Cultural Brokering with Syrian Refugee Families with Young Children: An Exploration of Challenges and Best Practices in Psychosocial Adaptation

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Abstract

This study examined the challenges and critical psychosocial needs of Syrian refugee families with young children in Western Canada, and the role of cultural brokering in facilitating their psychosocial adaptation. Using a community-based participatory research approach and critical incident method, the study involved nine Arabic-speaking cultural brokers who were working with Syrian refugee families using holistic supports during early resettlement. Data collected through focus groups and semi-structured interviews are presented in five illustrative case studies, and reveal that Syrian families struggled with feeling safe and secure in Canada, adjusting to the changing roles in the family, and trying to find meaning in their lives. These struggles were attributed to families' overall challenges navigating various domains of integration (i.e., health, social services, and education), resulting in a heavy reliance on cultural brokers for social linking and bonding activities (Ager & Strang, 2008), including connecting families to needed supports and helping family members build relationships with one another. Challenges faced by families mapped onto the five psychosocial needs of Silove's (2013) Adaptation after Persecution and Trauma (ADAPT) conceptual framework as well as most of the core domains of Ager and Strang's (2008) Social Integration framework. This study provides evidence for the use of both of these frameworks in further studies involving Syrian refugee populations; they proved useful for understanding how families can develop necessary skills to engage on their own in linking activities with various Canadian institutions and bridging activities with communities at large.

Introduction

As a result of the civil war in Syria, many countries have an unprecedented number of refugees and asylum seekers. In Canada, over 40,000 Syrian refugees arrived between November 2015 and February 2017 (48% adults between 25 - 64 years; 34% children under 15 years; 15% youth between 15 - 24 years; 4% seniors over 65 years) and many were resettled in major urban areas across Canada (Citizenship and Immigration Canada, 2017b). These Syrian refugees were incredibly diverse in their ethnicity, religious beliefs, education, and lifestyle (Citizenship and Immigration Canada, 2017a; Hassan et al., 2015). Most of the Syrian refugees that resettled in Canada arrived as family units. For example, in Alberta where the study took place, 1,025 families (i.e., 3,700 individuals) were admitted between November 2015 and August 2016, with many spending time in transition countries (e.g., Lebanon, Jordan) prior to their arrival in Canada (Citizenship and Immigration Canada, 2017b).

Canadian government, communities, researchers, and service providers have mobilized to explore, document, and collaborate on best practices that can support the successful integration of these families. However, these efforts have revealed that the current model of integration of newcomers described as an "ongoing process of mutual accommodation" (CIC 2011, p. 26), mainly measured in terms of minimizing income disparities and eliminating labour market barriers, does not account for the psychosocial adaptation needs of Syrian refugees. While the activities during the first year of resettlement such as housing and language training, are vital to address immediate needs, bridging and bonding activities amongst families and communities that address core psychosocial needs for safety, identity, justice, belonging, family wellbeing, and community connections are equally important for refugee populations (Ager & Strang, 2008;

Enns, Kirova, & Connolly, 2013; Silove, 2013). This is especially important for Government Assisted Syrian (GAR) refugee families, as 53% have large families of 5-8 people and 56% of Syrian GARs are children 14 years old or younger (Immigration, Refugees & Citizenship Canada, 2016).

Most of the Syrian refugees have witnessed violence against family or friends and limited access to social supports, which has threatened and, in some cases, destroyed their family bonds and feelings of safety in their communities (Hassan et al., 2015). It is well documented that traumatic experiences such as early separation from caregivers (Bates et al., 2005; Klingman, 2002) and damaged community networks (Dyregrov et al., 2000) can affect healthy family bonds and safety, which, in turn, influence how well refugee children and their families adapt to their new lives and integrate (Klingman, 2002). For example, families face multiple barriers including accessing and utilizing early childhood programs, parenting resources, and family supports (Kirova, 2010). Families' resettlement experiences also impact their children's adjustment including children's feelings of strength, support, and sense of security (Kanji & Cameron, 2013; Punamäki, Qouta, & El-Sarraj, 2001). Critical psychosocial supports, if preventative and implemented early after arrival, can reduce the cumulative effects of trauma and resettlement stressors that often impact refugee children and families (Yohani, 2015). Psychosocial adaptation is a complex process that begins during the early stages of resettlement as refugees begin to navigate Western culture and deal with shifting gender and family roles, new identities, trauma, loss, and lack of social supports. There is a need to better understand how psychosocial adaptation impacts the overall integration and resettlement of refugees with multiple family stressors (Immigration, Refugees & Citizenship Canada, 2016).

Drawing on two conceptual frameworks that recognize the interplay of pre- and post-

migration experiences (Ager & Strang, 2008; Silove, 2013), this study addressed two objectives: (1) to identify the psychosocial adaptation needs and challenges of Syrian refugee families with young children; and (2) to explore the role of cultural brokering supports in the psychosocial adaptation of these refugee families. This research generated knowledge, currently unavailable, about a community-based innovative model of holistic family support during early resettlement with best practices for supporting the psychosocial adaptation experiences of Syrian refugee families with young children (0-8 years of age). This model utilizes cultural brokering, the act of bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purpose of bringing about change and reducing conflict (Jezewski, 1990).

Barriers to Integration and Psychosocial Adaptation: Literature Review

The following review draws on general refugee integration literature, because of limited research on Syrian refugees' psychosocial adaptation in resettlement countries.

Barriers to Integration

There are a number of barriers that affect the successful integration of refugee groups arriving and resettling in Canada, such as finding adequate housing, unemployment, and limited access to appropriate healthcare. Lack of affordable and adequate *housing* is an immediate concern for many refugees who often end up in older houses that are in disrepair, located in inner city neighbourhoods characterized by overcrowding, higher crime rates, extreme poverty, and overall urban decline (Carter & Osborne, 2009). These living conditions threaten refugees' sense of safety and security, can separate them from where community groups live, and limits access to their strongest social support (Carter & Osborne, 2009). High levels of *unemployment and insecure employment* are another integration barrier experienced by refugee populations leading to an increase in poverty, which in turn has been linked to higher rates of morbidity and mortality

(Nobleman, 2014). Limited access to appropriate *health care* is another integration barrier. Canada has implemented refugee health programs to address these limitations, but due to funding cuts and inconsistency in service provision, some refugees have been unable to meet their health care needs during their resettlement. Funding cuts in 2012, near the start of the Syrian civil war, caused refugees to lose prescription medication coverage, and emergency vision and dental care in Canada (Enns, Okeke-Ihejirika, Kirova. & McMenemy, 2017; Lake, 2016). Although, refugee health care has been reinstated, funding cuts between 2012 and 2016 occurred during the height of the Syrian refugee crisis, and severely limited access to health care and medical assistance during this time.

