.

This paper first gives an overview of the PERMA model and its five core elements. We then discuss that while the original PERMA model has been successfully used as a framework to promote the wellbeing of diverse populations, including children, university students, and employees, the literature has noted its limitations in other contexts (Donaldson et al., 2021; Goodman et al., 2017). As such, this paper discusses how the PERMA model can be extended to other contexts, particularly immigrant and refugee children of colour from the Middle East and North Africa (MENA) region, to address their unique needs after resettling in a Western country.

The PERMA model was developed by American psychologist and educator, Dr. Martin Seligman in 2011 to represent the five components of positive psychology: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment (hence PERMA) (Goodman et al., 2017; Seligman, 2011). As Dr. Seligman indicates, these are the five building blocks of positive psychology that mainly focus on individuals' strengths rather than their weaknesses, the factor required to have a flourishing and meaningful life (Seligman, 2011). The PERMA model contains five elements from both hedonia (positive emotions, enjoyment, optimism) and eudaimonia (engagement/flow, sense of meaning/purpose in life) approaches of wellbeing (Seligman, 2011) and suggests that the overall wellbeing of an individual depends on both his positive feelings and functioning (Forgeard et al., 2011). The first element is 'Positive emotions', the hedonic pathway of this model, which emphasizes the importance of getting pleasure and having positive emotions about our past by cultivating forgiveness, our present by enjoying daily activities and tasks, and our future, by remaining optimistic about upcoming events (University of Pennsylvania - Positive Psychology Center, n.d.). The second element, 'Engagement', indicates that participating in activities, engaging with others, and using our skills to tackle challenging tasks increase our sense of belonging and attachment to our surroundings and help us to have a positive view of ourselves and our performance (Lambert D'raven & Pasha-Zaidi, 2016; University of Pennsylvania - Positive Psychology Center, n.d.). 'Relationships' is the third element of this model and suggests that having positive relationships with, and getting support from, others (such as family, friends, and neighbours), helps us to overcome life challenges and enhances our physical health (Eisenberger et al., 2007), mental health (Block et al., 2022), and

self-esteem (Kumar et al., 2014). The fourth element is ‘Meaning’, which reflects having a purpose in life and believing that one’s life is valuable; the element that enhances our feeling of fulfillment and life satisfaction (Kern et al., 2015; Schueller & Seligman, 2010). Finally, ‘Accomplishment’ indicates that achieving goals makes us feel good about ourselves, enhances our self-esteem, and motivates us to thrive and flourish (Seligman, 2012). Each of these five components can be defined and measured independently of the others (Seligman, 2012).

The PERMA model has been used in various settings, such as schools, workplaces, and communities, to measure and assess the wellbeing of children and adults. In a study by Butler and Kern (2016), this model was used as a framework to generate questions for developing a multidimensional measure of wellbeing called the PERMA-Profiler to assess wellbeing across different domains (Butler & Kern, 2016). This model has also been used to develop positive interventions to promote wellbeing in children, adolescents, and young adults (Shoshani & Slone, 2017; Slavin et al., 2012). Despite extensive use of the model, empirical and theoretical limitations have been identified and critiqued (Donaldson et al., 2021; Goodman et al., 2017; Wong & Roy, 2018). As a result of these critiques, it has been recommended that further research be conducted to extend the constructs within the model to provide a framework that is appropriate for use in specific contexts (Donaldson et al., 2021). For example, studies have shown that physical health (Donaldson et al., 2021), mindset (Dweck & Yeager, 2019), physical work environments (Sander et al., 2019), and economic security (Ng et al., 2021) are essential to measuring work-related wellbeing. Thus, for the PERMA model, to be used as a holistic framework within an organizational context, it needs to be extended to include these four factors.

Since the PERMA model was developed based on a Western context, studies have also indicated limitations in applying this model to non-Western cultures and nations such as populations of colour, considering the needs and perceptions of these populations (Kern & Khaw, 2015; Lambert D’raven & Pasha-Zaidi, 2016). The current components of the PERMA model may, for example, not capture the determinants of wellbeing of people with collectivist cultures, who may have different cultural norms and values than Western populations with individualistic cultures (Kern & Khaw, 2015). These cultural differences ultimately affect individual perceptions of wellbeing and its contributing factors. In a study conducted to assess the cross-cultural comparison of the PERMA model in a group of Malaysians, the results showed that

although all PERMA constructs were applicable to measure the wellbeing in this group, there were additional components such as religion/spirituality and health that must be added to this Western model to meet the needs of the non-Western Malaysian population (Kern & Khaw, 2015). Accordingly, there is a need to study the use of the PERMA model in different contexts and among people of colour with non-Western cultural and social backgrounds considering their needs and special circumstances as the meaning of wellbeing may differ across cultures, languages, disciplines, and historical periods (Ben-ariel & Frønes, 2011; Lewis, 2019).

Additionally, the sociocultural context people live in varies across populations and ethnic groups; resulting in different experiences and understanding of wellbeing (Panelli & Tipa, 2007). For example, children in a war-torn area have different wellbeing indicators than those who live in a peaceful environment.

