Syrian Refugees in Canada: A Qualitative Report of the Impact of the COVID-19 Pandemic on

Psychosocial Adaptation

By

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Abstract

Due to the ongoing conflict in Syria, approximately 50,000 Syrian refugees arrived in Canada between 2015 and 2020. Upon arrival, Syrians needed to find housing, employment, healthcare, and language training. They also had to address psychosocial needs, such as cultivating social supports and establishing a sense of safety, which are critical for mitigating trauma and stress related to resettlement. In March 2020, the global COVID-19 pandemic was declared, and disproportionately impacted refugees by compounding pre-existing and systemic health, social, and economic inequities. Refugees are identified as particularly vulnerable during the pandemic due to the precarious working, living, economic, and health conditions they often face. Only three Canadian studies to date have explored Syrian refugee experiences during COVID-19: one used quantitative methods, the other focused on postnatal women, and one explored housing stability. Therefore, there is a dearth of qualitative information regarding how Syrian refugees in Canada have been impacted by the pandemic, especially regarding their psychosocial adaptation during this period. This study explored the impact of the COVID-19 pandemic for Syrian refugees in Canada and identified supports needed, from the perspectives of Syrian refugees themselves. This study is embedded within a broader community-based participatory research project investigating psychosocial adaptation with the Syrian refugee community and used qualitative description and thematic analysis to examine semi-structured interviews conducted with 10 Syrian refugees. Through this thesis study, I found four themes: Facing Ongoing Development, Inequity, and Insecurity During Integration; Disruption of Settlement, Integration, and Adaptation due to the Pandemic; Ongoing Adaptation and Resilience During Integration in Canada; and Ongoing Needs and Solutions for Integration and Adaptation. Implications for policy, practice and future research are discussed.

Preface

This thesis is an original work by Chloe Devereux. The research project, of which this thesis is a part,

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I would like to express my sincere appreciation to the participants in the Syrian community that partook in this project and shared their perspectives. I have been moved by their words and experiences, and I hope that this thesis helps to bring an awareness and understanding of the experiences of refugees, and inspires others to take actions, however small or large, to support newcomers.

To my parents, partner, best friend, peers and loved ones near and far, thank you for all your support and encouragement throughout this process.

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Chapter 1: Introduction

Individuals and families around the world leave their homes for a new nation for a variety of reasons. For some, "pull" factors encourage them to make a home somewhere new, for others "push" factors force them to flee their birth lands. For those seeking refuge outside their homelands, pre-migration is characterized by factors threatening safety and well-being. In the case of conflicts (as opposed to natural disasters), people often experience extreme disruptions, upheaval, and violence as a result of ethnic, social and/or political conflicts, often including threats, hostility, witnessing violence, experiencing torture or physical injury, incarceration, and loss of basic amenities (Patanè et al., 2022). As a result of these conditions, people are pushed out of their homelands in search of safety and security, and face living in exile, in limbo, or re-settling in a new nation. Though refugee experiences vary, many follow a trajectory starting with pre-departure upheaval, followed by flight, first asylum, claimant, settlement, and adaptation (Prendes-Lintel, 2001). During the flight stage, many refugees endure exposure to further challenges and violence, and may experience multiple displacements to different host nations and locations (Giacco et al., 2018). Oftentimes, persons seeking refuge will first arrive at a temporary location context, such as a refugee camp, or other temporary location. These accommodations do not guarantee safety or security, as they are oftentimes over-populated and under-resourced, and situated in nations that may not be equipped to provide safe and sanitary respite (Bemak & Chung, 2017). Oftentimes refugees are forced to live in overcrowded housing and have little-to-no access to healthcare, employment, or sufficient food (Bemak & Chung, 2017). The length of stay in temporary settings varies, where refugees face uncertainty regarding when, how and where they will be able to move to more sustainable living conditions. Once a refugee has reached a country of resettlement, they wait as a claimant to either receive asylum or face deportation. For refugees who receive asylum, they begin the settlement process in the new country. This stage involves navigating many systemic and social barriers as refugees attempt to find housing, education, employment,

healthcare, and community (Bemak & Chung, 2021). The complex journey of refugees involves ongoing adaptation. Once resettled, those who have migrated as refugees continue to adjust to life in a new country, managing the maintenance of their own culture, while also integrating into a new one.

Worldwide, there have been amounting groups of individuals forced to migrate, currently with at least 89.3 million who have been forced to flee their home, including nearly 27.1 million refugees, and many others who are stateless, internally displaced or seeking asylum (United Nations High Commission for Refugees [UNHCR], 2022a). The globe has reached an international state of crisis regarding the number of people who are displaced and needing refuge. In response to this crisis, countries neighboring those with conflicts as well as those much farther are hosting people seeking refuge, with varied capacity and commitments to offering settlement supports. Eighty-three percent of refugees are living in low- and middle-income countries, and 72% have been hosted by neighboring countries (UNCHR, 2022a). Worldwide, nations are working to evaluate and develop strategies, policies, and supports for those needing refuge. Canada is recognized as a country with successful refugee resettlement, where refugees arrive through different possible routes including Government Assisted Refugees (GARs), Privately Sponsored Refugees (PARs), and Blended Visa Office-Referred (BVORs). Through the GAR program, refugees arrive in Canada based on referral by UNHCR or another referral organization and are entirely funded by the Canadian government for up to one year, with supports being delivered by non-governmental settlement agencies that are funded by Immigration, Refugees, and Citizenship Canada (IRCC). PARs are refugees that have been referred to Canada by private sponsors (i.e., a group of people in Canada) who support settlement needs for one year. Under the BVOR program, refugees are identified by UNHCR with private sponsors in Canada, where the Canadian government offers up to six months of income support, and private sponsors support the remaining six months, as well as a full year of social and emotional supports. The policies and programming in Canada focus on structured supports that emphasize basic needs for refugees arriving in the country, including

housing, employment, language learning, education, and healthcare. While these supports are indeed vital, psychosocial needs, which are also foundational for successful settlement and adaptation, are often left out.

Syrian Conflict and Refugee Crisis

The civil war in Syria has had brutal consequences for civilians, resulting in nearly seven million people fleeing their homes to seek refuge around the globe (UNHCR, 2023a). The civil war in Syria has involved armed conflict that has resulted in thousands of Syrians losing their lives and millions displaced from their homes. Throughout the course of the war, Syrians have experienced loss of income, diminished access to shelter, food and safety, and social disconnection, with substantial disruptions to political, social, and economic systems in the country (Syrian Centre for Policy Research, 2016). The conflict has forcibly pushed almost seven million Syrians to seek refuge in neighboring and Western countries since 2011 (UNHCR, 2023a).

As a result of the ongoing conflict in Syria, over 40,000 Syrian refugees arrived in Canada between November 2015 and February 2017, and approximately 4700 more Syrians resettled to Canada between 2017 and 2020 (Immigration, Refugees and Citizenship Canada ([IRCC], 2021). This was the largest number of people to resettle to Canada during such a short time period, which presented and illuminated limitations in Canada's refugee support initiatives. Most Syrian refugees settled in Ontario, Quebec and Alberta, with approximately 5500 Syrians settling in Alberta between 2015 and 2020 (Edmonton Chamber of Voluntary Organizations [ECVO], 2018; IRCC, 2021). The Canadian government focused on providing support to address immediate needs including income support, housing, language training, health, and education (IRCC, 2016). Psychological and social needs, however, have been relatively overlooked throughout the resettlement phase (Wilkinson et al., 2017; Wresnewskyj, 2016; Yohani et al., 2019a). Resettlement and integration have been ongoing since the mass arrival of Syrians in Canada between 2015 and 2017. Most governmental supports ceased after one year, resulting in

refugees shouldering the demands of supporting themselves through the resettlement and integration processes (Foley et al., 2018). Structural, social and systemic inequities exist, which has resulted in substantial barriers to integration, health, and psychosocial well-being for Syrian refugees in the years following their arrival to Canada (Oudshoorn et al., 2019).

Converging Crises: The Refugee Crisis and COVID-19 Pandemic

In March 2020, only a few years following the mass migration of Syrians around the world, the global COVID-19 pandemic was declared (Pinzón-Espinosa et al., 2021). Around the world, nations have been attempting to protect their citizens with various measures, including stay-at-home and social distancing orders, mask mandates, restricted travel, COVID testing, and provision of vaccines (Sohrabi et al., 2020). Individuals and families have experienced loss related to death, health conditions, social isolation, and employment. Additionally, global migration has been massively curtailed due to border closures and cessation of refugee programming in attempts to limit disease spread. In Canada, the COVID-19 pandemic has disproportionately impacted refugees by compounding pre-existing and systemic health, social, and economic inequities (Hayward et al., 2021).

While Canada is recognized as a leader in refugee resettlement (UNHCR, 2023b), the number of refugees has declined since the onset of the pandemic in 2019, in part due to recommendations by an Order in Council to prohibit the entry of any person, including refugees, from the United States (due to known arrival of refugees seeking re-settlement in Canada from the United States) (Canada Order in Council, P.C. 2020-0185; Banerjee et al., 2022). In March of 2020, Canada's resettlement efforts were indefinitely paused with the aforementioned Order in Council, until the summer of 2020. Acknowledgments of violation of human rights regarding mobility and humanitarian aid through asylum seeking and refugee resettlement propelled the government of Canada to appeal the order (Alrob et al., 2022; Banerjee et al., 2022). Due to travel restrictions during the pandemic, many refugees were stranded, often in camps, detention, or other densely populated urban centers which increased

vulnerability to contracting the COVID-19 virus, and presented other harsh living circumstances (Alrob et al., 2022). For Syrian refugees in Canada who arrived in earlier years, many were anxiously awaiting to be reunified with family members not yet migrated to Canada, only to have resettlement restricted (Rabiah-Mohammed et al., 2022). Given the pre-and-post migratory experiences of unsafety, insecurity and isolation, governmental responses to the global pandemic have had additional impacts on those affected by conflict.