Barriers to Psychosocial Adaptation

Refugee *mental health* concerns create issues for psychosocial adaptation and resettlement. Refugees often flee from violence and life- threatening situations, but end up in refugee camps that are unhealthy environments (e.g., places of violence, traumatic living conditions, lack of supports; Seddio, 2017). Psychological, emotional, and behavioural concerns reported in refugee camps often carry over into resettlement and integration (e.g., depression, anxiety, loss of hope, post-traumatic stress; Abo-Hilal & Hoogstad, 2013; Kroo & Nagy, 2011; Seddion, 2017). There is also a high rate of mental health problems in parent refugee populations (McFarlane, Kaplan, & Lawrence, 2011), which may contribute to long-term psychological challenges in children (Cicchetti, Toth, & Lynch, 1997). For example, 56% of Syrians in a Jordanian refugee camp reported the presence of psychological distress symptoms of anger, fearfulness, nervousness, difficulty sleeping, hopelessness, and spells of terror or panic (Ghumman, McCord, & Chang, 2016). Another study found over 50% of Syrian refugee women

participating, who were either pregnant or post-partum, reported depression and anxiety (Ahmed, Bowen, & Xin Feng, 2017).

Syrian refugee children also struggle with symptoms of PTSD, depression, and psychosomatic symptoms (Hadfield, Ostrowski, & Ungar, 2017; Hassan et al., 2015; Ozer, Sirin, & Oppedal, 2013). For example, a study of Syrian refugee children at a German refugee camp found the prevalence of PTSD for children up to age six was 26%, and 33% for children between the ages of seven and fourteen years, which was higher than rates within the general German population (Soykoek, Mall, Nehring, Henningsen, & Aberl, 2017).

Refugees may also experience *changing roles* as they integrate into the culture of their new home country. Syrian refugees are more accustomed to traditionally patriarchal societies (Briskman & Latham, 2017; Conner et al., 2016), and men can experience a shift of power in their relationships with their spouses as women become more informed about their rights in Canada. Some women embrace this shift in power, but others have expressed concern about increased marital tension, higher divorce rates, and family instability as a result of this shift and the practice of gender equality (Conner et al., 2016).

Finally, Syrian refugees may also be the target of *microaggressions*, which are slights and actions that are driven by racist tendencies, or Islamophobia (Husain & Howard, 2017). Misperceptions about Syrian refugees (e.g., Muslim women who need saving; Briskman & Latham, 2017) can facilitate the occurrence of microaggressions that impact feelings of *belonging*, *safety*, and *security*, which are essential psychosocial needs that contribute to refugees' mental wellbeing.

Theoretical Framework

This research was guided by two theoretical frameworks that address the social integration (Ager & Strang, 2008) and psychosocial adaptation needs of migrants, with particular application to communities that have undergone mass violence (Silove, 2013) and relocation. For the purpose of this study, these conceptual frameworks have been combined (see Figure 1).

Ager and Strang's Conceptual Model of Integration

The complexity of the concept of integration has been acknowledged worldwide. Ager and Strang's (2008) Social Integration Framework identifies key means and markers that, if achieved, will result in social integration towards citizenship (i.e., employment, housing, health and education). As summarized in Enns, Kirova & Connoly (2013), Ager and Strang (2008) identify 10 core domains arranged across four levels and pictured as an inverted triangle (see Figure 1). *Citizenship and rights* is the foundational domain located on the tip or apex, and should inform political and policy responses to the arrival of immigrants and refugees. The domains of *employment*, *housing*, *education* and *health* are situated across the top of the inverted triangle. Achievements in these areas are often identified as outcomes or markers of successful integration, depending upon how immigrants fare in these domains, when compared to non-immigrants. However, they can also be considered as a means of integration as they can influence the outcomes across all four domains.

Facilitators, including *language and cultural knowledge*, are considered to be necessary for successful integration, along with *safety and stability* that encompass actual or documented threats to safety that may be promoted by efforts to remain in place and establish relationships with neighbours and across the community. Both domains are supported by state/provincial policies that reflect notions of citizenship and rights and that lend support to particular outcomes. For example, language-learning services may be considered essential for civic participation and

integration while extensive translation and interpretation services may be seen as a hindrance or, at least, as tools that preserve immigrant cultures and hinder integration. Settlement policies that optimize placement and residential stability may improve safety and stability. Various outcomes may be selected and promoted, depending upon prevailing views about citizenship and rights.

The final cluster of domains identified by Ager and Strang (2008) includes *social bonds, social bridges,* and *social links,* and are collectively described as social connectors. Not unlike Putnam (1993), the authors define *bonding* behaviours as directed towards members of one's own ethnic group; they are associated with positive social, psychological and health outcomes, and can also play a positive role in wider social connections. *Bridging* behaviours involve lateral relationships outside of one's cultural or ethnic group and foster increasingly diverse relationships with host communities. *Linking* behaviours most frequently involve relationships outside of one's own group to civic or state structures, including government services such as healthcare, any kind of social services, and educational programs and institutions. They may also be conceptualized through other measures of participation such as voting in municipal, provincial or federal elections.

Silove's Framework for Adaptation and Development After Persecution and Trauma (ADAPT)

The ADAPT conceptual framework (Silove, 2013) complements Ager and Strang's model as it illustrates the multiple psychosocial issues, stressors, and resources facing communities that have experienced mass violence in conflict and post-conflict settings (Silove, 2006, 2013). The application of Ager & Strang's (2008) model in combination with the ADAPT conceptual framework offered by Silove (2013) reveals critical overlaps between the two models: the feelings of safety and security, the presence of networks and family bonds, and the

sense of justice in relation to rights and citizenship. These models have not been previously considered in relation to one another as an alternative to existing integration frameworks that do not adequately address all domains of integration and psychosocial adaptation of refugees.