Noting some of the criticisms of this model, Seligman pointed out that the PERMA model does not define what wellbeing is, but instead provides a framework of building blocks needed to develop wellbeing (Seligman, 2008). Accordingly, it was recommended to further study this framework and look for additional building blocks to strengthen it for use in different contexts (Seligman, 2008). Therefore, Seligman identified six criteria to be considered in the proposed new components that aim to extend this framework (Seligman, 2008):

1. The elements should positively contribute to wellbeing,
2. Individuals pursue each element for its own sake and not just to serve another element,
3. PERMA should be seen as an exclusive, yet not exhaustive framework that is open and flexible for new developments,
4. New elements should lead to specific developmental interventions aimed at enhancing wellbeing,
5. The list of factors should at all times be parsimonious, and
6. Each new element should be independently defined and measured in relation to others.

Considering the identified limitations and criticisms of the PERMA model, this study aims to extend the PERMA wellbeing model to respond to the needs of immigrant and refugee children, particularly immigrant/refugee children of colour from the MENA region who were resettled in a Western country. Ultimately, the results of this study will contribute to the development of

culturally specific wellbeing indicators and programs that address the unique issues and needs of this group of children.

Methods

The findings presented in this article are from a larger empirical study that examined the determinants contributing to and promoting the wellbeing of immigrant and refugee children in Canada. The empirical study adopted a qualitative approach to better understand how this group of children perceive wellbeing considering their subjective lived experiences and daily interactions with their surroundings. The data were collected using verbal (interviews) and visual (drawings) techniques. The target participants were foreign-born children (n=16), ages 6 to 13, who came to Canada as immigrants or refugees and had a basic knowledge of conversational English and/or speak Arabic or Farsi. In our empirical study, we focused on immigrant/refugee children from the Middle East and North Africa (MENA) region, considering that Canada has resettled a large number of refugees from this region in recent years (over 120,000 from 2015 to 2023). (Government of Canada, 2017, 2021, 2023).

In addition to the children, semi-structured interviews were conducted with their parents (n=9) to better understand children's demographics and social-ecological backgrounds. Participants were recruited through collaboration with a community partner. Both the community partner we worked with and the lead researcher who conducted the interviews have the same cultural background as the participants and speak their native language. Interviews and drawing sessions were conducted virtually via Zoom and in both English and Arabic from October to December 2021. Ultimately, interviews were audio recorded and transcribed verbatim and then organized using the NVivo 12 software.

Regarding data analysis, in our larger empirical study, we used key quotes/statements from participants to inductively (line-by-line and focused coding) identify the determinants of wellbeing among immigrant/refugee children in Canada. Accordingly, we identified several themes (all themes have been analysed and discussed in another paper that we do not cite here for anonymity). For the current manuscript, we refer to the same dataset but to meet the stated objective of the work, we deductively compared the established themes along with their relevant quotes/statements with terminologies commonly used to represent the main characteristics of the

PERMA model constructs using a coding template (See Table 1). This approach helped us determine whether the data obtained from participants could be explained by the five predefined constructs of the model (Lambert D'raven & Pasha-Zaidi, 2016). Some statements or quotes could not be supported by any of the given terminologies. Therefore, the determinants of wellbeing identified based on these quotes/statements were recognized as new components to be considered as an extension of the PERMA model. This approach was adapted from the Lambert D'raven & Pasha-Zaidi (2016) study to examine whether the perceptions of determinants of wellbeing among immigrant/refugee children of colour, particularly those from the MENA region are consistent with the well-known PERMA model, or whether there are various components that do not adequately fit into the PERMA pathways and need to be considered for this group (Lambert D'raven & Pasha-Zaidi, 2016).

Table 1. Coding Template relevant to PERMA Pathways

PERMA Pathways	Relevant Code
Positive Emotions	- <i>Joy</i>: desire to play, to be creative (Fredrickson, 2004) - <i>Optimism</i>: looking at the bright side, feeling good about the future/tomorrow (Schueller and Seligman, 2008) - <i>Passion</i>: particularly like something or an activity more than others (Vallerand, 2008) - <i>Pride</i>: feeling of self-worth, deep pleasure from one's own achievements (Tracy and Robins, 2007) - <i>Admiration</i>: respect and warm approval for others, desire to build relationships (Haidt and Seder, 2009)

	-<i>Gratitude</i>: being thankful, ready to return kindness (Algoe et al., 2008) -<i>Inspiration</i>: have motivation/desire to do something (be creative) (Burleson et al., 2005) -<i>Curiosity</i>: strong desire to know/learn something, show interest in learning something new (Kashdan and Fincham, 2004)
Engagement	Being engaged, busy, and involved in activities they enjoy to do (Higgins, 2006), Having an engaged life that includes pleasurable activities that are challenging and require the use of strengths (Seligman et al., 2006)
Relationships	Social connections to family, friends, teachers, schoolmates, etc. (Lambert D'raven and Pasha-Zaidi, 2016)
Meaning	Having a fulfilling and satisfying life, having a purpose in life, belonging to something bigger than one's purpose such as family, community (Seligman, 2002)
Accomplishments	Reaching a goal, taking action to accomplish a task (beyond having a desire only) (Lambert D'raven and Pasha-Zaidi, 2016)

In this article, we focus on the identified determinants of wellbeing that would not adequately fit under the current five constructs of the PERMA model. We discuss how this model

could be extended to promote the wellbeing of immigrant/refugee children of colour from the MENA region, who resettled in a Western context while being responsive to their needs.

Before conducting the study, ethics approval was obtained by <removed for anonymous peer review>. All parents provided their verbal or written informed consent and children gave their verbal assent to participate in the study.