Differential Impact and Inequity of the COVID-19 Pandemic

Scholars and policy makers have noted the relevance of considering Social Determinants of Health (SDOH) both regarding refugee resettlement and the COVID-19 pandemic (Hynie, 2018a; Singu et al., 2020). The social determinants of health are social and economic variables that have a known impact on mental and physical health from a systemic level. The key determinants include: 1) Neighborhood and Built Environment (e.g. housing, food, neighborhood, transportation, air quality, water quality, access to green space), 2) Health and Health Care (e.g. access to quality healthcare, health insurance coverage, health literacy), 3) Education (e.g. high school graduation, enrollment in higher education, and language and literacy), 4) Social and Community Context (e.g. community involvement, discrimination), and 5) Economic Stability (e.g. employment, poverty, food security, and housing stability) (Feinberg et al., 2021). Inequities in SDOH are directly related to poorer health and greater health disparities (Braveman & Gottlieb, 2014; Public Health Agency of Canada, 2018). A review of post-migration conditions for refugees underscored the greater likelihood of negative social conditions due to the current nature of the migration experience, societal policies and procedures regarding migration, and public attitude (Hynie, 2018a). Recent publications regarding the COVID-19 pandemic and the related preventive measures also highlight that many SDOH have been affected, and that for communities already facing social, economic, and systemic inequities, the pandemic has had a compounding effect on health and mental health (Campbell-Scherer et al., 2021; Dalsania et al., 2022; Dubey et al., 2020; Gray

et al., 2020; Mishra et al., 2021; Singu et al., 2020). In other words, structural inequities with known impacts on health status that were already present for refugees have been exacerbated during the pandemic (Feinberg et al., 2021; Marmot et al., 2008). The mental and physical health of refugees during the pandemic must be considered given the constellation of social and economic inequities that exist. The settlement context is a powerful determinant of integration and psychosocial adaptation, where various risk and protective factors can be addressed or bolstered.

Syrian Refugees' Experiences with the COVID-19 Pandemic

In the international context, looking beyond Syrian refugees who have resettled in Canada, many are living in neighboring countries to Syria, including Turkey, Jordan and Lebanon. For example, there are 3.76 million Syrians registered as refugees in Turkey, with a further 1.9 million in Egypt, Iraq, Jordan and Lebanon, whereas in Canada approximately 45,000 had arrived by 2020 (IRCC, 2021; UNHCR, 2023a). Smaller countries are hosting people seeking safety at a rate that exceeds resources available. Many Syrians are thus living in refugee camps, overcrowded and insecure housing, or are without housing. Much of the research of Syrian refugees during the pandemic has come out of these countries. Findings from Lebanon and Turkey have shown that, generally, Syrian refugees are living in overcrowded housing, where distancing is impossible, there is inadequate water and sanitation, inadequate access to healthcare, and stigma and fear related to consequences of contracting the virus (Fouad et al., 2021; Munajed & Ekren, 2020). Syrian refugees in Lebanon, Turkey and Jordan have reported that during the pandemic they were no longer able to afford their basic needs, with major losses of employment and education, and increases in stress, anxiety, and depression (Akhtar et al., 2021; Hajjar & Abu-Sittah, 2021; Kurt et al., 2021). Resilience factors, such as social support, have been mixed: while one study found that Syrians who had higher perceived social support experienced lower levels of mental health issues (Kurt et al. 2021), other studies also report that humanitarian support ceased during the height of the pandemic, resulting in loss of support for Syrian refugees (Hajjar & Abu-Sittah, 2021).

Though an overwhelming majority of Syrians are living in interim settings in neighboring countries, still nearly 45,000 have migrated to Canada to settle. For these Syrians, Canada has promised a hopeful and prosperous future, nested within refugee policies aimed at integration (IRCC, 2017). In a time where many Syrians were in search of safety and security, going through upheaval to move across the world to resettle in Canada, the COVID-19 pandemic began. A culmination of pre-existing and systemic health, social and economic inequities exist for refugees and were emphasized during the pandemic, inciting the need to inquire about Syrian refugees' well-being amidst and beyond the pandemic. For Syrian newcomers to Canada, the height of their migration to Canada preceded the pandemic by only a few years, and as previously mentioned, their settlement and integration is ongoing. Following such a massive life upheaval to resettle in a new country, there is much to wonder about how they have been impacted by another crisis and further been pushed to adapt to the circumstances posed by the global pandemic.

Current Study

A dearth of literature exists regarding the intersection between refugees in general (and Syrians specifically) and psychosocial adaptation during resettlement and the pandemic. Based on the current literature, we know very little about how psychosocial adaptation has been impacted during the pandemic for Syrian refugees. Based on the scant literature that does exist, it seems that the convergence of settlement and the pandemic has placed even more barriers for refugees. Regarding integration, the pandemic appears to have compounded issues related to housing, employment, and healthcare (Rabiah-Mohammed et al., 2022; Shari-Esfahani et al., 2022; Stirling Cameron et al., 2021). Impacts on factors influencing psychosocial adaptation have also been reported, including mental health issues, changing roles, and experiences of discrimination (Rabiah-Mohammed et al., 2022; Shari-Esfahani et al., 2022; Stirling Cameron et al., 2021). Despite the challenges, the current literature suggests that refugees have demonstrated resilience in the face of considerable challenge (Rabiah-

Mohammed et al., 2022; Shari-Esfahani et al., 2022; Stirling Cameron et al., 2021). Given the literature pointing towards on-going impacts during and even beyond the pandemic, it is critical that we better understand the experiences, needs, and identified solutions regarding psychosocial adaptation in the Syrian refugee population in Canada.

Study Context

The current study is an extension of an on-going community-based research project that involves partnerships with organizations supporting resettled Syrian refugees in Alberta, Canada. The *Psychosocial Adaptation and Integration of Syrian Refugee Communities Using Community Learning for Empowerment Groups* project (CLEG project), otherwise known as the Syrian *ADAPT* project, informed by the Adaptation and Development after Persecution and Trauma (ADAPT) model (Silove, 2013), is a participatory study that has held learning circles with Syrian community leaders and members to explore adaptation and psychosocial needs of Syrian refugees, as well as to identify supports needed for this community. With the onset of the COVID-19 pandemic, the study added the current study extension to investigate the impacts of the pandemic on this community that had been identified as particularly at-risk due to political, social and systemic inequities.

Purpose and Research Questions

Given the identified need to investigate psychosocial impacts of the pandemic with the Syrian refugee community in Canada, the current study aimed to explore this knowledge gap through qualitative interviews with Syrian community members and leaders in Alberta. The central question this study examined was: What is the impact of the COVID-19 pandemic on the Syrian refugee community? Further, this study addressed the question: What are the identified needs of this community during and following the COVID-19 pandemic?

Overview of Thesis

In the subsequent section of this thesis, I will provide an in-depth review of the literature regarding refugee processes, and experiences during the COVID-19 pandemic. In the third section I will explain the methods used, outlining the design, methodology and analyses involved. In chapter four I will present the findings of the study, followed by a discussion and conclusion in chapter five.

Chapter 2: Literature Review

Migration, Integration and Psychosocial Adaptation

Worldwide conflicts, human rights violations, natural disasters and other situations are impacting people and forcing them to leave their homes. The United Nations High Commissioner for Refugees (UNHCR) was created to protect and defend the rights and well-being of persons who have been forced to migrate as a result of human rights violations. The 1951 Refugee Convention defines a refugee as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" (p. 16). For those who have not yet been granted refugee status, they are referred to as *asylum-seekers*, whereas those who do not have status as a national in any state are considered to be *stateless persons* (UNHCR, 2022b; UNHCR, 2022c). Around the world at least 89.3 million people have been forced to flee their homes, with around 27.1 million of which are refugees (UNHCR, 2022a). At this point in time, this is the largest number of refugees worldwide in history, inciting a state of global crisis concerning the volume of people seeking refuge.

UNHCR (2018) has delineated three *durable solutions* for the ongoing support of refugees, which comprise voluntary repatriation, local integration and resettlement. According to UNHCR (2018), voluntary repatriation, where refugees can safely return to their home state, is considered the preferred solution in the majority of refugee circumstances. In other circumstances, countries may decide to move towards local integration of refugees, which offers refugees durable legal status and requires efforts on both refugees and the host community to support and adapt to the welcome of newcomers. Resettlement is a process in which refugees who are living in a temporary state where they sought protection are identified and selected by UNHCR as being in need and admitted by a third state, with the intention of "being received and integrated within a new society" and provided permanent residence status as refugees (UNHCR, 2013, p. 4). In order for resettlement to be a durable solution, host countries

must offer formal resettlement commitments that provide refugees with the same rights as other residents, and opportunities to be able to integrate as naturalized citizens, though the brunt of the efforts to integrate and thrive are generally held by refugees after the relatively short resettlement supports come to an end (Alberta Association of Immigrant Serving Agencies [AAISA], 2017; Hyndman, 2011; UNHCR, 2013).

Considering the large number of people who have been forcibly displaced, and seeking refuge, it is important to consider their well-being and experiences. Reflecting upon the three primary stages, that being pre-migration experiences, experiences during migration, and experiences related to settlement and integration, can help to understand the multiplicity of refugee experiences. The following review of the literature will emphasize the experiences of Syrians, however literature pertaining to refugees broadly will be integrated where appropriate, due to aspects that are common to most refugees, including heightened risk for trauma, processes related to forced migration, and intersecting socio-economic and political influences that shape their experiences (Bemak & Chung, 2021). Additionally, the focus of the present study is psychosocial adaptation during the COVID-19 pandemic as it relates to Syrian refugees in Canada, and thus the following literature review will emphasize relevant literature, however I acknowledge that a plethora of information regarding refugee experiences exists, such as identities and perceptions, which will not be covered within this text. Lastly, Syria is a highly ethnically and culturally diverse country, and as such the literature reviewed does not capture the nuance, diversity and full extent of experiences from this community, but attempts to capture the essence of knowledge that has been gathered to date.

Refugee Experiences

The following section will introduce critical aspects of refugee migration, settlement, integration, and adaptation processes and provide a brief overview of the experiences of Syrian refugees to provide context for understanding factors affecting psychosocial adaptation in refugees. Importantly,

the refugee experience is diverse, multifaceted, and ever-changing, so it is not possible for this review to cover the entirety of experiences. According to previously published literature, psychosocial adaptation in refugees is influenced by experiences during pre-migration, migration, and settlement (Miller & Rasmussen, 2017).