Silove (2013) proposes five psychosocial systems (Figure 1) believed to subsume the functions and need for safety, for attachments/bonds, establishment of roles/identity, having a sense of justice, and having existential meaning. *Safety* represents the relative assurance of the physical, psychological and spiritual survival of an individual and their community; *Attachment/bonds* are the connections to key family and community members offering protection and nurturance; *Identity* is the basic knowledge of oneself and one's community including roles, values, beliefs and practice; *Justice* refers to fair and equitable treatment regardless of individual or group differences; and *Existential Meaning* is that which gives faith in life and humankind and which contributes to a sense of purpose. Extreme trauma fundamentally challenges one or more of these major adaptive and interdependent systems, which are understood to have evolved to promote personal and social homeostasis between individuals and their community (Silove, 2006). In the aftermath of trauma and mass violence, individuals and communities will actively respond to threats in these domains as an attempt to restore a sense of homeostasis. Social and mental health difficulties are therefore maladaptive responses that occur when there are inadequate individual or social supports to facilitate adaptation.

Underlying Silove's model is the belief that human reactions to trauma are driven by an evolutionary need for survival and psychosocial development that mobilize

"the inherent capacities of individuals and groups to repair their own institutions, given favourable support and judicious external assistance" (Silove, 2000, p. 341).

Reemphasizing individual and community contributions to the adaptation process

following trauma underscores the capacity communities have to actively adapt following adverse situations, and therefore has implications for resettlement and integration after conflict.

INSERT FIGURE 1 ABOUT HERE

Methodology

A community-based participatory research (CBPR) approach was used to document the needs and challenges faced by newly arrived Syrian refugee families with young children, and examine how cultural brokering can support their psychosocial adaptation as part of the integration process. CBPR guiding principles of knowledge co-creation, collaboration, reflection, and action were followed throughout all phases of the research (Allman, Myers, & Cockerill, 1997; Israel, Schulz, Parker, Becker, Allen, & Guzman, 2003). Aligned with the CBPR approach, the research objectives were co-generated with our community partners, the Multicultural Health Brokers Cooperative (MCHB) and the Multicultural Family Resource Society (MFRS), and built on existing relationships and work being conducted with research team members. In particular, one of the authors (Yohani) provided on-going training on trauma-informed practice and psychosocial strategies to support families' adaptation in preparation for working with Syrian refugee families. The monthly training drew on Silove's ADAPT framework as a model for informing psychosocial adaptation (ADAPT; Silove, 2006; Yohani, 2015), and ensured ongoing communication with cultural brokers.

Multicultural Health Brokers Cooperative & The Syrian Support Centre

The Multicultural Health Brokers Cooperative (MCHB) is a community-based immigrant serving organization located in Edmonton, Alberta that has over 90 trained cultural brokers and provides services to 25 linguistic and ethnic groups in Edmonton and surrounding areas. Cultural

brokers share the language and/or culture of the families/communities they serve and bridge between systems and communities to increase understanding, reduce tensions that can arise from socio-cultural misunderstandings, and address invisible power disparities. Cultural brokers engage in training and ongoing supervision to ensure appropriate fit with families and overall practice. Data collection activities for this project took place at the organization's *Syrian Support Centre*, a satellite office serving Syrian and other newcomers.

Research Participants and Data Collection Activities

An adaptation of Flanagan's Critical incident method (Flanagan, 1954; Yohani, 2013) was used to generate detailed descriptions of the psychosocial needs and challenges of families during their first year of resettlement, and the activities cultural brokers engage in to support the adaptation and integration of families. When paired with principles of CBPR, this method can facilitate the generation of applied and actionable knowledge that can inform future programs and interventions (Yonas et al., 2013). As pointed out by Yohani (2013) who used critical incidents successfully in similar research examining the role of cultural brokers facilitating the adaptation of refugee children and families in schools, this method allows participants to share descriptive accounts of subjective experiences of situations that facilitate or hinder a particular goal.

After obtaining research ethics clearance, 10 Arab-speaking cultural brokers were invited to participate in the project by an intermediary within MCHB to ensure voluntary participation since this was a purposefully selected sample. These brokers had also been participating in trauma-informed training with one of the authors (Yohani) prior to the research project. Nine cultural brokers gave written consent to participate in all aspects of the project; one was not able to participate due to other responsibilities. Seven participating cultural brokers were of Middle

Eastern descent and two were from African countries. All were women and had a range of experience with cultural brokering between 1 and 18 years. At the time of the project, each broker supported approximately 15 Syrian families who had been in Canada from three months to 2 years. For the purpose of the research, cultural brokers were asked to pay special attention to their experiences of working with families with multiple young children (i.e., 0-8 years). Specifically, they were to focus on psychosocial needs and challenges experienced by Syrian refugee families as well as the process, approaches, and personal experiences they, as cultural brokers, had in working with these families. Cultural brokers were further instructed to select two unique critical incidents that highlight a situation that worked well and a situation that was very challenging in their work with the newly arrived Syrian refugee families.

Data Collection: Critical Incidents

Focus groups. Five focus groups were conducted with the cultural brokers using critical incidents. A core group of seven brokers attended all five focus groups. Two brokers attended four and three, respectively. Focus group discussions were approximately 2 hours each, led by a research team member and supported by our research assistant (Mejia) who audio recorded and took notes during the session. During each focus group, guiding questions were used to help brokers describe an incident (e.g., what happened, who was present, what type of psychosocial need/challenge was addressed, what the broker did during the incident, what was most challenging, and what was most helpful in dealing with the need/challenge), and to facilitate a shared conversation based on the presented case (e.g., what does this case tell us about the families' experiences, what does this case tell us about the work of brokers). The researchers were available to meet with cultural brokers before or after the focus groups if they needed support in selecting critical incidents from their caseloads or wanted to debrief one-on-one after

the focus group.

Individual interviews*:* Six individual semi-structured interviews, approximately 90 minutes in length, were conducted after all five focus groups were completed to further expand on the emerging findings. Six of the nine cultural brokers participated in the interviews. The three who did not, either did not have time to do so or felt that they had adequately covered their cases in the focus groups. While focus groups allowed for interaction between cultural brokers to yield common and unique family and broker experiences, individual interviews allowed for more in-depth exploration of core psychosocial adaptation challenges, needs, and supports that were identified during the focus groups and the opportunity to go deeper into the role cultural brokers played in families' adaptation process.