Results and Discussion

The findings of our empirical study, which aimed to examine the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada, are presented in detail in another article. For the purpose of this paper, we present findings relevant to our extension of the PERMA model to inform research looking to explore or explain wellbeing in immigrant/refugee children of colour.

We propose that beyond the five building blocks of the PERMA model, there are two new components that contribute to and promote the wellbeing of immigrant/refugee children of colour from the MENA region and should likely be considered when extending the model to this group: ‘cultural and religious identity’ and a ‘safe and peaceful environment’. To support our discussion, we refer to the findings of our qualitative study and empirical evidence from the literature.

Cultural and Religious Identity

Although all child participants were fluent in the host country’s language (English), they spoke about the importance of learning their native language. For example, a 7-year-old immigrant said:

“We go online Arabic class. [...] Because you can read in Arabic and say Quran in Arabic.”

This finding is in line with other studies indicating that children with immigrant or refugee backgrounds *need* to learn the host country's language and also develop their mother tongue which would strengthen their sense of belonging to their school and community (Cerna, 2019; Slavin et al., 2011).

Furthermore, children mentioned how they feel happy, good, and welcomed when they can celebrate their cultural and religious holidays (e.g., Eid, Ramadan) and Canadian holidays (e.g., Christmas). As studies indicated, immigrant/refugee children and youths *need* to feel a sense of belonging to their country of origin and their cultural heritage that facilitates the transition to the new society, while the sense of cultural belonging to the larger society makes them feel accepted in the new country (Berry et al., 2006; Berry & Hou, 2016).

Considering the needs of immigrant/refugee children mentioned above and their wellbeing, studies showed that there is a strong association between ethnic identity, which mainly relates to one's relationship to their culture, language, race, and kinship (Burlew, 2000), and positive wellbeing among adolescents and young adults with an immigrant or refugee background (Smith & Silva, 2011). In addition, immigrants and refugees, in general, will experience higher levels of wellbeing and life satisfaction when they engage in social and cultural activities in the new country and also maintain their own cultural identities; the strategy is known as integration (Berry & Hou, 2016).

In addition to maintaining their language and cultural identities, children explicitly stated that “being a Muslim” makes them feel happy. Furthermore, the child participants gave examples from their daily experiences in Canada to illustrate how practicing their religious beliefs can make them feel happy and comfortable. As an example, a 10-year-old refugee said:

“Because I am a Muslim, I feel happier and more comfortable when I have little or no contact with boys at school, like not being too close to them”.

Although this finding is consistent with other studies showing that religion and faith practices (Rayes, Karnouk, Churbaji, Walther, & Bajbouj, 2021), as well as the perceived ability to practice religion (Wu, Ellingson, Hagstrom, & Kucinkas, 2021), can have a positive impact on the mental health and wellbeing of the refugee population and enhance their integration into the host society, there are insufficient studies examining this relationship in immigrant/refugee children.

Further, parent participants also believed that a focus on emphasizing cultural, language, and religious identity was critical for the wellbeing of racialized children such as immigrant/refugee children of colour. Parents mainly emphasized the importance of a culturally

responsive and inclusive curriculum in schools to respect the cultural values of all students, as they felt a Western approach to the Canadian curriculum did not provide an inclusive approach to acknowledging their children's cultural and religious identities. For example, one parent expressed concern about the subjects they teach in Canadian schools without considering “other cultures and religions because this child might not like to hear these things”. Another parent believed that teaching students about their culture and religion in schools would help students from different cultural backgrounds “feel normal and accepted [in this new country]”. Consistent with this, several studies stressed the importance of a culturally responsive education and learning environment, where teachers and classmates respect immigrant/refugee students' cultural diversities and backgrounds to support their integration into the new society and school (Cerna, 2019; Soylu et al., 2020).

In addition to schools, the attitudes of host communities towards immigrant/refugee children's identity such as their mother language will also help to secure the self-esteem of this group (European Commission, 2009). Accordingly, social and cultural inclusion and a sense of belonging to both their heritage and the culture of the new country can help immigrant/refugee children's integration into the new society, which would ultimately promote their life satisfaction and overall wellbeing (Berry & Hou, 2016).

Safe and Peaceful Environment

The child participants in our study described the importance of moving and living somewhere safe and peaceful, where there are no conflicts and wars, to be happy and comfortable. A 13-year-old refugee said:

“Alhamdolלה⁵ we are in a good place where we are safe and there's no war.”

For this group of children, a country “without war”, “with no real guns”, schools “where everyone is welcome”, “where there is no bullying”, and “no one makes fun of others”, was considered a safe environment. Concerning feeling safe and comfortable at school, the children

⁵ In Arabic, Alhamdolלה means “Thank God”

also spoke about having supportive teachers who can educate all students to treat each other respectfully and not to bully.

Given that many immigrant/refugee children, especially refugee groups, have been displaced from their homes as a result of war and other crises, they *need* to feel safe and belong to their communities and new society (Cerna, 2019); the factors essential to the wellbeing of this group of children (Arslan et al., 2020). In line with what the children in our study indicated, school-level factors, including a supportive school environment, are important factors in creating a sense of safety and belonging in this group after resettlement (Cerna, 2019; Hek, 2005a). A sense of belonging to school makes children feel valued members of the school community and accepted, included, and supported by their teachers and peers in the school environment (Arslan & Duru, 2017).