Pre-Migration Context. Embedded in the definition of refugees, is acknowledgement of the factors that have forcibly pushed people to flee their homelands. Violence and persecution, as well as major disruptions to economic, education, and employment structures force people to leave their homelands (Hassan et al., 2015; Miller & Rasmussen, 2017). Many refugees have experienced or witnessed violence, or other perceived threats to their safety (Hassan et al., 2015; Miller & Rasmussen, 2017). Refugees from conflict-affected states may face the loss of loved ones due to violence or disruptions in relationships due to socio-political affiliations, and disruptions of social support, roles and networks (Hassan et al., 2015; Miller & Rasmussen, 2017). Financial status, identities, roles and basic aspects of daily living are affected as well (Hassan et al., 2015; Miller & Rasmussen, 2017).

The United Nations human rights chief described the conflict in Syria as the "worst man-made disaster the world has seen since World War II" (UNHRC, 2017). The armed conflict in Syria has involved terrorism and chemical attacks, including targeted destruction of healthcare facilities (Syrian Centre for Policy Research, 2015). At least half a million Syrians have lost their lives, and many more have been affected by the conflict in other ways, including exposure to violence, disruptions to shelter and food, restrictions to access to healthcare, experiencing severs to communities and social ties, and family separations (Hassan et al., 2015; Syrian Centre for Policy Research, 2015). Obviously, the conflict in Syria has negatively impacted mental health (Hassan et al., 2015). Accordingly, studies have found that Syrian refugees are experiencing psychological distress, depression, anxiety, and Post-Traumatic Stress Disorder (PTSD; Ahmed et al., 2017; Ghumman et al., 2016; Hadfield et al., 2017; Hassan et al., 2015).

Evidently, the pre-migration conflict context of Syria involves factors that have the potential to impact Syrians' post-migration psychosocial adaptation.

Migration. Events and experiences during the migration stage as people transition from their homelands to seek safety also impact psychosocial adaptation. People who are forced to migrate may experience exposure to harsh living conditions such as in some refugee camps, further exposure to violence, additional disruptions of family and community networks, and uncertainty about their future and settlement (Kirmayer et al., 2011). Refugees often experience disruptions to employment and education, and face housing, food, and financial insecurity (Hassan et al., 2015). Discrimination and other social tensions in transition countries may contribute to additional psychosocial stress and adversity (Almoshmosh et al., 2019). Not only had many Syrians that arrived in Canada spent time in transition countries (e.g., Lebanon, Jordan) prior to arriving in Canada, but the conflict in Syria is unresolved such that families continue to face displacement and separations which may be impacting Syrian refugees even once arrived in Canada (Almoshmosh et al., 2020; Yohani et al., 2019a).

Settlement. Once arrived in a host country, refugees are faced with further circumstances affecting psychosocial adaptation compounding the impacts of conflict- and migration-related stressors and trauma. The settlement setting poses several additional stressors that may impact the well-being of refugees, including ongoing uncertainty regarding status in the country of resettlement, employment, changed social mobility, losses to social support, worry about family members in home country, language learning, tasks of acculturation, discrimination, racism and social exclusion (Kirmayer et al., 2011; Miller & Rasmussen, 2017). Findings from studies of Syrians who arrived in Canada reflect the general refugee literature regarding resettlement, including language barriers, socio-economic instability, and social isolation (Agrawal, 2019; Beiser, 2005; Beiser, 2009; Hynie, 2018b; Oudshoorn et al., 2020; Yohani et al., 2019a). Once in Canada, some key challenges that Syrians faced were developing their English/French language skills in the short period of time that resettlement supports were

provided, securing employment due to language barriers and lack of recognition of credentials and experience, finding affordable and safe housing, navigating the health system, and developing social connections and support (AAISA, 2017; IRCC, 2016).

Integration

Integration is a concept that is discussed across a wide range of fields, including but not limited to psychology, sociology, and political science, with variability in how it is defined and operationalized. The study of integration is vast, having vestiges in many different areas, as well as being highly specific to different contexts. The following review seeks to provide a brief synopsis of the concept as it pertains to the current study, though I acknowledge that even some relevant topics may be beyond the scope of this paper.

The following section will provide a brief account of how integration has been defined, as well as some key processes and indicators of integration. Hyndman (2011) notes that "most current variations suggest that 'integration' is a mutual process between new home society and newcomers, though some models do assume a more assimilationist process of adaptation on the part of refugees" (p.5). The United Nations High Commissioner for Refugees (2013) and an early scholarly writing (e.g., Berry, 1997) describe integration as a dynamic two-way process where there must be adjustments made on both the part of the host community and refugees. The host community is seen as responsible for ensuring equal rights and opportunities for refugees, oftentimes through integration programmes, and by fostering an accepting environment (Berry, 1997; UNHCR, 2013). Refugees are then expected to integrate into the host community, and adopt aspects of the host nation's values, culture, and customs (Berry, 1997; UNHCR, 2013). For this process to be effective, the host community, ideally, must identify as a multicultural one (Berry, 1997). While Canada has a history of multiculturalism that is commonly viewed as emphasizing a two-way process of integration with adoption of rights and responsibilities by newcomers, and the acceptance of newcomers by settled persons, the multicultural nature of Canada is

more nuanced. The current climate of multiculturalism, especially as it applies to non-White non-European persons (including immigrants and refugees), is overshadowed by practices, policies and sentiments more akin to assimilation and marginalization. Resettled individuals are in many ways required to conform to the dominant cultural practices of the country and leave behind their own cultural practices and values, and face exclusion and discrimination from the dominant culture (Banerjee et al., 2022; Berry, 2013). Individuals arriving as refugees navigate many tasks and processes in order to integrate into a Canada where dominant society's neo-liberal attitudes emphasize individualistic efforts, which tasks refugees with integrating, rather than supporting them (Adamson & Tsourapas, 2020; Banerjee et al., 2022; Berry, 2013; Walton-Roberts et al., 2019).

While there is no consensus regarding the definition of integration, policy makers and scholars have made attempts to further understand integration by operationalizing the concept, particularly describing what 'successful' integration resembles. The primary indicators regarding integration typically include economic, language, education, housing, social ties, legal/citizenship, and health (Hyndman, 2011). Integration is influenced by a convergence of barriers and supports. Structural and systemic barriers exist and impact the process of integration, including access to housing, employment, and healthcare (Hynie, 2018a, 2018b; Enns et al., 2017; Miedema et al., 2008; Krahn et al., 2000; Yu et al., 2007). Cuts to funding and limitations to accessing services also pose barriers to refugees for integrating (Enns et al., 2017; Miedema et al., 2008). Integration is further impacted by xenophobia, racism, and micro-aggressions (Ghahari et al., 2020; Hynie, 2018a). While refugees do face barriers that impact integration, it is important to move beyond reductive portrayals of refugees as 'helpless victims', and acknowledge the many ways refugees have agency, adapt and are resilient in resettlement countries, such as learning new languages, developing social connections, seeking higher education and achieving financial goals (AAISA, 2017, Hynie 2018a; Environics Institute for Survey Research, 2022).

Given the relatively recent arrival of Syrians to Canada, integration is expected to be in-progress and on-going. Reports and studies to date have found that up to this point in time, many Syrians are facing unstable housing, insufficient social assistance to meet basic needs for food and shelter, difficulties in acquiring language skills, barriers in accessing employment due to language barriers and unrecognized credentials, as well as difficulties with navigating the health care system and accessing services (Oudshoorn et al., 2020). While the development of connections with other Canadian communities is ongoing, Syrians have benefitted by banding together and building community with fellow Syrians, which has been a key psychosocial support during settlement (AAISA, 2017; Drolet & Moorthi, 2018; Hassan et al., 2015). Though Canada launched a campaign to "warmly" welcome Syrian refugees, and provided support, evidence suggests that availability and sufficiency of supports varied (AAISA, 2017; Agrawal, 2019; IRCC, 2016, 2021; Drolet & Moorthi, 2018; Oudshoorn et al., 2020; Wilkinson et al., 2017). Additionally, while Canada has posed as a multicultural country, with some Syrian refugees expressing positive interactions with Canadian residents, the structures, systems, and people in Canada have prejudiced notions of refugees and exhibit acts of discrimination and racism (AAISA, 2017; Drolet & Moorthi, 2018; Oudshoorn et al., 2020). Altogether, Syrians report that while they are often grateful for the safety and opportunities that have been afforded in migrating to Canada, many Syrian newcomers face significant ongoing challenges and barriers with integration, and as such, there is a continued need to address integration beyond the early settlement phase (AAISA, 2017; Oudshoorn et al., 2020).

Psychosocial Adaptation

While much of the policy, practices and research emphasize meeting 'basic needs' (i.e., housing and employment) as part of integration, an important facet towards successful integration is psychosocial adaptation. In its simplest form, adaptation "refers to changes that take place in individuals or groups in response to environmental demands" (Berry, 1997, p. 13). Generally, psychosocial

adaptation refers to the characteristics, processes, and outcomes associated with an individual

undergoing a change in their life circumstances, such as migrating to a new country (Londono &

McMillan, 2015). Psychosocial adaptation considers ways in which individuals respond to their changing

life circumstances, including intra-personal components (e.g., mental health), as well as inter-personal

factors (e.g., social support). From refugee perspectives, the main aspects of psychosocial adaptation

that are generally discussed include A) psychological outcomes including mental well-being, developing

personal and cultural identity, and life satisfaction, and B) sociocultural capacities to cope with family

roles, work context and education (Berry, 1997).

It is critical to consider Syrians' psychosocial adaptation as part of integration. Many aspects of

integration are heavily impacted by psychosocial adaptation, and despite the lack of policy attention to

refugees' psychosocial needs, going forward there is a call to consider psychosocial adaptation to foster

successful integration (IRCC, 2016; Yohani et al., 2019a). Currently, studies addressing psychosocial

adaptation in Syrian newcomers to Canada have identified various challenges, strengths, and needs.

Syrian refugees may experience mental health issues, changing roles, microaggressions, and disruptions

and barriers to social support and resources that impact their psychosocial adaptation (Hassan et al.,

2015). Studies with Syrian refugees have found higher rates of mental health problems including

psychological distress, anxiety, depression, and PTSD that may be barriers to adapting to a new

environment (Ahmed et al., 2017; Hassan et al., 2017; Soykoek et al., 2017). New cultural practices with

gender roles may also lead to concerns about increased family instability and tension (Yohani et al.,

2019a). Further, overt acts of discrimination and racial violence, as well as microaggressions due to

racist, xenophobic, Islamophobic tendencies can negatively impact feelings of safety, security and

belonging (Briskman & Latham, 2017; Husain & Howard, 2017).