Analysis

Focus groups and interviews were transcribed verbatim and thematically analyzed using Braun and Clarke's (2006) guidelines. Although analysis was concurrent with data collection and built on key ideas as they emerged, a focused analysis of all the data was conducted after data collection was complete (Mayan, 2009). After the graduate research assistant completed the first level of analysis, the research team met a number of times to analyze and reflect on the focus groups and interviews to identify (a) the psychosocial needs and challenges experienced by families (objective #1), and (b) the activities/ways that cultural brokers addressed these needs to support the psychosocial adaptation of families (objective #2). Data were first coded and then grouped together to form thematic categories. Once key categories were identified, they were presented to the nine participating cultural brokers to facilitate a final contextualized interpretation of the findings, a typical practice in CBPR (Parker, Margolis, Eng, & Henriquez-Roldan 2003). A final analytical step involved the research team's in-depth examination of the

themes and how they mapped onto the two theoretical frameworks. It should be noted that careful consideration was taken to ensure the anonymity and confidentiality of the information the families shared with the brokers. For example, the numbers of children in a family or specific details about the cases are not reported as it could potentially reveal the families.

Results

Focus group discussions and interviews provided rich information and insight into the activities and roles of cultural brokers whose expertise as navigators of both mainstream systems and ethnocultural communities gave them sensitivity to families' psychosocial and cultural needs. Specifically, they worked in many of the domains associated with integration, and their close proximity to the families they serve provided them with insider knowledge that is typically invisible to outside researchers or mainstream service providers. Based on these rich data, the research team was able to select illustrative cases, presented in the following section, that served to identify practice and policy gaps relating to family, ethnocultural community, mainstream services (i.e., school, social services, health, education, and employment), and the broader community. A figure is provided for each case to visually represent the families' experience in relation to the Social Integration (Ager & Strang, 2008) and ADAPT (Silove, 2013) frameworks, and is organized to highlight the psychosocial challenges and what the broker's role was in supporting the family.

INSERT FIGURE 2 ABOUT HERE

Case 1: Children with Severe Mental/Physical Disabilities

Psychosocial challenges. A family was struggling to access appropriate health care for their severely disabled children. Although two of the youngest children had been diagnosed with severe mental/physical disabilities by a United Nations medical officer prior to arrival in Canada, the family had not accessed any specialist or disability services despite being in Canada for 10 months. A local primary care physician had not released medical information to a specialist because the family had not paid for health service. By the time the family was referred to the broker (by a friend), both parents were highly distressed, and the mother was showing signs of depression. They felt that they were not being treated like Canadians and were not getting the quality healthcare services they were hoping for: *"They say, we came here, we deserve to get the Canadian service with Canadian specialists, why are they referring us to the community doctors and they believe they are not professional enough."* (Broker; Focus Group 1)

Broker's role. The cultural broker helped the family access specialist and disability services for their children and provided emotional support for the mother. The broker linked the mother to formal mental health supports, and facilitated links to a hospital social worker and school for children with disabilities. The broker also noted that the father was not relating to his children with disabilities and helped the father begin to connect and establish bonds with his children: *"When I met them [*the children*] they sit beside me. We connected emotionally, and I was telling the father, you see them as they are mentally disabled, but if you focus …you will see how emotionally they can connect with you. Cause he was telling me, don't bother…"* (Broker; Focus Group 1)

In this case, the broker not only provided language and cultural interpretation services for the family when helping them navigate and link to health and educational services for their children with severe disabilities, but also helped with strengthening the family bonds. The broker

responded to the family's psychosocial concerns by providing emotional and practical supports that enhanced the family's sense of safety and stability and helped re-establish family bonds.

Case 2: Children with Rare Medical Conditions

INSERT FIGURE 3 ABOUT HERE

Psychosocial challenge. A family was under a lot of stress as they needed more supports for two of their children with rare medical conditions. The family had been in Canada for one year, and two cultural brokers were trying to get additional supports for the family, but kept facing barriers because the medical condition (Thalassemia) does not qualify for supports and services for children with disabilities.

> *"Yeah, and then trying, feeling bad, trying to help her with her boys as well, but now with child tax not going through and then Family Support Service for Children with Disabilities (FSCD) probably not, them not being eligible… It's kind of difficult to have these doors…close when you're trying to support them…"* (Broker; Focus Group 1)

The mother was pregnant and had gestational diabetes; she needed to have an induced labor and was highly anxious and afraid because her last induced labor was traumatic, and she almost lost her life. The broker also noted that the father was under a lot of distress and described him as having anger issues (e.g., will scream at mom during bouts of anger). The family had to move living locations to be closer to the hospital for their children's weekly appointments and consequently had to give up their sense of community and their connections to their community.

Broker's role. Two brokers worked with this family and facilitated access to health services for the children and their mother. They also supported the family's relocation to a new house in order to increase their access to health services. Activities included providing

interpretation at doctor's appointments and offering reassurance about medical procedures relating to the children as well as the mother, who was highly anxious. With two brokers involved in the family, the father felt supported and began to show less distress.

This case highlights the challenge of accessing healthcare for less known medical conditions without language and system knowledge. It demonstrated the severe stress and toll this can take on a family and the additional challenge of having one parent with a medical condition and secondary anxiety problems. This stress was demonstrated in the father's anger outbursts, especially when his traditional male role within the family was shifting. In the absence of extended family and social networks that were common sources of support back home, he had to provide care for the children while his wife was at doctors' appointments. The broker helped strengthen the family bonds as she aided with childcare to ease the stress on the father. She also helped the father begin to see his role as a parent in Canada in a new light—as one of sharing childcare responsibilities with his wife.

Case 3: Struggling with Roles and A Sense of Meaning

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Psychosocial challenge. A Family seemed to be adjusting well and had been in Canada for approximately 18 months. However, the mother was struggling with feeling stuck at home caring for her young children and reported that she felt she could not do things for herself because she always needed her husband's approval. Specifically, she wanted to go to school, but her husband would not allow her to do this because he believed she needed to be with their 8-month old baby. One day the mother ended up in emergency care because she could not move her arms. Upon examination, she was physically fine, and the doctors believed she was suffering from symptoms of depression:

> *"She said …she just wakes up and…she can't hold the baby, she can't even hold her hand up and she is scared, what is happening to her. So she called the husband and they went to emergency…All the tests was done, nothing was really there. They said okay, you know what, you are depressed. So I said, what's wrong? She said, I'm just imagine, this is what my life [is]. Children and home, in between four walls. Really there is nothing and I'm so tired I don't know what to do."* (Broker; Focus Group 2)

Broker's role. The broker worked with the couple to address roles and expectations, including the mother's feelings of helplessness and being stuck by her inability to do more. With the husband's support, the broker was able to look for alternative (i.e., women's only) language schooling for the mother so she could get out and connect with others in the community.