One of the most reported reasons for feeling insecure in schools among the immigrant/refugee children in our study was the discrimination and bullying they experienced. Although all children can experience bullying inside or outside of schools, studies showed that the content and extent of bullying can vary when the victims are from a different ethnic/racial background than their native-born peers (Eslea & Mukhtar, 2000; Peskin et al., 2006). For example, bullying may focus on the victim's skin colour, clothing, food, language, or other ethnic/racial characteristics (Eslea & Mukhtar, 2000; Peskin et al., 2006). A 10-year-old refugee spoke about how a child's physical appearance can cause them to be rejected by their peers:

“They [peers at school] don’t want to be your friends because you’re different. Like in my class, this girl, she’s really different. In one arm she only has 2 fingers and in the other 5. There are people who are different and they [peers] don’t want to play with them.”

Further, immigrant children and youth are often marginalized, discriminated against, and rejected by native-born peers (Peguero & Jiang, 2014; Strohmeier et al., 2011). Accordingly, children from minority ethnic groups, such as immigrant/refugee children of colour, may be more vulnerable to bullying victimization than other children.

Studies showed that perceived discrimination and bullying among young people with migrant and refugee backgrounds was one of the indicators of belonging to the new society and a

barrier to the integration of this group (Correa-Velez et al., 2010; Mestheneos & Ioannici, 2002). Additionally, literature indicated that developing a sense of belonging in immigrant/refugee children and adolescents as soon as they arrive in a new country increases their wellbeing (Beirens et al., 2007; Hek, 2005b). Furthermore, a sense of safety and stability in the local environment, where there is no physical violence, verbal abuse, or threat perceptions was seen as facilitating the integration of refugees (not necessarily children) and ultimately promoting their wellbeing (Ager & Strang, 2008).

Extension of the PERMA Wellbeing Model

While the PERMA model has been used extensively in different settings and across diverse populations, studies have shown that the current five constructs of the PERMA model were developed primarily based on the individualistic values of Western populations, without considering the collectivist values of non-Western groups such as populations of colour (Lambert D'raven & Pasha-Zaidi, 2016). For this reason, current constructs of wellbeing may not adequately represent the views of individuals from other cultures, including children of colour who have migrated to Western countries. For instance, studies suggested that people with collectivist cultural values related their happiness, wellbeing, and good life to their culture and cultural practices, religion and religious duties (Joshi, 2013), sense of safety and security (Lambert D'raven & Pasha-Zaidi, 2016), good family relationships, and group belonging (Lambert D'raven & Pasha-Zaidi, 2015); the factors not adequately reflected in the strongly Western PERMA model, which portrays happiness as an individual pursuit reflecting its individualistic origins (Joshi & Weijers, 2013; Lambert D'raven & Pasha-Zaidi, 2014).

Further, it is important to have a holistic model of wellbeing that addresses the needs of diverse populations. Our study identified the unique needs of immigrant/refugee children of colour who were resettled to a Western country, particularly the immigrant and refugee children who moved to Canada from the MENA region. The needs identified in our study for this group of children are consistent with other literature and include a number of learning, social, and emotional needs that must be considered when it comes to their health and wellbeing (Cerna, 2019). For learning needs, these children need to learn their own language as well as the language of the new society. Socially, they need to develop a sense of belonging and integration into the new society and have a strong sense of their cultural and religious identity (Cerna, 2019).

For emotional needs, immigrant and refugee children need to feel safe and stable in their new country and in their living and learning environment (Cerna, 2019).

Noting the PERMA model's limitations, we propose extending the PERMA wellbeing model with two components: C and S, which represent 'cultural and religious identity' and a 'safe and peaceful environment', respectively. In this context, the extended model would be called PERMA-CS. To the best of our knowledge, there is a paucity of literature on developing wellbeing models based on non-Western perspectives. However, several studies have indicated dimensions of wellbeing in non-Western populations. Consistent with our extended model of wellbeing, spirituality and religion have been identified as dimensions of wellbeing among non-Western nations such as Colombia (Wills, 2009) and Thailand (Camfield & Guillen-Royo, 2010). Additionally, culture and identity (Butler et al., 2019; Kyoon-Achan et al., 2018), acculturation and racism (Panelli & Tipa, 2007), and language (Jacob et al., 2019; Matheson et al., 2020); all have been identified as contributing and promoting factors of wellbeing among the non-Western Indigenous people in different countries. Regarding the second construct of our extended model, a safe and peaceful environment, further studies are needed to examine this dimension of wellbeing based on non-Western perspectives.

The PERMA-CS model can be used as a framework or a specialized tool for researchers looking to explore or explain the wellbeing of immigrant/refugee children of colour from the MENA region in different settings (e.g., schools). For example, this extended model can be utilized as a framework to design surveys and assessment tools of wellbeing for this group. It can also serve as a framework to develop positive interventions that target immigrant/refugee children's protective factors and strengths.

It is worth noting that there is a possibility of argument over whether the newly identified components, C and S, are supported by the predefined pathways of the PERMA model. Here we must emphasize that the cultural values of individuals determine what is meaningful, desirable, and valuable for them (Kitayama & Park, 2010), shape their beliefs and priorities (Oxford & Cuéllar, 2014), and their conceptualization of happiness (Diener et al., 2013; Joshanloo, 2013; Lambert D'raven & Pasha-Zaidi, 2014). As noted for the two new components, a sense of belonging, social and cultural inclusion, a sense of safety and security, and social integration are factors that trigger happiness and promote wellbeing in immigrant/refugee children of colour. In

line with these findings, studies have shown that belonging, togetherness, and social acceptance are collectivist values (Ahuvia, 2002; Lu & Shih, 1997; Uchida & Ogihara, 2012). Thus, since the predefined pathways were developed primarily based on a Western, individualistic view of a happy and fully functioning individual (Joshani, 2013; Kubokawa & Ottaway, 2009), they may not truly reflect the perceptions of populations of colour with collectivist values, in particular immigrant/refugee children from the MENA region and do not adequately address their needs.