Finally, upheavals in social support networks and resources are experienced by Syrians pre-

migration, during transition, and during settlement (Hassan et al., 2015). Losses and separations in

families may alter social support circles (Hassan et al., 2015). Unstable housing, barriers to employment, and poverty may hinder refugees' capacity to adapt and integrate in a new country (Oudshoorn et al., 2020). In a study with Syrian refugees in Alberta, survey data found that 34% of the participants' housing did not meet their needs, and that small housing and affordability were problematic (AAISA, 2017). In the same survey, Syrian newcomers reported that being employed offered social status, and a sense of achievement and fulfilment, whereas those who were not employed noted detrimental impacts to self-esteem and mental health (AAISA, 2017). Building social connections and a sense of belonging was also reported as a challenge that impacted Syrian refugees' adaptation to their new environment (AAISA, 2017).

Though resettlement and integration in Canada has not been without its challenges, Syrians have also adapted and been resilient in the face of adversity. Social support systems have been instrumental for resettled Syrians; Syrians in Canada have reported that they felt supported by newly settled Syrian communities, settlement organizations, and community organizations (AAISA, 2017). Syrians have created organizations such as the Syrian Canadian Foundation that have provided tailored supports for newcomers, as well as promoted cross-cultural exchanges between refugees and settled Canadians (Syrian Canadian Foundation, 2023). For those refugees that were privately sponsored, they reported enduring relationships with sponsors (Environics Institute for Survey Research, 2022). Despite reported experiences with discrimination and challenges with developing social networks in Canada, a representative study with 305 Syrian refugees in Canada found that participants felt safe and secure, and noted feeling a sense of belonging and acceptance in Canada (Environics Institute for Survey Research, 2022). Tremendous adaptation is evident in Syrians' integration in Canada, where in the same study, more than 60% of participants rated their language fluency as excellent or good, despite initial unfamiliarity with English and French arriving in Canada (Environics Institute for Survey Research, 2022).

Overall, findings seem to indicate that Syrian newcomers are adapting, while also experiencing

challenges in regard to building a stable and fulfilling life in Canada.

In summary, the successful integration of Syrian refugees in Canada remains an ongoing process.

Psychosocial adaptation is an important factor to consider in integration, with many different

dimensions that may impact pathways to, and indicators of integration. Though the early settlement

phase for Syrian refugees who arrived in Canada following the height of the Syrian conflict has come and

gone, reports indicate that there is long way to go for integration of this community. Syrian refugees in

Canada have identified aspirations for their future and have expressed optimism and confidence in

achieving their goals based on their perseverance, positive attitudes, and systemic and social supports

(Environics Institute for Survey Research, 2022). Continued efforts to support the needs of Syrian

refugees in Canada are warranted. Strengths, challenges and needs regarding integration and

psychosocial adaptation are important to consider for this community, especially in light of the COVID-

19 pandemic which has had disproportionate impacts on social, individual and structural aspects for

refugees. Refugees are identified as a particularly at-risk group during the pandemic due to the social,

economic and structural inequities that they already face. The following section will review important

findings related to refugee experiences during the COVID-19 pandemic.

Refugee Experiences with the COVID-19 Pandemic

Due to the recency of the pandemic and thus limited literature, the following review of refugee

experiences during the pandemic will begin with a broad overview of diverse refugee, asylum seeker,

and immigrant populations, followed by a specific review of Syrian refugees. Currently, only a handful of

empirical studies and reports exist regarding refugees and their experiences during the pandemic (see:

Disney et al., 2021; Feinberg et al., 2021; Garrido et al., 2022; Golesorkhi et al., 2020; Im & George,

2022; Marchi et al., 2022; Spiritus-Beerden et al., 2021; Zivot et al., 2022), with a limited collection of

additional review and commentary articles (see: Alemi et al., 2020; Alio et al., 2020; Brickhill-Atkinson &

Hauck, 2021; Dempster et al., 2020; Edmonds & Flahault, 2021; Junior et al., 2020; Mangrio et al., 2020; Rees & Fisher, 2020; Saifee et al., 2021). In regard to Syrian refugees, a small body of research regarding Syrian refugees living in Lebanon and Turkey are available (see: Akhtar et al., 2021; Fouad et al., 2021; Hajjar & Abu-Sittah, 2021; Kurt et al., 2021; Munajed & Ekren, 2020; Salibi et al., 2021), with no data from any regions other than Canada (discussed below).

Additionally, the following review will emphasize the knowledge specific to resettled refugees (and where gaps exist, immigrants in general) who have migrated to a country where it is the intention for them to settle and integrate, rather than stay in an interim setting such as a refugee camp or return to their home country. This distinction is made due to the vastly different experiences of refugees who have resettled more permanently rather than staying in more temporary destinations, in general and specifically during the COVID-19 pandemic, as well as in relation to the population involved in the current study.

General Refugee Experiences

Physical Health Implications. Across the literature, the health of immigrants and refugees is being disproportionately affected by the COVID-19 pandemic (Hayward et al., 2021; Statistics Canada, 2021; World Health Organization [WHO], 2020). The increased burden to health in refugee populations is seen in rates of infection, complicated symptoms and mortality, limited access to health care and testing, and further compounded by pre-existing health conditions increasing difficulties with COVID-19 and overall health (Edmonds & Flahault, 2021; Guttmann et al., 2020; Hayward et al., 2021; WHO, 2020). Further difficulties with communicating health information may also be impacting refugee communities (Edmonds & Flahault, 2021).

In Canada, a disproportionately greater number of positive COVID-19 cases in refugees (Guttmann et al., 2020) and deaths because of COVID have been noted in immigrants (including refugees), compared with the rest of the population, particularly in those aged 65 and younger, and who

are male (Statistics Canada, 2021). Various systemic health, social and economic inequities have been

implicated in explaining this discrepancy in disease rates. One of the primary reasons refugees have

greater rates of infection has been attributed to employment inequities that are reinforced by the host

country. Many refugees' previous experience and education is not recognized in host countries, and

thus many refugees are constrained to work in higher-risk jobs that are often public facing, or in facilities

where physical distancing is not possible (Guttmann et al., 2020; Mitchell & Murray, 2017). Given the in-

person nature of the work, and inability to work from home, refugees have not been afforded the same

safety from the virus as other working individuals, and experienced greater risk of loss of employment as

well (Feinberg er al., 2021; Guttmann et al., 2020). Further related to economic and social inequities, is

that many refugee families are living in crowded housing due to financial barriers (Guttmann et al.,

2020; Marchi et al., 2022; Milan et al., 2015). In such circumstances, it is not possible to distance at

home if ill, and thus they may be at greater risk of exposure to the COVID-19 virus.

Inequities in the accessibility of healthcare have also impacted newcomer individuals. In the

Canadian context, which is often thought to provide universal healthcare, non-citizens are required to

apply for health coverage in the territory or province in which they are located (Edmonds & Flahault,

2021). The application process can take as long as two years, and therefore an interim health coverage

plan has been provided by the federal government. While it appears on paper that refugees have access

to affordable healthcare, the reality is that many newcomers to Canada are not accessing the healthcare

they need (Batista et al., 2019; Edmonds & Flahault, 2021). Substantial barriers exist in accessing health

coverage, as refugees are required to apply for coverage which requires navigating complicated

administrative processes that present major language barriers and hurdles in finding the correct

documentation (Edmonds & Flahault, 2021). To further hinder the application process, healthcare

providers and refugees are often unaware of or misunderstand the coverage program available to them

(Edmonds & Flahault, 2021). In March of 2020 in the beginning of the COVID-19 spread, refugees who

had not yet qualified for coverage in one Canadian province could still access testing and treatment free

of charge, however this information may not have been easily accessed by refugees (Edmonds &

Flahault, 2021).

The COVID-19 pandemic has been fraught with challenges with communicating information to

the public. Further challenges exist with the communication of information to non-English and French

speaking persons (Cleveland et al., 2020). Limited information put forth was translated such that those

who speak languages other than the official languages of Canada could access reputable information,

including information debunking myths regarding the virus (Cleveland et al., 2020; Edmonds & Flahault,

2021). Barriers in access to information may also include refugees not knowing where to get reputable

information, not having access to or know-how of technology, as well as having understandable mistrust

in governmental institutions (Edmonds & Flahault, 2021; Hynes, 2003; Ng & Omariba, 2010). Altogether,

these issues may increase risk of transmission.

Socio-Economic Impacts. The COVID-19 pandemic has impacted social and economic well-being

in newcomer families by exacerbating challenges already faced. Incoming refugees in Canada often face

social and economic barriers including English/French language barriers, disrupted or fewer years of

formal education, unrecognized credentials, a lack of social support and services, difficulty finding

employment, and challenges meeting basic needs (e.g., food, housing, childcare). While limited findings

exist regarding refugee experiences during the COVID-19 pandemic in Canada, the current findings

indicate that refugee employment and financial well-being, social support, education, and social roles

have been negatively impacted by the pandemic and the related public health measures.

Studies have noted disproportionate financial and employment losses for newcomers during the

pandemic (Edmonds & Flahault, 2021; Guttmann et al., 2020; LaRochelle-Côté & Uppal, 2020; Zivot et

al., 2022). In a Canadian study of immigrants (including refugees), significantly greater COVID-19

financial impacts were reported for immigrants, compared with Canadian-born persons (Mo et al.,

2020). For example, immigrants were more likely to have experienced loss of employment and income, to report substantial impacts on being able to cover financial obligations, and experience declines in revenue for businesses (Mo et al., 2020). In a positive note, this study also found that there were no significant differences regarding immigrants compared to Canadian-born residents in securing financial relief funds (e.g., Canadian Emergency Response Benefit [CERB]; Mo et al., 2020). However, another study noted many barriers and stipulations regarding financial relief, that may have negative down-stream impacts (Edmonds & Flahault, 2021). Specifically, the study authors note that while anyone who applied for CERB received it, there were many exemptions, resulting in the Canada Revenue Agency requiring people who received CERB to re-pay it. Those who were entitled to the benefit include: those who stopped working or had their workload reduced for reasons related to COVID-19, thereby having an income of less than $1000 (CAD) per month; those earning a minimum of $5000 (CAD) in 2019 or in the last 12 months; and those who are a Canadian citizen, permanent resident, or legally allowed to work if they have a temporary status in Canada (Edmonds & Flahault, 2021). For many refugees, meeting the $5000 minimum requirement will be exclusionary and misunderstandings due to communication barriers and unfamiliarity with the financial systems at hand may result in refugees needing to pay back the benefit to the government. This may further burden them financially if they do not have the funds to do so, which may be likely due to low income related to economic barriers (Edmonds & Flahault, 2021). A qualitative study of refugee families in Canada reported that families experienced disruptions of family socio-economic well-being, including job losses, reduced hours and income, and increased financial insecurity (Zivot et al., 2022). Overall, it would seem that the pandemic has increased disparities in economic security that newcomer families already experience.