After supporting this family through a medical emergency, the broker worked to address the underlying psychosocial challenge facing this family in relation to family roles and sense of meaning of life in the new country for the mother. By working within a cultural framework, the broker was able to help the family find a compromise that worked well for them, thereby helping maintain family bonds. The broker also helped the family link to education services as a means for better integration outcomes for the mother.

Case 4: Martial Conflict

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Psychosocial challenge. A pregnant mother was receiving mental health supports as a result of marital conflict. Because of the nature of the events, there was also a charge and restraining order against one of the parents related to the incident, and children's services were involved because of young children in the family. The family had been in Canada for 1 year.

Broker's role. The broker supported the family to navigate the legal system while also providing support to the children as their parents addressed the legal, social, and mental health challenges. The broker worked closely with the Arabic-speaking psychiatrist and included him in safety planning for the family.

> *"…at that point I realized…she's seeing a Arabic speaking psychiatrist, which I've grown to really love so much because he's the only Arabic speaking psychiatrist. So, I realize oh she's under his care, thank God, cause then I can call him and consult with him because we don't want her discharged over the holidays if it's going to put the kids at risk and if both parties present are not able to protect then Child and Families Services will have to come in and make sure there is protection in place for these children."* (Broker; Focus Group 2)

This case highlights an extreme example of psychosocial challenges and family conflict impacting the whole family. It raises concern about the wellbeing of the children in the family and the impact of the marital issues on the parents' ability to provide a safe environment for the children. The early contact with children's services may have long-lasting effects on the children. Explaining the rights and responsibilities of the parents under the restraining order, as well as securing a safe and nurturing environment, by offering to provide food for the father and the children, was a big part of the broker's role. The broker played a key role in being the main connector for the various systems the family was engaged with due to marital discord. Both parents relied on the broker to navigate and resolve marital challenges with the hope to restore family bonds for the benefit of the children.

Case 5: Re-Traumatized in Canada

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Psychosocial challenge. At the encouragement of their medical doctor, a family went fishing for relaxation and stress management. The father was subsequently charged by an RCMP officer for failing to release the fish. Despite the family's plea for pardon due to lack of knowledge, they were given a $1,500 fine. This encounter was highly stressful and re-traumatizing for all family members, who, despite being in Canada for almost 2 years, still feared that a police officer with a gun could kill them.

> *"…Dad got the license and he went fishing. So he caught some fish and then suddenly he said that police officer showed up and they told him you not supposed to, so he wasn't understanding the language, but he basically gives him the ticket…he (dad) was trying to explain, the language barrier was an issue and he was scared because the police officer was armed. So, from that day…their young son was speechless, like he got in shock, he couldn't speak for day and a half."* (Broker; Focus Group 3)

Broker's role. The broker spent a lot of time explaining the "catch and release" regulations in Canada and the severity of the punishment for not following them. She also supported the family through involvement with the justice system via language interpretation for the father in court, system navigation, and emotional support for the whole family. One of the young children required links to mental health supports after witnessing the encounter with the police officer. While in court the broker offered the family emotional support by reassuring them they were safe and that the officers in court would not harm them.

In this case, the family's sense of safety and security was violated. The child did not speak for days after the incident involving a frightening encounter with an armed police officer and required specialized mental health services, organized by the broker. The family's sense of injustice was strong as the father could not understand the "catch and release" regulation, and

therefore could not see himself as guilty. In his mind, he was doing what most Canadians do for recreation, and therefore felt that he was not treated like other Canadians. Even with the language and cultural knowledge offered by the broker, the family could not overcome the shock of this experience, and eventually moved to another province, looking for more just treatment. In this case, safety, bonds and justice were factors both impacted and also supported by having a social connector with bi-cultural knowledge and a safe relationship.

Discussion

The study's findings reveal important issues in Syrian refugees' early adaptation and integration processes, namely: (1) Syrian refugee families, particularly those with multiple health needs, are struggling with settlement and psychosocial adaptation in the early years, which places them at risk for long-term integration challenges; and (2) service providers, like cultural brokers, are vital systems navigators for families in the beginning of resettlement and integration, but they cannot meet all the resettlement needs of the families.

As presented in the illustrative cases, Syrian refugee families served by cultural brokers in the first few years of resettlement, struggled with health and mental health concerns, feeling safe and secure in Canada, adjusting to the changing roles in the family, and finding meaning in their lives. Challenges with psychological distress and mental health, including anxiety, depression and trauma, were present in varying degrees across cases and mostly experienced by parents rather than children. These findings are consistent with reports on psychological, emotional, and behavioural concerns carried over into resettlement (e.g., depression, anxiety, loss of hope, insecurity, post-traumatic stress; Abo-Hilal & Hoogstad, 2013; Kroo & Nagy, 2011; Seddio, 2017). Our findings echo previous concerns regarding mental health problems within parent refugee populations (Ahmed et al., 2017; McFarlane, Kaplan, & Lawrence, 2011),

and how these may contribute to long-term psychological challenges in children (Cicchetti, Toth, & Lynch, 1997) due to the resultant threats to family bonds and attachment systems with children.

The critical incidents in our study also revealed some early indicators of family tensions resulting from changing roles, such as in the case of the woman wanting to go to school (Case 3). The shifting of power within Syrian families as a result of migration to western countries has been noted in recent research (Briskman & Latham, 2017; Conner et al., 2016), and the need for fathers to provide care for their children when mothers are outside the home (Case 2) causing distress and frustration. Our research raises awareness of how tensions brought on by parents' shifts in their sense of identity and searching for meaning amidst changing gender roles and gender relations may impact the lives of young children in these families. How married couples adjust to such changes and the types of supports needed for families with young children are critical psychosocial factors that will need to be further addressed.

It should also be noted that psychosocial struggles faced by the Syrian refugee families served in this study were also associated with experiences of insensitivity on the part of service providers (e.g., police officers, medical doctors, and social service workers), which further contributed to feelings of insecurity and reactivation of war-related trauma and anxiety. The brokers reported that the families felt humiliated and degraded by such experiences, with anxiety being the main observable impact, suggesting that these were reminiscent of injustices faced in Syria and transition countries. Insensitive and demeaning encounters with service providers, similar to racial microaggressions (see Husain & Howard, 2017), can impact how refugees feel about their new home country, including feelings of belonging and security, which are all essential psychosocial needs for successful integration.

Challenges faced by Syrian refugee families with young children mapped onto the five psychosocial needs of the ADAPT model (Silove, 2013; Yohani, 2015) and most of the core domains of the Social Integration Framework (Ager & Strang, 2008), providing evidence for the use of these frameworks in further studies involving Syrian refugee populations.