In proposing the two new components C and S to extend the PERMA model, we considered Seligman's six criteria for new constructs that need to be taken into account (Seligman, 2008). As noted in our qualitative study as well as based on the empirical evidence mentioned earlier, these two elements were among the determinants that contribute to and promote the wellbeing of immigrant/refugee children of colour from the MENA region. Also, each of these elements is pursued for its own sake and not to serve other elements. Furthermore, considering these two new elements, there are positive interventions/frameworks to promote children's wellbeing. Regarding the C element, several studies have developed and implemented interventions that take a strengths-based approach to promote the social inclusion of young children with immigrant and ethnic minority backgrounds (Bracco & Eisenberg, 2017; Cefai et al., 2015; Sanders et al., 2019). These positive interventions primarily focused on vulnerable children's mother language, home culture, and customs and used these as resources to facilitate their connection to larger communities and institutions (e.g. schools) (Bracco & Eisenberg, 2017). These interventions valued the language and culture of immigrant children and viewed them as their strengths rather than their deficits, which helped in promoting this group's healthy integration into the new society, enhancing their social acceptance/engagement, creating a positive self-image and self-esteem, and ultimately overcoming challenges such as social exclusion and discrimination (Cefai et al., 2015). Looking at the S element, some programs have already been designed and implemented to create a positive school climate, which is most commonly associated with school safety (Kutsyuruba et al., 2015). For students to feel safe in schools, studies showed that the school environment should be free from bullying, victimization, and violence (Cornell & Mayer, 2010; Mayer & Furlong, 2010). This need is amplified for students with marginalized identities, such as racialized students, newcomers, and students with disabilities (Parker-Shandal, 2022). Accordingly, several interventions have been implemented

using restorative justice and various bullying prevention strategies to promote a positive school climate and ultimately improve students' health and wellbeing (Parker-Shandal, 2022; Salmivalli et al., 2010; Shinde et al., 2018). Further, the addition of these two elements would not distract the model from being parsimonious, and finally, each of these two new elements was independently defined and measured. For example, for the C element, scales have been developed and used to measure and define the cultural identity of diverse groups and to examine the relationship between individuals' cultural identities and various aspects of their health and wellbeing (Downie et al., 2004; Williams et al., 2018; Yampolsky et al., 2016). For instance, the Māori Cultural Identity Scale (MCIS) was developed for Indigenous Māori youth to examine the correlation between Māori cultural identity, ethnic discrimination, and mental health outcomes (Williams et al., 2018). In another study, the Multicultural Identity Integration Scale (MULTIIS) was developed to be applied to individuals belonging to multiple cultural groups, including multiple ethnic, religious, and linguistic groups, to examine multiple cultural identities within the self and to study the relationship between multicultural identification and integration of individuals and their wellbeing (Yampolsky et al., 2016).

Regarding the scales concerning the new S element, scales have been developed and used in the literature to measure the components that children could use to define a safe and peaceful environment. For example, the Sense of School Belonging Scale (SSBS) was created to identify the social and contextual factors that enhance students' sense of belonging to schools and ultimately impact their overall wellbeing (Cemalcilar, 2010). School climate factors such as the perceived quality of peer relationships and the perceived safety of the school environment were among the factors identified and measured using this scale. Later, the SSBS was adapted and validated to be used in studies targeting Syrian refugee children (Bozdağ & Bilge, 2022).

Research Contributions

To the best of our knowledge, this is the first study to examine and describe the extension of the PERMA wellbeing model to respond to the distinct needs of immigrant and refugee children of colour from the MENA region in a Western context. This study contributes to the existing literature on wellbeing by identifying two new components, C for cultural and religious identity and S for safe and peaceful environment, to be added to the PERMA model of wellbeing (titled the PERMA-CS). The extended model can be used as a framework or a specialized tool for

research with immigrant/refugee children of colour, particularly those from the MENA region who resettled in a Western context, a novel population for this model. The proposed framework could be applied to generate questions for the development or customization of surveys/questionnaires/other assessment tools to assess the wellbeing of this group across different domains. Eventually, these assessment tools will help identify which construct(s) have a stronger correlation to promoting the wellbeing of this group of immigrant/refugee children, which will then inform research, policy, and interventions to promote the wellbeing of this population.

The strengths of our study also lie in the fact that these two new elements were identified in a qualitative study based on the subjective lived experiences and perceptions of a group of immigrant/refugee children of colour and their parents with non-Western social and cultural backgrounds. Therefore, our extended PERMA model is useful to address the complex needs of this population that may not have been addressed when the PERMA model was first created using instruments and measures developed for Western contexts and populations.

Future Implications and Conclusion

In this article, we did not consider cultural theories to analyse data and interpret and discuss findings. Future research may use theories, for example, conflict theory to examine how cultural identity conflicts could arise among immigrant and refugee children of colour resettled in a host society when that host society's values, norms, and beliefs clash with their cultural/religious traditions and practices, and how this conflict might impact the overall wellbeing of this population.