The pandemic and its related measures have also had significant impacts on social systems that are critical for the well-being, settlement, and integration of refugees. One of the most substantial factors was the closure of schools and switch to online education. Families that were unable to access

technology or internet or support children completing school from home were overlooked by governmental efforts to safeguard against the virus by moving schools online. Indeed, studies indicate that many newcomer families often did not have the financial resources to provide sufficient devices for children to complete school at home (Zovit et al., 2022). Further, refugee parents and children alike were often unable to engage in online school materials due to language, technological, and literacy barriers (Zovit et al., 2022). Parents of young children faced additional stress in supporting their families, oftentimes with mothers having to increase parental duties in addition to their work, or step-down from work (Zivot et al., 2022). Closures to immigration centers, community centers and religious institutions further limited refugees' access to social supports that were available pre-pandemic, with the same issues with accessing these services online due to technology barriers being reported (Edmonds & Flahault, 2021; Zivot et al., 2022).

Mental Health Impacts. Research on crises including wars and natural disasters show that these types of events have impacts on mental health, with emerging evidence suggesting the same of the COVID-19 pandemic (Nakhaie et al., 2022; North and Pfefferbaum 2013; Wang et al., 2020). For refugees seeking safety and stability in a new country following the upheaval of leaving their homes due to a war or other humanitarian crisis, the effects of the pandemic on mental health are potentially more pronounced (Nakhaie et al., 2022). Empirical evidence regarding mental health impacts of the pandemic as it pertains to refugees who are resettling in a new country is just starting to emerge. In the general population, studies are showing increased rates of anxiety, distress, isolation, depression, difficulties sleeping, and substance use (Ornell et al., 2020). The mental health of refugees is often understood to be influenced by pre-migration and post-migration factors. Indeed, research has shown that pre-migration experiences particularly related to traumatic events, such as violence, lack of housing, and starvation, have lasting impacts on refugee mental health following resettlement. The mental health of refugees is further compounded by factors involved as a newcomer, including social, cultural and

structural forces in the country of resettlement. For refugees arriving in countries of resettlement where they intend to integrate, they face barriers and inequities that have impacts on mental health. Socio-economic inequities (e.g., unemployment, financial difficulties, inadequate housing, food insecurity), social exclusion, discrimination, and individualistic values (e.g., limited access to social services) in host countries threaten newcomers' efforts to integrate and adapt and have reported detrimental impacts on refugee mental health (Hynie, 2018b; Nilsson & Jorgenson, 2021). Pre-established risk for mental health problems based on pre-migration and post-migration problems may put refugees at particular risk of experiencing mental health challenges in the face of the pandemic. Given the previously cited increase in socio-economic barriers for refugees during COVID-19 pandemic, further mental health difficulties in refugees are also anticipated.

Given the recency and ongoing nature of the COVID-19 pandemic, and specificity of the population, the evidence regarding refugee mental health is limited. Most of the research to date has reported on the mental health of refugees globally during the pandemic, especially those living in non-permanent host countries and in refugee camps (Garrido et al., 2022; Marchi et al., 2022; Spiritus-Beerden et al., 2021; WHO, 2020). Given the particular nature of those contexts, this review will only briefly report those findings as they may be limited in their applicability to the scope of the current study. Some similarities of pre-migration context for refugees are expected regardless of the post-migration setting, such as experiences in conflict areas, and thus we might expect that some findings might translate. However, the unique circumstances of refugees who migrate to a host country for permanent resettlement will face different risk and protective factors for their integration and adaptation, as well as experiences during the pandemic.

In the global refugee literature, refugees are experiencing disproportionate detrimental impacts on their mental health during COVID-19, with potential lasting effects. In a large-scale self-report study of refugees worldwide, the majority of surveyed participants reported deteriorating mental health since

the onset of the pandemic, including feeling more depressed, worried, anxious, lonely, angry, stressed, irritated, hopeless, and having more sleep problems and issues with substance use, as well as increases in perceived discrimination and daily stressors (WHO, 2020; Garrido et al., 2022; Marchi et al., 2022; Spiritus et al., 2021). Many international researchers have called for greater attention and mental health support for refugees, citing the compounding risk factors that refugees face, particularly those who are in insecure housing situations (e.g., see Junior et al., 2020; Pinzón-Espinosa et al., 2021).

In the literature specific to newcomers who migrated to a host country, and specifically Canada, for permanent resettlement and integration, there is a dearth of studies and reports at this point in time, though the few emerging studies have found that newcomers are experiencing both mental health challenges and resilience in the face of the pandemic. Findings to date have provided a glimpse into the mental health experiences of parents and youth who are refugees, indicating generally that they have experienced diminished mental well-being throughout the pandemic, but also that individual, household and social factors contributed to resilience in the face of risk and adversity (Nakhaie et al., 2022; Zivot et al., 2022).

A qualitative study of mothers who are refugees in Canada found that increased parental burdens and disruptions to education and employment negatively impacted mental health (Zivot et al., 2022). Additionally, mothers in the study expressed that they had substantial fear regarding COVID-19 infection, and that their mental health also diminished due to worry, stress and social isolation (Zivot et al., 2022). While the parents in this study faced substantial difficulty in the face of the pandemic due to intersecting social inequities, they also demonstrated immense resilience, via internal and external sources (Zivot et al., 2022). For example, mothers noted that peer and family social support helped them cope with social isolation (e.g., by video calling), learning to use technology (e.g., older children were able to help teach parents how to use computers), and economic support (e.g., foodbank, CERB). Zivot

and colleagues (2022) also found that mothers in their study fostered resilience by holding optimistic and collectivist perspectives.

Findings from a survey study of refugee youth in Canada reported a nuanced perspective regarding refugee mental health during COVID-19 (Nakhaie et al., 2022). The study found that food insecurity and resilience had the most profound impacts on mental health, specifically stating that "food insecurity had by far the greatest effect on mental health of newcomer refugee and immigrant youth during the pandemic" and that youth's tendencies to be able to adapt to change, respond to circumstances flexibly, cope during times of stress, work towards goals, remain hopeful, maintain focus during stressful times, problem solve, and not be discouraged by failure helped to mitigate anxiety, helplessness, and sadness (Nakhaie et al et al., 2022, p. 17). The study also found that better mental health was associated with youth having more siblings and living in Canada for fewer years (Nakhaie et al., 2022). Though not reaching significance (p <.051), there was an interaction between trauma and resilience, suggesting that "the effect of resiliency in decreasing mental health problems was higher among those who had experienced a life-threatening event compared to those who did not" (Nakhaie et al., 2022, p. 17).

Given the above cited mental health concerns of refugees that may be more at risk due to the pandemic, it is important to understand how support systems and services may or may not be available and helpful. Overall, literature regarding access to services for refugees during COVID-19 has demonstrated that while mental health supports have been helpful for mitigating mental health problems, barriers to getting help have increased (Zivot et al., 2022). Several studies have found that refugees were particularly impacted by the pandemic in regard to their access to mental health services (Benjamen et al., 2021; Disney et al., 2021; Endale et al., 2020). The studies often cite closures, technology barriers, and lack of privacy for telemental health services as barriers (Benjamen et al., 2021; Disney et al., 2021; Endale et al., 2020). Despite the multiple barriers, studies also reported that service

providers made attempts to provide flexible services and adapt to the circumstances (Benjamen et al., 2021; Disney et al., 2021; Endale et al., 2020).

Resettled Syrian Refugee Experiences

Globally, Syrian refugees have faced diverse contexts and challenges during the pandemic. For the approximately 5 million Syrian refugees who are living in neighboring countries, including Turkey, Lebanon, and Jordan, support resources are limited, placing Syrian refugees in high-risk environments, including over-crowded housing, barriers to proper sanitation, stigmatization, and major losses of employment, income, and support for basic needs (Akhtar et al., 2021; Hajjar & Abu-Sittah, 2021; Fouad et al., 2021; Kurt et al., 2021; Munajed & Ekren, 2020). Comparatively fewer refugees have settled in Western nations, with around 45,000 having settled in Canada. In smaller countries that are hosting the majority of Syrians seeking refuge, support resources are insufficient. For those refugees who resettled in larger countries able to offer more resourced refugee support systems, such as in Canada, their settlement in a new country with the hope for a safer and more secure future has converged with the global pandemic. It is critical that we consider the well-being of resettled Syrians at the juncture of two crises: a war resulting in substantial displacement of the population and a global pandemic. Given that only a handful of studies have included a small group of Syrian refugees amongst additional groups (Hansson et al., 2020; Hayward et al., 2021), and, to my knowledge, only three studies in Canada have explored Syrian refugees' experiences during COVID-19 (Rabiah-Mohammed et al., 2022; Sharif-Esfahani et al., 2022; Stirling Cameron et al., 2021), a paucity of research exists. The following section will review the extant literature on the COVID-19 pandemic for Syrian refugees who have resettled in Western nations.

Physical Health Implications. There is limited information with regards to physical health in resettled Syrian refugees, including rates of COVID-19 infection, complications, mortality, and related impacts on health. In Sweden, where Syrian refugees were granted permanent residency between the

years of 2013-2016 (Rabo et al., 2021), reports comparing Syrian refugees to Swedish-born residents

found that there were especially high mortality risks from COVID-19 among individuals from Syria

(Hansson et al., 2020; Centrum for epidemiologi och samhallsmedicin, 2020; Rostila et al., 2020). While

these findings remained after controlling for socio-demographic variables (e.g., age, sex, other socio-

demographic factors) in some reports (Rostila et al., 2020), other reports found that the significantly

higher rates attenuated (though remained higher) after adjusting for neighborhood, education level,

occupation, income, household size, and previous chronic illness (Centrum for epidemiologi och

samhallsmedicin, 2020). No other data regarding the spread of COVID virus in resettled Syrian refugees

is available to my knowledge. Nevertheless, based on general refugee statistics in Canada, and the

reports from Sweden where there are similar healthcare systems, similar risks may be expected in

Canada.