The study demonstrated brokers' involvement in most domains of social integration as outlined in Ager and Strang's (2008) framework; they worked as *system navigators, language and cultural interpreters, advocates,* and *emotional supporters* for the families they served. They also provided *linking services* to critical health, mental health, and social supports for families that was culturally sensitive, respectful, and safe for the families they worked with. Some brokers were supporting families who were encountering the justice and child welfare systems, which indicates another level of support needed by vulnerable families encountering these government institutions. It is interesting to note that the cultural brokers did not discuss social bridging activities (i.e., facilitating relationships with groups outside of the family and like-ethnic/Syrian community) with the families they worked with. While this could be due to the early timeframe in Canada for the families, we suspect that the noted challenges faced by many of the families in this study prevented the sense of stability and safety needed to establish relationships beyond known like-ethnic community members.

Using community representatives who speak the same language and are familiar with refugee families' culture and context to support early navigation of systems support resettlement and integration. This is especially important for the most vulnerable families who have experienced pre-migration trauma and continue to struggle with complex health needs. The holistic care provided by cultural brokers attends to critical factors for psychosocial adaptation, including supporting family bonds, enhancing safety, advocating for justice-based practices, and

providing guidance with shifting identity/roles. The cultural brokering model also aligns with research that demonstrates that family bonds, and social (Stewart, Simich, Shizha, Makumbe, & Makwarimba, 2012; Werner, 2012), peer (Yohani & Larsen, 2009) and community supports (Harvey, Mondesir, & Aldrich, 2007) are significant resilience factors for the psychosocial adaptation of refugee children and families. However, this model can also result in heavy reliance on cultural brokers for social linking (i.e., connections to various institutions and services) and bonding activities (i.e., supports that enhance family and ethnic-like community relationships).

Implications for Policy and Practice

Our research raises awareness of the need to recognize and address psychosocial adaptation barriers that Syrian refugee families with young children are facing as they try to integrate and resettle in Canadian society. Because psychosocial difficulties can impact any of the means and markers of integration (i.e., education, employment, health, etc.), these are critical sites for assessing and responding to such challenges.

Our examination of the holistic model of community supports provided by brokers reveals the gap that exists in current systems (i.e., health, social services, education, child services) relating to appropriately responding to the needs of refugee families from Syria, particularly the most vulnerable families with multiple needs and challenges. As the study results revealed, these families are dependent on the support of cultural brokers in many domains of integration and in their psychosocial adaptation. Such reliance on cultural brokers raises the question of how these families would fair without the culturally-informed support of the brokers. Given that the cases reviewed in this study occurred during the first 18 months of arrival for most families, the study also illuminates a gap in the services provided by the current model of

operation of immigrant settlement organizations. As such, there is a real need for additional funding and supports for models of immigrant settlement that are holistic and culturally-informed, such the cultural brokering model.

Furthermore, recognizing that there should be a gradual withdrawal of settlement and brokering supports as families find safety and stability, our study raises the importance of empowering community members in early stages of resettlement to acquire the agency needed to navigate the process of integration. By encouraging the community to take leadership in addressing their psychosocial adaptation and integration efforts, cultural brokers will have more time and resources to focus on recent arrivals or on the most vulnerable families who may need more long-term brokering supports. The potential benefits of community-led psychosocial initiatives is documented in a report of Syrian mental health workers who fled to Jordan and formed a group called "Syria Bright Future" (Abo-Hilal & Hoogstad, 2013). Through a model involving community volunteers, the group developed strong relationships and trust with the refugees, they were able to assess and assist over 1,300 refugees in a few months. Enhancing community-based resources to provide training of community leaders in facilitating discussions around psychosocial adaptation needs, raise awareness of services/supports, and both link and bridge families to the wider community, should be explored further in the Canadian context.

Limitations and Future Research

While an appropriate number of participants for a qualitative study, this study's small sample size of nine cultural brokers limits the generalizability of results relating to psychosocial experiences of all Syrian refugee families with young children. We also recognize that families were referred to the Multicultural Health Brokers Cooperative because of the barriers they were facing and therefore may not be a representative sample of early resettlement in Syrian refugee

families. Future research can expand on these findings by including more service providers, such as settlement workers, healthcare providers, educators, and social service workers.

The study is also limited by the lack of direct input from members of the Syrian community themselves. Given the very short time frame of the funding for the project, as researchers we did not attempt to burden the Syrian families who were already in distress with a request to participate in a study. Future research examining psychosocial adaptation of families should include this critical element. Likewise, it would be useful to obtain the perspective on cultural brokers' role and impact from the perspective of families being served through this model. A research area of critical importance that emerged from this study is the need to understand the factors contributing to families' capacity to develop necessary skills and confidence to engage on their own in social linking activities with various Canadian institutions (i.e., hospitals, dental and medical clinics, schools, the judicial system, and service providers), as well as in social bridging activities with communities at large.

Summary and Conclusions

This community-based participatory research project illuminated the vital role played by community-based cultural brokers in facilitating the psychosocial adaptation of Syrian families with young children during early months of resettlement in Canada. Brokers were involved in most domains that are necessary for social integration as outlined in Ager and Strang's (2008) framework, and worked as *system navigators, language and cultural interpreters, and advocates* for the families they served. They also provided *emotional and psychosocial support* to *facilitate social bonds* and *social links* to critical health, mental health, and social supports for families. Findings indicated Syrian refugee families struggled with *feeling safe and secure in Canada, adjusting to the changing roles in the family,* and *trying to find meaning in their lives*. These

struggles also appeared to contribute to families' overall challenges in various domains of integration resulting in a heavy reliance on cultural brokers for social linking and bonding activities. Challenges mapped onto the five psychosocial needs of the ADAPT model and most of the core domains of the Social Integration Framework (Silove, 2013), providing evidence for combining these frameworks in further studies involving Syrian refugee populations. This is the first study to utilize the combined frameworks to examine psychosocial adaption and integration of refugees in a resettlement country.

The most important area of future research that emerged from this study was the need to understand how families develop necessary skills and confidence to move away from potential over dependency on cultural brokers and engage on their own in linking activities with various Canadian institutions as well as in bridging activities with communities at large. To this end, we recognize and stress the need for enhancing community-based resources in early stages of resettlement so that community members can draw on their own agency to feel empowered to navigate the process of integration.