Since our wellbeing study focused primarily on immigrant and refugee children with non-Western backgrounds from the MENA region who settled in a Western country (Canada), this could result in highlighting the experiences of certain groups of immigrant and refugee populations. Given the diverse ethnocultural groups living in Western contexts and the very particular experiences of immigrant and refugee children from different parts of the world (e.g., refugees from the Middle East have different experiences than refugees from the Caribbean or Europe), further studies with larger samples are needed to assess the validity, reliability, and applicability of our proposed PERMA wellbeing model, in particular the two new components, C

and S, to varied immigrant and refugee populations, while taking into account their cultural differences and demographics.

Additionally, given the possible differences between the pre-and post-migration experiences of immigrants and refugees, future research may use larger samples to compare the experiences of immigrant and refugee children and examine the relevance of our extended PERMA model to each of these groups separately.

Moreover, since the concept of wellbeing has a dynamic nature and can change over time, it would be useful to study the wellbeing of immigrant/refugee children using the extended model, by collecting longitudinal data (rather than cross-sectional) early after resettlement, and then after several years of living in the host society.

The practical implications of our proposed PERMA-CS model also need to be explored. Further, studies are needed to examine the usefulness of PERMA-CS as a framework to guide the development of new positive interventions and/or change existing ones that aim to promote each of the identified components of wellbeing in immigrant/refugee children, particularly, the racialized or non-White groups living in a Western country.

This study concludes that in order to promote the wellbeing of immigrant and refugee children, we must consider the complexities of their unique needs, which are developed based on their perceptions, lived experiences, and social-cultural backgrounds. The existing frameworks and models related to health and wellbeing that were created in Western contexts mostly do not address the needs of populations with marginalized identities such as racialized children and newcomers from non-Western nations. Accordingly, we must take a holistic approach to address the learning, social, and emotional needs of these populations to promote their wellbeing. Ultimately, a holistic wellbeing model such as our proposed PERMA-CS, extended from an existing well-known model, can be used to develop policies and practices applicable in different settings (e.g., schools, community-based organizations, social support services, etc.).

Chapter 6. Conclusion

The overall aim of this thesis was to examine the determinants that contribute to and promote the wellbeing of immigrant and refugee children in Canada, considering their perceptions and subjective experiences. Chapter 6 provides an overview of the contributions of my thesis and summarizes limitations not evident in published papers. Based on the findings of the four papers, I also present future implications for research, practice, and policy.

Paper I, a scoping review, aimed to understand the psychosocial needs of immigrant and refugee children and youth resettled in Canada in the context of their school and community and to identify the characteristics of school-/community-based mental health programs for this group. This review was conducted to map the literature on mental health programs and interventions that have been applied in a school and community setting to address the needs of immigrant and refugee children and youth following their resettlement. The findings of this review suggest that collaborative care models, such as those that promote collaboration between schools, community-based centres, and families, are an effective approach to addressing mental health issues and developing and implementing mental health programs among immigrant and refugee children, youth, and their families. Additionally, the review of the literature found that school-based creative expression programs are good examples of effective approaches that have been used to study, prevent, and treat mental health issues among immigrant and refugee children and youth.

Paper II, the empirical study, aimed to explore and identify the determinants that contribute to and promote the wellbeing of immigrant and refugee children settled in Canada. The findings of this study suggest that immigrant and refugee children's wellbeing is influenced by individual characteristics, relationships with their surroundings, and organizational/community factors. Data also suggest that wider societal policy and practice changes are necessary to enhance the wellbeing of this group.

Taking an ‘insider’ positionality in this research study helped me reach out to potential participants, build rapport with them, and get their rapid acceptance to participate in my study. This positionality also allowed the study participants to feel comfortable sharing their lived experiences, feelings, and thoughts with me which helped me to secure more truthful and honest

answers. Furthermore, as an insider researcher with prior knowledge of participants' concerns, needs, and cultural/religious values, I was able to ask more insightful and meaningful questions. Given my shared linguistic backgrounds with the participants, I did not need the assistance of an interpreter to communicate with them, which helped reduce/eliminate the risk of losing the true meaning of the participants' expressions and statements.

Concerning the limitations of Paper II, this empirical study was conducted during the COVID-19 pandemic, and due to the restrictions in place at the time, recruitment of participants had to be done virtually through outreach to nonprofit organizations and community centres. However, after many attempts, it was difficult to obtain responses from these organizations, resulting in the inability to meet the proposed data collection timeline. Additionally, I assumed that when conducting research with children, it would be better to spend unstructured and informal time with them and their parents in advance of recruiting participants and starting data collection sessions to build rapport with the children and gain the parents' trust. However, due to the pandemic restrictions, I did not have the opportunity to meet parents and children in person before the start of the study, so despite my positionality as an indigenous-insider, I faced challenges in finding and recruiting potential participants. Notwithstanding, I was able to recruit participants through collaboration with a community partner who had close contact with immigrant and refugee families and ultimately conducted the interviews and drawing sessions virtually via an online platform (Zoom).

Due to the challenges in finding and recruiting potential participants, both immigrants and refugees were included in the study to have an adequate sample size and achieve the data saturation point. However, given the aim of this thesis, the data were not collected and analysed in consideration of the potential differences of participants as immigrants or refugees.