Increased risk of infection was also related to inadequate housing conditions in a sample of

Syrian refugees across three Canadian cities (Rabiah-Mohammed et al., 2022). In this sample of 38

families, most indicated that affordable housing was not available for them, and thus they were

restrained to living in small apartments and houses, sometimes with large families, where physical

distancing was impossible (Rabiah-Mohammed et al., 2022). Further exposure to the virus was also

reported as a result of working in industries where physical distancing was not possible (Rabiah-

Mohammed et al., 2022).

Regarding other related health impacts due to the pandemic, data from a qualitative study of

Syrian refugee mothers who delivered a baby during the height of the pandemic in Canada discovered

that women had challenging healthcare experiences, service cancellations, and difficulties in accessing

translators (Stirling Cameron et al., 2021). Women in the study noted that they experienced isolation

during the delivery of their infants, and that important postpartum services including home visits from

public health nurses and doulas were canceled. The mental health impacts of these experiences will be discussed below.

Socio-Economic Impacts. Only one study in Canada to date has examined the socio-economic impacts of the COVID-19 pandemic for Syrian refugees (Rabiah-Mohammed et al., 2022). Through qualitative interviews with Syrian refugees who migrated in 2015 and 2016 living in three different Canadian cities, the study found that the pandemic exacerbated previous inequities faced by Syrian refugees, including economic loss, housing stability, and social isolation (Rabiah-Mohammed et al., 2022). Participants in this study were able to cover their basic financial needs, however job instability and loss, increased expenses, and increased housing costs during the pandemic thwarted goals to secure more desirable and secure housing. For many participants, barriers in accessing secure employment in Canada increased their vulnerability to the economic downturn brought on during the pandemic, resulting in transitions to accessing emergency support funds and social assistance from the government, or living from savings that would have otherwise been allocated towards homeownership in the future (Rabiah-Mohammed et al., 2022).

The financial and housing challenges faced by Syrians also seem to have contributed to a deepened sense of isolation and loneliness during the pandemic. Most families expressed that the overcrowded living conditions, stay-home orders, and social distancing requirements left them feeling even more isolated than prior to the pandemic (Rabiah-Mohammed et al., 2022). For many Syrian refugee families in the study, they already had limited social supports in the way of family and friends (Rabiah-Mohammed et al., 2022). Though many had been anticipating and hoping for the arrival of other family members in Canada, limits placed on migration by the government of Canada and refugee organizations disrupted reunification (Rabiah-Mohammed et al., 2022). As such, many families found themselves without much social support (Rabiah-Mohammed et al., 2022). This study provides a

preliminary understanding of how the pandemic has intensified socio-economic vulnerabilities in the resettled Syrian refugee population in ways that may have long-lasting impacts on the community.

Mental Health Impacts. The presence of mental health challenges and resilience were noted across all three extant studies of Syrian refugees in Canada during the COVID-19 pandemic. Rabiah-Mohammed and colleagues (2022) found that crowded, unsafe housing contributed to poorer mental health and well-being, in addition to increased isolation and lack of social support. At the same time, being able to continue to work during the pandemic increased a sense of resilience and satisfaction and helped participants to feel hopeful about working towards more secure housing in the future.

A cross-sectional survey of Syrian refugee parents in a large Canadian city found that almost 30% of those surveyed had severe levels of anxiety, almost 15% had severe levels of depression, and 24% reportedly had PTSD (Sharif-Esfahani et al. 2022). The study found that increased fear of the COVID-19 virus was associated with greater levels of stress, anxiety, and depression. Greater English/French language abilities were a protective factor against stress, anxiety, depression and PTSD; greater sense of belonging was associated with less stress and anxiety; and higher socio-economic status was associated with less anxiety and depression (Sharif-Esfahani et al. 2022).

As mentioned above, in a qualitative study of Syrian refugee mothers during the pandemic in Canada, families experienced limitations and disruptions to healthcare and social support during labour and delivery, and importantly postpartum (Stirling Cameron et al. 2021). Mothers expressed that these losses and gaps in care resulted in greater childcare responsibilities leaving them feeling overwhelmed and exhausted, without the much-needed social supports, informally or formally, to facilitate positive mental wellness (Stirling Cameron et al. 2021).
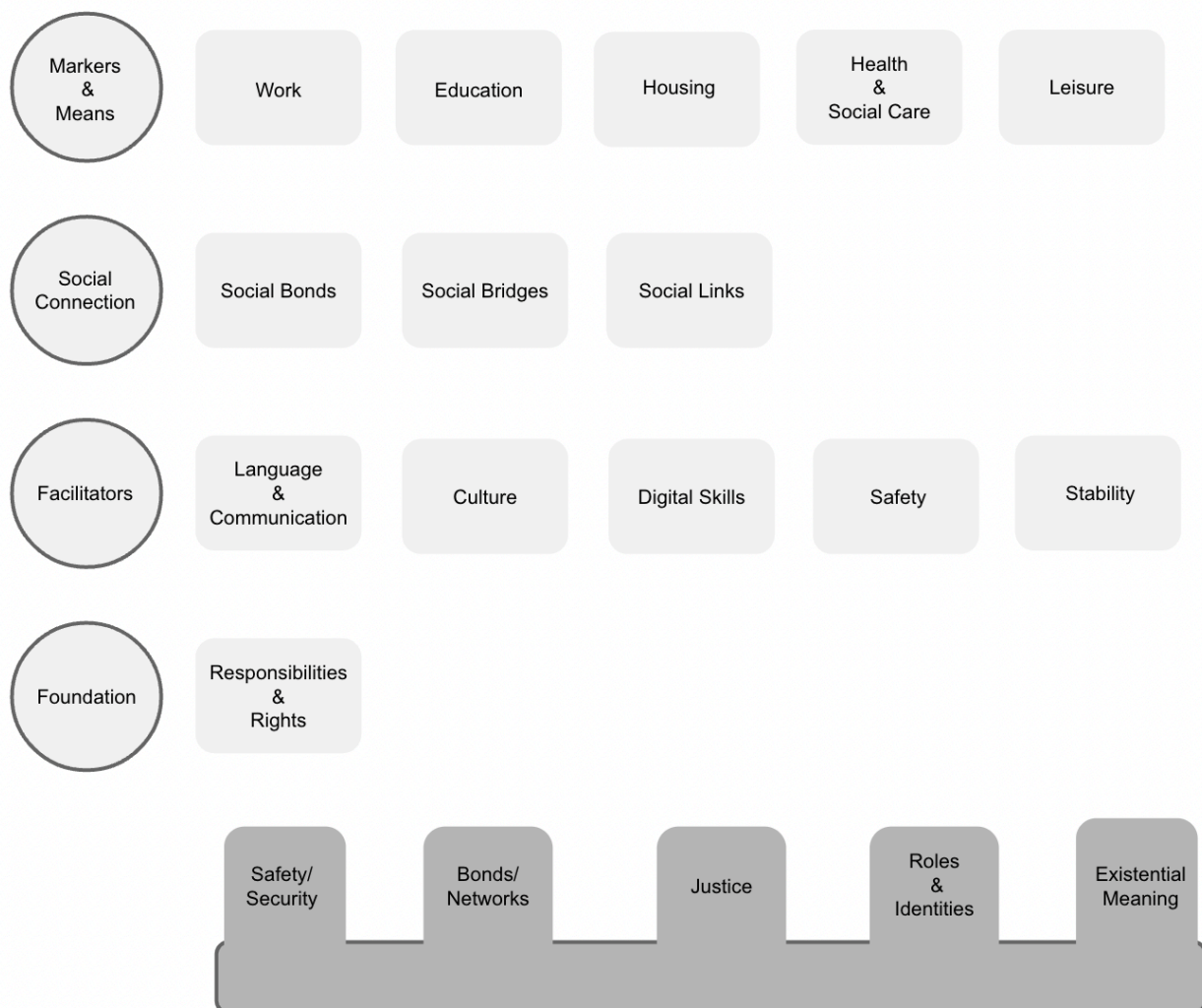
Theoretical Frameworks

A dearth of literature regarding the intersection between refugees in general, and Syrians specifically, and psychosocial adaptation during resettlement and the pandemic exits. The review of the

limited literature to date suggests that the pandemic has intensified barriers to successful settlement for refugees. Accordingly, exploration of the experiences, needs and identified solutions regarding psychosocial adaptation following and beyond the pandemic for Syrian refugees in Canada is warranted. Given the novelty of this study area, the current study will draw upon established theories regarding refugee integration and psychosocial adaptation as they pertain to communities that have experienced mass violence and relocation, as a lens to understand experiences during the pandemic. The following section will provide a review of the relevant theoretical frameworks that guide this explorative study of Syrian refugee experiences in Canada during the pandemic. It should also be noted that these are also the theories used to guide the broader ADAPT project, within which the current research emerged.

Given the diverse, complex, and nuanced experiences of Syrians who have sought refuge in Canada, the application of theoretical frameworks may help to conceptualize their experiences, as well as highlight the various levels of support and solutions. Given the recognized complexity of integration, Ager & Strang's (2008) Indicators of Integration Framework, and its more recent update, the Home Office Indicators of Integration framework (Ndofor-Tah et al., 2019), identifies key means and markers to identify and promote successful integration. Based upon developments in refugee research which have called for more wholistic approaches towards understanding psychosocial adaptation, Silove's (2013) ADAPT (The Adaptation and Development After Persecution and Trauma) framework extends beyond deficit-focused medical models and takes into account the many systems that impact integration and psychosocial adaptation. The key components of these frameworks can be found in Figure 1 below.