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colour figure

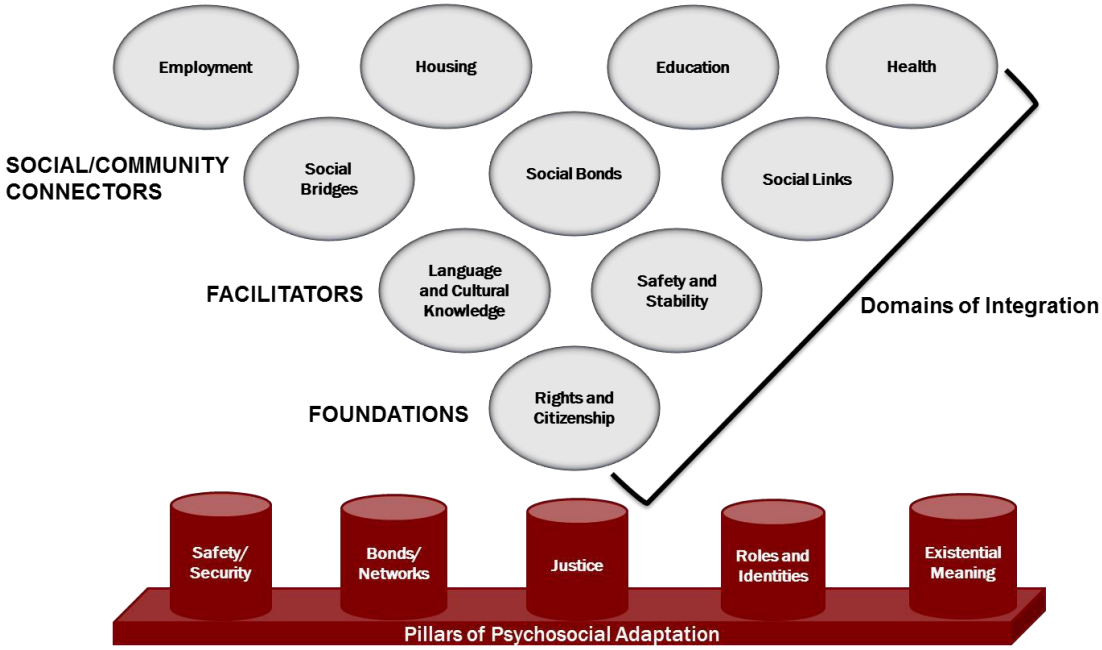

Figure 1. Visual illustration of the combined Social Integration (Ager & Strang, 2008) and Psychosocial Adaptation (Silove, 2013) frameworks.

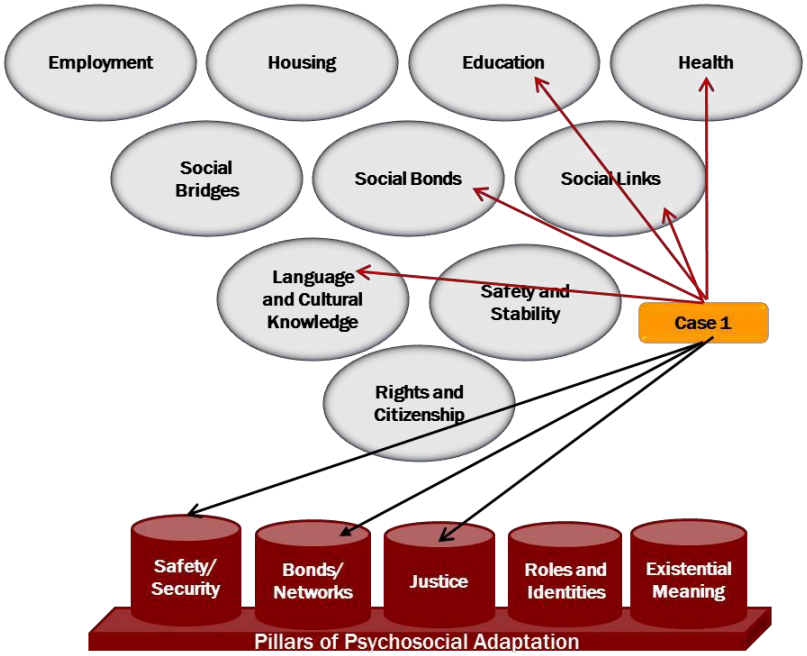

Figure 2. Case Example 1.

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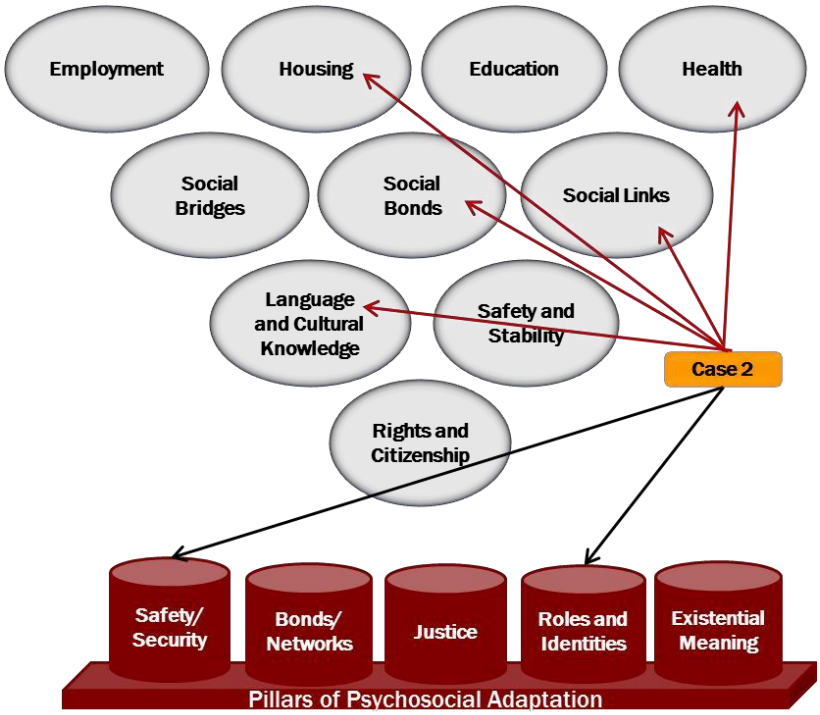