Paper III, the methodological paper, aimed to examine and demonstrate the use of a multi-method approach in research with immigrant and refugee children in a virtual setting, referencing the methodological research design of Paper II. To discuss and demonstrate my approach, I used strategies, statements, narratives, and children's drawings from Paper II. The results of this methodological paper concluded that when conducting research with children experiencing multiple adversities (e.g., immigrant and refugee children), who may have limited language skills and/or be hesitant to discuss their experiences and feelings with an adult

researcher, the use of a multi-method approach such as those that use visual methods in combination with non-visual tools, help provide more comprehensive data, improve data interpretation and analysis, and enhance data validity. Also, this paper suggested that conducting research with children in a virtual environment may pose practical challenges, which may affect children's engagement, research process and outcome. So, researchers must evaluate and consider these potential challenges prior to and during the study and devise appropriate mitigation strategies to address them.

Paper IV, the conceptual paper, aimed to extend the PERMA model of wellbeing to respond to the needs of immigrant and refugee children of colour from the MENA region who were resettled in a Western country. Based on the findings of Paper II, Paper IV suggested that beyond the five constructs of the PERMA model, there are two new constructs that contribute to and promote the wellbeing of immigrant and refugee children of colour, in particular those from the MENA region: 'cultural and religious identity' and a 'safe and peaceful environment' (titled the PERMA-CS).

Contributions

This thesis provides empirical, methodological, and conceptual contributions to research. Before providing details of the contributions, it is important to note that the sequential nature of the studies was integral to the thesis and contributions. Conducting the scoping review was helpful in formulating the methodological approach of my doctoral thesis, as the findings of the scoping review showed the efficacy of creative expression programs in addressing mental health concerns among immigrant and refugee children and youth. Thus, in the empirical study of my thesis, I utilized drawing as a creative visual method combined with interviews to collect data from the target participants.

The empirical study in this thesis is the first study to examine the determinants of wellbeing among middle-aged immigrant and refugee children in Canada by involving them as active participants in the study using verbal and visual qualitative methods. Thus, the determinants of wellbeing identified in this study can be used as targets for interventions aimed at supporting and promoting the wellbeing of immigrant and refugee children in Canada. In addition, this study contributes to research strategies that encourage children to actively

participate in studies, where they are not only involved in collecting and interpreting data but can also provide advice on what can be done to improve their surroundings to make them happier.

The methodological contribution of my thesis lies in providing practical guidance on using a multi-method approach in research with immigrant and refugee children in a virtual setting.

In light of the empirical findings, this thesis makes a conceptual contribution to the existing literature by proposing an extended model of wellbeing that can be used as a specialized tool for research with immigrant and refugee children of colour, particularly those from the MENA region who resettled in a Western context, a novel population for this model.

Additionally, the two new elements of the extended model were identified in a qualitative study based on the subjective lived experiences and perceptions of a group of immigrant and refugee children of colour and their parents with non-Western social and cultural backgrounds.

Therefore, the extended model is useful to address the complex needs of this population that may not have been addressed when the model was first created using instruments and measures developed for Western contexts and populations.

Future Implications for Research, Practice and Policy

Regarding the research implications of this thesis, immigrant and refugee children's perspectives and experiences may vary by region, for example, refugee children from Syria compared to those from Ukraine may have different pre-migration and resettlement experiences, so the validity, reliability, and applicability of proposed wellbeing indicators and model need to be assessed across different groups of this population. Further, due to challenges in recruiting participants, both immigrants and refugees were included in this thesis. Given possible differences between the experiences of immigrants and refugees before and after migration and thus, their individual needs, future research may examine the determinants of wellbeing and the wellbeing models for 'immigrant' and 'refugee' groups as two separate categories and consider larger samples to gain insights related to social identity. Furthermore, a larger sample size would allow for a more comprehensive examination of the unique characteristics of subsets of the population, taking into account their differences based on age, country of origin, etc.

Additionally, the target age group in this thesis was the middle-aged group between the ages of 6 and 13, including a wide range of children's ages. Hence, future studies could analyse the determinants of wellbeing and the proposed extended model of wellbeing from a developmental perspective. Further, given the concept of wellbeing can change over time, it would be beneficial to study the wellbeing of immigrant and refugee children using the extended model, by collecting longitudinal rather than cross-sectional data both shortly after resettlement and again after several years of living in the host society.

Furthermore, while pandemic restrictions have been lifted on in-person research with human participants, some contexts may make in-person research challenging, like involving vulnerable participants in conflict-affected areas. Therefore, there is a need for more studies examining how arts-based methods, can be adapted to address practical and ethical issues associated with using these approaches with children and their families in a virtual space.

In regard to the practical and policy implications of this thesis, the development and implementation of programs responsive to promoting the wellbeing of immigrant and refugee children must take into account the unique needs and concerns of this population. Informed by the findings of this thesis and my proposed PERMA-CS framework, future programs and policies for this group of children should address their learning, social, and emotional needs. For example, they need to learn the language of the host country and also their native language, as well as they need to feel like they belong to their cultural heritage and the local community and also to be accepted by the larger society. Immigrant and refugee children also need to feel safe and stable in their new communities and schools. Accordingly, the proposed PERMA-CS can be used as a practical framework in schools to promote multicultural education and safe learning environment policies. These policies will help strengthen immigrant and refugee students' sense of belonging and inclusion and improve their academic learning. I recommend that the two main areas to which these policies can be applied are: 1) the school environment and 2) the teaching/learning curriculum.