Figure 1

Visual Representation of the Indicators of Integration and ADAPT model (Ager & Strang, 2008; Ndofor-Tah et al., 2019; Silove, 2013).

| Markers & Means | Work | Education | Housing | Health & Social Care | Leisure |

| Social Connection | Social Bonds | Social Bridges | Social Links | | |

| Facilitators | Language & Communication | Culture | Digital Skills | Safety | Stability |

| Foundation | Responsibilities & Rights | | | | |

Safety/Security | Bonds/Networks | Justice | Roles & Identities | Existential Meaning

Understanding Integration

Ager & Strang's (2008) Indicators of Integration framework addressed a need in scholarship for a working definition and operationalized conceptualization of integration. This framework seeks to provide a normative perspective that incorporates key components of achieving integration which considers the overlapping and interconnected systems and aspects that influence and comprise integration. In 2019, the Home Office which had originally commandeered Ager & Strang's framework, updated the integration framework. The framework comprises four categories that are composed of 14 domains. The creators of the framework note that there is no particular hierarchy to the domains or categories, as integration is seen to be multi-dimensional and ever-changing, with the domains being

inter-dependent. The four categories include: 1) Markers and Means, 2) Social Connection, 3) Facilitators, and 4) Foundation. The following section will describe the categories through which the current study will view integration.

Markers and Means can be both seen as key outcomes of integration, as well as avenues to support integration. This category includes five domains: 1) *Employment*, 2) *Housing*, 3) *Education*, 4) *Health and Social care*, and 5) *Leisure*, with social care and leisure being newly added domains. Employment has been one of the most frequently cited key domains of integration due to its influence on many other aspects, including financial independence, opportunities to develop social connections and language skills, increasing self-esteem and self-reliance, and being able to plan for the future (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Major barriers in this area include difficulty in being able to prove qualifications, and having qualifications be recognized (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Safe, stable, suitable housing is another important aspect of integration, as it relates to both physical and mental well-being. Unsafe neighborhoods and frequent moving are noted as particularly challenging by refugees (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Education plays a significant role in integration, as it is where children and families have potentially the most contact with the host community, leading to both positive factors such as language and cultural learning and access to services, as well as detrimental factors such as social exclusion, racism and violence (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Promoting good health allows more successful integration, and use of services reflects better integration in a society. Many barriers exist for refugees, from language to lack of information, and gender and cultural perceptions regarding accessing services (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Finally, engaging in leisure affords opportunities to learn about the culture of their new context, and to establish social connections (Ndofor-Tah et al., 2019).

Beyond these indicators, there is a need to consider the deeper *Foundation* upon which integration practices and policies rest. Herein lies the domain of *Responsibilities and Rights*, which

provides the context for which other domains may occur. How a nation views citizenship and the

integration of newcomers, whether from an assimilation or integration standpoint, will critically shape

what rights and responsibilities are accounted for and acknowledged for the host country and

newcomers (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Overall, refugees should have the same

rights as the people they are living amongst to feel integrated, however the precise indicators for

successful integration as it pertains to citizenship and rights will depend on the country (Ager & Strang,

2008; Ndofor-Tah et al., 2019).

The category of *Social Connection* includes three domains: *Social Bonds*, *Social Bridges* and

Social Links, and acknowledges the two-way nature of integration, where people are mixing, and

mutually accommodating. *Social Bonds* occur within family and co-ethnic/national/religious groups, and

provide social support that lessens social isolation, and promotes maintenance of cultural customs, with

noted benefits to mental health (Ager & Strang, 2008; Ndofor-Tah et al., 2019). *Social bridges* occurs

when different communities interact, and most often is reflected in perceptions of friendliness,

including absence of conflict and feelings of acceptance of people in the host nation (Ager & Strang,

2008; Ndofor-Tah et al., 2019). Social bridging includes shared activities, where there is equal

participation without prejudice. Lastly, *Social Links* involve interactions between newcomers and

structures of the state. Access to services, including health and social care, is critical for integration

(Ager & Strang, 2008; Ndofor-Tah et al., 2019).

Finally, the Indicators of Integration framework acknowledges key *Facilitators* that support

integration: *Language and Communication*, *Culture*, *Digital Skills* (newly added), *Safety*, and *Stability*.

Language learning, as well as providing access to translations and translation services is a key facilitator

for integration (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Learning the host culture and being able

to share one's own culture is seen to promote integration between host and newcomers (Ager & Strang,

2008; Ndofor-Tah et al., 2019). Cultural facilitators could include practical information (e.g.,

understanding utilities, and public transport), customs, and social expectations. Now, more than ever, using technology and developing digital literacy skills is essential for accessing rights (e.g., to employment) and services, and facilitating social connections (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Having a sense of safety provides a foundation for people to form relationships and participate in society, whether through leisure, education, employment, or other services (Ndofor-Tah et al., 2019). Stability in work, education, access to services and living circumstances can facilitate a sense of belonging and satisfaction and promote long-term integration success (Ndofor-Tah et al., 2019).

Conceptualizing Psychosocial Adaptation

Newer conceptualizations of refugee psychosocial adaptation have added on to the bio-medical frameworks that emphasize pathology and diagnosis (e.g., PTSD), and stem from social ecological and resilience theories (e.g. see Bronfenbrenner, 1979; Ungar, 2008). The Adaptation and Development After Persecution and Trauma (ADAPT) model (Silove, 2013) highlights the need to address different levels of supports and systems to understand and address psychosocial adaptation. This model attends to psychosocial issues, stressors and resources for communities that have experienced mass violence in conflict and post-conflict settings. Silove (2013) identifies five psychosocial systems, referred to as *pillars*, affecting communities including: 1) Safety and Security, 2) Bonds and Networks, 3) Establishment of Roles and Identities, 4) Justice, and 5) Existential Meaning. Silove (2013) posits from an evolutionary perspective that traumatic stress responses are normative in response to conflict, but that adaptation is a natural process that individuals go through following traumatic experiences. Appropriate and sufficient social and individual supports and resources facilitate adaptation, thus underscoring the importance of addressing the following psychosocial systems (Silove, 2013). The following section will describe the systems through which the current study will view psychosocial adaptation.

In conflict-affected contexts, people's *Safety and Security* are threatened and become important aspects to address in post-conflict adaptation. Posttraumatic stress is a normative survival response to

these experiences. Attending to refugees should involve acknowledgement that stress responses are normative and provide non-pathologizing support for managing stress. While posttraumatic stress is expected, hypersensitivity, PTSD and chronic stress responses that challenge psychosocial adaptation can develop. Importantly, once in a resettled environment, various adversities may negatively impact adaptation, including lack of control, absence of social support, ongoing condition of threat, and uncertainty about the future. Addressing needs for safety and security support psychosocial well-being.

Promoting the maintenance and development of *Bonds and Networks* is crucial for psychosocial adaptation*.* Those impacted by conflict often have experienced personal and material losses and will be grieving such losses in countries of resettlement. Grief can range from a normative response to a maladaptive response. It is critical to facilitate support that re-establishes inter-personal connections (e.g., family reunification, integration) and allow people to grieve (e.g., mourning rituals).

Many refugees have experienced deprivation and human rights violations during their pre-migration situations that implicate the importance of re-establishing a sense of *Justice* in their lives going forward. Despite the appropriate and adaptive nature of anger in response to injustice which should not be pathologized, excessive rumination on past injustices can at times amount to maladaptive anger that becomes problematic for an individual, family and community (Rees et al., 2013; Silove, 1999; Silove, 2013). Efforts to reconcile and establish a sense of justice going forward are complex; though well-intentioned, research suggests that truth commissions have minimal positive impact on mental health, likely because they are not accompanied with prosecution of perpetrators of violence, and are invalidated by ongoing shortcomings in other reparations, such as social stability, trustworthy governance, and support for basic needs. Restoring a sense of justice is a slow and multi-faceted process (Silove, 2013). Work with refugees should strive to acknowledge experiences of injustice, emphasize the importance of justice and human rights in their lives, be respectful, and encourage empowerment and dignity (Silove, 2013).

Mass conflict and displacement disrupts roles within families and societies, and discrimination and inequities in accessing meaningful opportunities in host countries requires substantial adjustments to *Roles and Identities*. Instability persists from conflict zones to migration experiences, and into post-settlement settings. Unemployment has impacts on mental health, and the capacity to adapt. Further marginalization, prejudice and discrimination hinder the development of a sense of identity, belonging, and stability. Silove (2013, p. 243) states that "it is essential to safeguard and promote the rights of survivors of conflict and refugees to pursue education, work and other opportunities by actively removing barriers to their participation". Assistance for refugees should advocate for policies and practices that lessen inequities in accessing employment and education. Further, supports can help to facilitate changing roles, understand rights and responsibilities in the host society, and strengthen adaptive family, community and cultural connections and practices already present (Silove, 2013).

When conflict and persecution occur, individuals must reckon with their system of beliefs, worldview and personal narrative, adapting the *Existential Meaning* of their lives. Those who have resettled in a new country may be confronted with the challenge of reconciling their native customs, faiths, and worldviews in a new pluralistic society. Facilitation of the process of re-developing one's existential meaning is essential, and promotion of a multicultural society is helpful.

The current study will draw upon the theoretical frameworks described above to help guide the exploration of Syrian refugees' experiences during the pandemic as it pertains to psychosocial adaption. Alternative theories, including Critical Race Theory (CRT) and intersectionality (Cho et al., 2013; Crenshaw, 1991), the Minority Stress model (Meyer, 2013; Pascoe & Smart Richman, 2009), and Liberation Psychology also have the potential to inform the research (Comas Díaz & Torres Rivera, 2020; Martin-Baro, 1994). Given the Eurocentric, oppressive, racist and marginalizing systems within Canada that impact refugee communities, these alternative theories may help to describe and understand experiences related to racism and discrimination, explore empowerment and resiliency, and emphasize

cultural experiences and notions beyond the Western lens. Due to the relative novelty of this study

topic, the Indicators of Integration framework (Ager & Strang, 2008; Ndofor-Tah et al., 2019) will be

used to provide structure and guidance for illuminating pre-identified key aspects related to the

integration process for this community. Further, the ADAPT model (Silove, 2013) will be used as it is a

social-ecological framework that appropriately considers psychological, social and structural systems

and factors influencing adaptation for communities that have experienced conflict and migration,

including aspects described within CRT and liberation psychology, such as raising awareness of and

navigating socio-political structures and addressing intersecting experiences (Silove, 2013). In summary,

the Indicators of Integration and ADAPT frameworks will provide a broad foundation upon which the

findings of this study can be contextualized, in order to understand the diverse impacts the pandemic

may have had for settlement, integration and psychosocial adaptation for the Syrian refugee community

in Canada.