Figure 3. Case Example 2

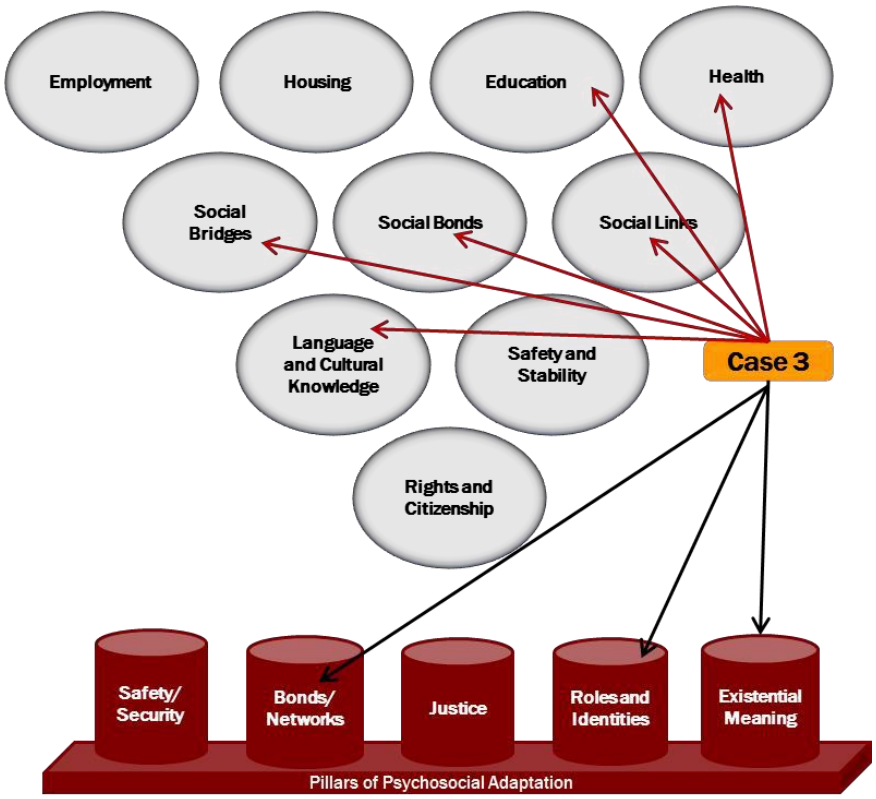

Figure 4. Case Example 3.

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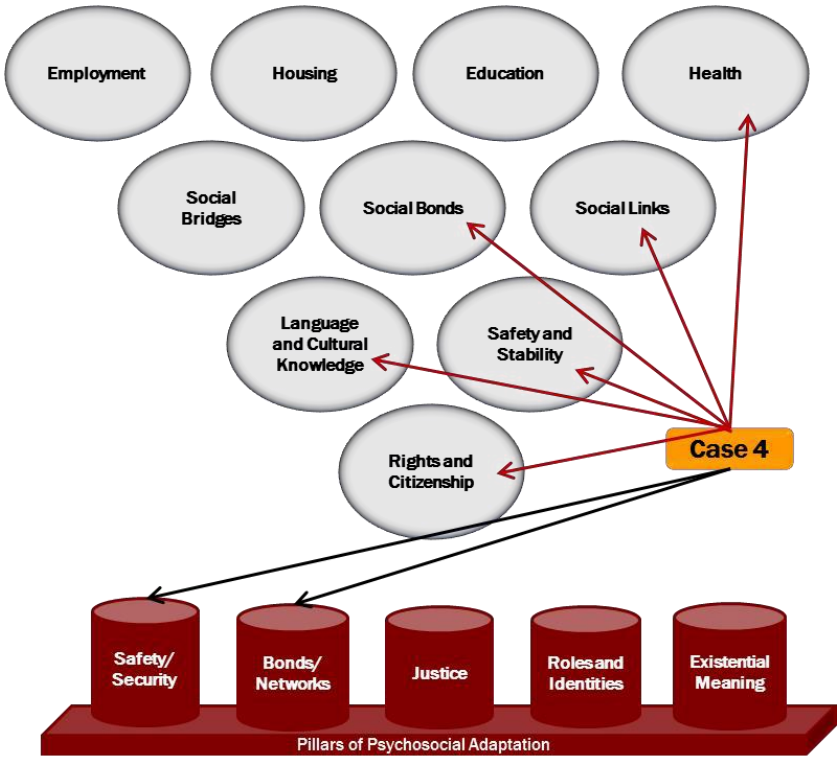

Figure 5. Case Example 4.

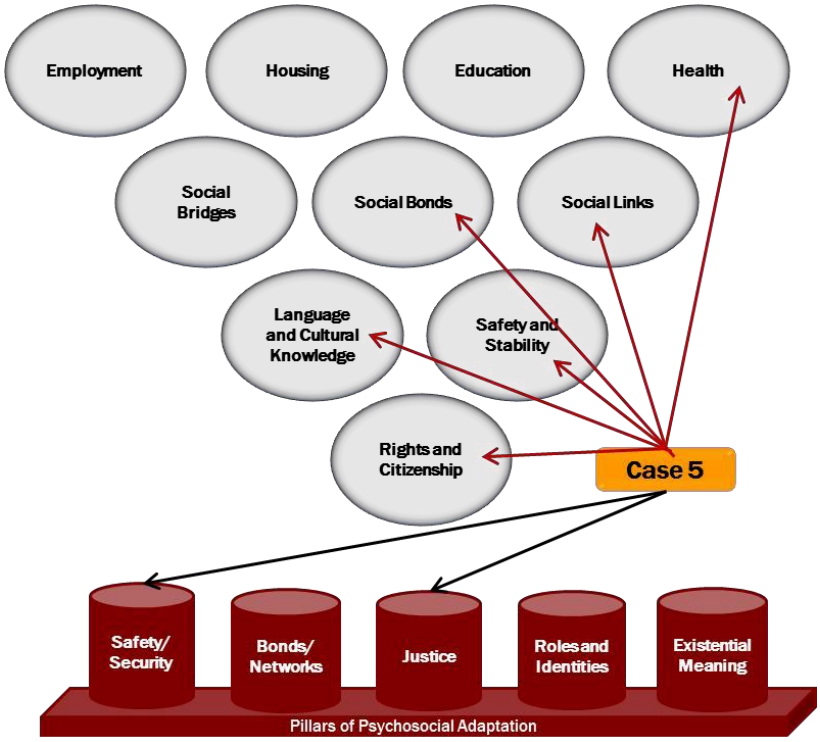

Figure 6. Case Example 5.