Schools need to use and prioritize resources to create a positive school climate for all students, particularly for students with immigrant and refugee backgrounds. A positive school climate for this group of students can be related to promoting multiculturalism, removing communication/language barriers to enhance their engagement, and increasing awareness of

cultural and religious identities among parents and communities. Some of the proposed initiatives for schools and educators include a plan to connect immigrant and refugee students with peers who share their cultural and linguistic backgrounds to provide support, organize open days and events at schools for students, parents and community groups to brainstorm and exchange ideas about preventing bullying of newcomers and to raise their awareness of cultural and religious identities/diversity, and have teachers and staff from different cultural and linguistic backgrounds.

In addition to the school environment, the proposed policies may also inform the school's teaching and learning curriculum to improve students' cultural competency and knowledge. For example, in their teaching practices, teachers and educators may view immigrant and refugee children's cultural identity (e.g., their native language, cultural practices/values, etc.) as a strength rather than a challenge or weakness. For instance, teachers can use real cases from different cultures and apply play-based learning activities to familiarize students with global issues and increase their awareness of different cultural and religious practices, traditions, etc. As a strategy to address the bullying issues in schools, teachers can also involve students in working on anti-bullying and peer support projects.

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Chapter 1

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Chapter 4

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Appendices

Chapter 2

Appendix A. Search terms used for each academic database

	PubMed	Scopus	CINAHL	ERIC	PsychINFO
Search terms	(((Mental health OR mental disorder* OR mental disease* OR mental illness* OR psychiatric OR depression OR anxiety OR PTSD)) AND (Immigrant* OR refugee* OR newcomer* OR migrant)) AND (Youth* OR teenager* OR adolescent* OR adolescence OR child OR children)) AND (School OR community OR intervention* OR program* OR service* OR treatment)) AND (Canada OR Canadian)	(TITLE-ABS-KEY ("Mental health" OR "mental illness" OR "mental disorder" OR "mental disease" OR psychiatric OR depression OR anxiety OR PTSD) AND TITLE-ABS-KEY (immigrant OR refugee OR newcomer OR migrant) AND TITLE-ABS-KEY (youth OR teenager OR adolescent OR child OR children) AND TITLE-ABS-KEY (school OR community OR intervention OR program OR service OR treatment) AND TITLE-ABS-KEY (canada OR canadian))	(Mental health OR mental disorder OR mental disease OR mental illness OR psychiatric OR depression OR anxiety OR PTSD) AND (Immigrant OR refugee OR newcomer OR migrant) AND (Youth OR teenager OR adolescent OR child OR children) AND (School OR community OR intervention OR program OR service OR treatment) AND (Canada OR Canadian)	(Mental health OR mental illness OR mental disorder OR psychiatric OR depression OR anxiety OR PTSD) AND (Immigrant OR refugee OR newcomer OR migrant) AND (Youth OR teenager OR adolescent OR child OR children) AND (School OR community OR intervention OR program OR service OR treatment) AND (Canada OR Canadian)	Any Field: "Mental health" OR "mental illness" OR "mental illnesses" OR "mental disease" OR "mental diseases" OR "mental disorder" OR "mental disorders" OR psychiatric OR depression OR anxiety OR PTSD AND Any Field: Immigrant OR Any Field: immigrants OR Any Field: refugee OR Any Field: refugees OR Any Field: newcomer OR Any Field: newcomers OR Any Field: migrant AND Any Field: Youth OR Any Field: youths OR Any Field: teenager OR Any Field: teenagers OR Any Field: adolescent OR Any Field: adolescents OR Any Field: adolescence OR Any Field: child OR Any Field: children AND Any Field: School OR Any Field: community OR Any Field: intervention OR Any Field: program OR Any Field: OR service OR Any Field: treatment AND Any Field: Canada OR Any Field: Canadian
Initial results	276	191	87	19	394

Appendix B. Measures and instruments used in the quantitative studies

The used measure/instrument	The assessed factor
Strengths and Difficulties Questionnaire (SDQ)	Emotional and behavioral symptoms
Children's Self-Concept Scale (CSCS)	Children's self-esteem
Teacher's Report Form (TRF)	Internalizing and externalizing symptoms
Child Emotional Distress	Emotional disorder/Anxiety
Child Physical Aggression	Physical aggression behaviour
Parental Perception of School Environment	School perception of parents
Family Dysfunction	Family environment and conflicts
Parental Depression	Extent of depressive symptoms of the parents
Immigration and Ethnicity Variables	Years since immigration, English fluency, relative living conditions, ethnicity of parents
Hopkins Symptoms Check List (HSCL-25)	Anxiety and Depression
Multidimensional Scale of Perceived Social Support (MPSS)	Social support
Acculturation Strategies Model	National and religious sense of belonging
Preschool and Early School-age Attachment Rating Scale (PARS)	Attachment behaviours
Sociodemographic Questionnaire	Demographic information
Family Environment Scale (FES)	Family environment

Chapter 3

Appendix A. A demonstrated child's mosaic

Parent's Interview	Drawing	Child's Interview
Child's good relationship with children in neighbourhood. School respects cultural diversity Language barriers in parents' communication with teachers/staff High cost of participation in after-school activities	Have a house. Enjoys nature Receives awards	Happiness is the mom. Have a tablet No real guns Enjoys drawing and painting
	Child's name: Age: Sex: Immigration category: Number of years in Canada:	