Implications of the Literature Review and The Current Study

This review of the current literature on Syrian refugee psychosocial adaptation leading up to and

during the pandemic has underscored many impacts for this community. The literature suggests that the

pandemic disproportionately impacted newcomer communities in terms of the social determinants of

health, physical health, and mental health. While the literature has identified proximal aspects of

integration and psychosocial adaptation that were impacted by the pandemic, there is no research to

date that has examined integration and psychosocial adaptation of refugees specifically in the context of

COVID-19. It appears that Syrian refugees in Canada have been in a vulnerable position during the

pandemic, and are likely to remain following, and it is therefore important to understand ways they

have been impacted and what supports are needed going forth. The Indicators of Integration (Ager &

Strang, 2008) and ADAPT (Silove, 2013) frameworks provide guidance for considering the specific

aspects of integration and psychosocial adaptation that may have been impacted. Given the identified

gaps in knowledge, my research aims to explore the experiences of Syrian refugees in Canada through a

qualitative study using two commonly applied theoretical frameworks within this field. Based upon the

recognition of resilience, importance of empowerment, and inherent community knowledge, my

research will also describe the needs and solutions identified by the Syrian refugee community.

Chapter 3: Methods

In the following section, I will outline the methods of my study. As mentioned in the introduction, the current study is part of a broader project examining psychosocial adaptation in the Syrian refugee community in a Canadian city. I will first introduce the broader study which the current study built upon and follow with an in-depth description of the current study. I will then describe my positionality as a researcher and theoretical orientation and follow with the philosophical assumptions related to the methods of my study. Next, I will describe the design and approach of the study, and outline ethical considerations, the sample and participants, and data collection. Next, I will discuss the data analysis process I followed. Finally, I will review the steps I took to evaluate the quality and rigor of the study.

As an overview, the current study was an addition to a broader study investigating psychosocial needs and adaptation processes for Syrians who moved to Canada as refugees. Through the current study, I examined the impact of the COVID-19 pandemic for this community and identified supports and needs. The broader study employed a qualitative, community-based participatory research approach, specifically using Community Learning for Empowerment Groups (CLEGs) to generate knowledge. Participants included Syrian community leaders, bi-cultural community brokers, and general Syrian refugee community members. Following the completion of the broader study, which involved piloting the learning for empowerment groups, training the group leaders, seven CLEG group discussions, and focus group discussions, participants were asked to take part in an additional interview regarding the impact of the pandemic. A total of 9 interviews were conducted with 10 community members and leaders, and these 9 interviews comprise the current thesis. I employed a qualitative descriptive approach to provide a clear and detailed summary of the experiences reported. I analyzed the data using Braun & Clarke's (2006) thematic analysis, an inductive approach that involved rich descriptions and semantic coding that remained closely linked with the words of participants. Quality,

trustworthiness, and community engagement was maintained by reviewing the analyses with my

supervisors, using member checking, and by communicating the findings with the Syrian community.

Broad Study

The broad study used a community-based participatory research (CBPR) approach which is

concordant with the underlying assumptions of the transformative paradigm (Minkler & Wallerstein,

2011). CBPR is an approach to research that equally values action, and has community collaboration, co-

learning, and empowerment at its core. The broad study used Community Learning Empowerment

Groups to build knowledge and identify community-based solutions, where community members and

leaders were involved in all research activities. The current study has benefitted from the ongoing

involvement, efforts and partnerships of the Multicultural Health Brokers Cooperative (MCHB),

community leaders, community member participants, and the research team. Given the constraints of a

master's thesis timeline, my study has benefited from the built relationships and data collected, without

having been directly involved in the development stages of this study.

Participants included four cultural brokers, seven community leaders, and 62 Syrian community

members. The cultural brokers work for the Multicultural Health Brokers Cooperative and are part of a

larger team of brokers that serve immigrant and refugee families in Edmonton, and work with Syrian

refugee families experiencing their early years of resettlement in Canada (MCHB, 2023). Brokers help

immigrant and refugee families navigate the new host country systems and services (e.g., health care,

education) that are needed to ensure the family are supported when they come to Canada and can

understand how these systems and services work and how to use them. The community leaders were all

fluent in Arabic and English and were individuals who are part of the Syrian community that have been

identified as natural leaders within their community. Natural leaders were chosen to ensure that they

were able to lead their community members in the training groups, representing a diverse range of

gender, age, ethnicity, and religion so that they matched the groups that they lead, enabling them to

have an understanding of the perspectives of their specific group members. Community members struggling with active, severe mental health concerns (i.e., suicidal ideation, active trauma, active post-traumatic stress disorder and symptomology, addictions, major depression) were not invited to participate, as the format of the groups was not intended to provide therapy. These individuals, when identified during the recruitment process, were referred to appropriate services for support.

Cultural brokers and leaders were identified by MCHB and the principal investigator of the study (SY) based on the brokers and community members that took part in a pilot study of the project. With respect to community members, these participants were identified with the assistance of community leaders and cultural brokers using purposive and snowball sampling methods. With approval from MCHB, SY (my thesis supervisor and principal investigator of the broader study), who already met with several of the potential cultural broker participants and is a member of the research team, approached the group at one of their monthly meetings to present the research study to them and invited them to participate.

In addition, cultural brokers and community leaders recruited and shared the names and contacts of interested community members with the research team. The research coordinator contacted the participants to confirm their interest, reviewed the research details and invited them to attend the first Community Learning for Empowerment Groups (CLEG). The research coordinator, research assistants and one of the academic researchers were present at each CLEGs first meeting to review the project and obtain written or verbal consent from participants.

There were 7 groups of 6-8 participants each for a total of 42 CLEGs and 62 participants across all groups. Focus groups and CLEGs were used as the primary data collection method for the broad study. Each community leader guided seven CLEG discussions for one of the identified community member groups, and attended seven focus groups in between CLEGs with the researchers to discuss their facilitation experiences and emerging data across groups. The CLEGs followed a learning circle

format where participants were invited to reflect on their individual and shared experiences. Research assistants and academic members attended most groups to observe discussions, gather field notes, and collect audio recordings. Bilingual research assistants received training in transcription, and audio files were concurrently transcribed into English during and after data collection.

Following the CLEG discussions, a focus group was held with all members of the research team for a total of seven focus groups. CLEG leaders shared their reflections on their CLEG, and participants' responses to the CLEG guiding questions. Cultural brokers shared their insights on the CLEG discussions that they had attended as well. Each focus group was audio recorded, and research assistants took field notes. Transcripts of the focus group audio recordings were combined with field notes and portions of the focus group transcripts that were in Arabic were translated, to produce a full transcript of each focus group. Data collected from the CLEGs and focus groups was analyzed in NVivo (2020), using Braun and Clarkes' (2006) six-step process for thematic analysis, and qualitative content analysis methodology (Vaismoradi et al., 2013), respectively.

Current Study

Researcher Positionality, Theoretical Paradigms, and Philosophical Assumptions

The creation and methodology of a study is informed by the worldview of the researcher in addition to their philosophical assumptions. Additionally, studies are almost always informed by existent knowledge and literature and are further guided by theoretical paradigms. Positionality in research is a dynamic statement that morphs throughout a person's life but serves to situate the researcher within the research. Positionality importantly requires reflexivity, where the researcher engages in an ongoing process of self-reflection to understand, evaluate and acknowledge their biases, assumptions, perspectives, and experiences as an individual and as they relate to others (Berger, 2015). The position of a researcher influences the philosophical assumptions they may have, which ultimately guide the design of a study. Philosophical assumptions generally comprise ontology (i.e., What is the nature of

reality?), epistemology (i.e., What is truth?), and axiology (i.e., What is the role of values?) (Creswell & Poth, 2016). Ultimately, researcher positionality, worldviews, and philosophical assumptions culminate to inform the theoretical grounding of a study and the methods chosen. As such, I will outline my positionality and the philosophical underpinnings of the study in the following section, with the design and methods to follow.

Positionality. A positionality statement in research serves to describe the aspects of the researcher as an individual that shape their way of approaching research, to understand how a study was potentially impacted by the individual characteristics of a person (Berger, 2015). It is important to situate the researcher within the research to understand how one's experiences, assumptions and beliefs may guide one's actions and ways of understanding, and ultimately impact the research (Berger, 2015).

Throughout the research process, it has been important for me to reflect on the various characteristics and experiences I possess that may impact my research. I identify as a cisgender, heterosexual, able-bodied, agnostic, white woman, of European settler ancestry. I come from a middle-high income family, where I am, along with my parents, university-educated. In regard to migration experiences, my parents and I have lived in Canada for the vast majority of our lives, speak the languages of the majority in Canada (English and French), and I have never lived in a country where I felt oppressed or persecuted. I consider myself to be a privileged individual in society, due to my race, ethnicity, migration status, personal identity, and socio-economic status that all intersect. As it relates to the participants in this study, I further hold a relative position of power and privilege being in the role of a graduate student researcher at an educational institution. Regarding the current study, I am also an outsider due to the variety of differences in experiences between myself and the research participants. Namely, I am not of Syrian nationality, was not raised according to Syrian culture or traditions, and have

never been a refugee. As such, there are many experiences and aspects of the participants' experiences that I do not personally identify with, nor can I relate to.

I recognize that my position of privilege and as an outsider influences my research and is inextricable from the study. Thus, the importance of reflexivity is paramount, such that I have engaged in a process of reflection throughout the research to identify my perspectives as they relate to those of the participants. I engaged in reflexivity by taking memos in a journal throughout the process of the research, to note any thoughts, assumptions and emotions that arose at various points, discussing emergent reflections with my colleagues as needed.

Theoretical Paradigms and Underlying Philosophical Assumptions. The current study was informed by the social constructivist and transformative paradigms. Researchers using the social constructivist paradigm seek to present the meanings and experiences of research participants, with the recognition that meanings, experiences, and interpretations of both the researcher and research participant are impacted by social and historical contexts (Creswell & Poth, 2016). Researchers using the transformative paradigm seek to highlight the meanings and experiences of persons that experience marginalization in society, emphasizing the impact of privilege and power, with the ultimate goal of empowerment (Creswell & Poth, 2016). Though distinct, these two paradigms share philosophical similarities which lend to their compatibility. Given the context of the current study being a master's thesis and an addition to a broader study, some aspects of the transformative paradigm were more evident in the broader study, since the broader study was conducted over a longer timeframe than the current study, and therefore allowed for more relationship building and community participation, which are key aspects of transformative research approaches. The following two sections will outline where the current study was able to draw upon the approaches and methods within a transformative framework, and the aspects of the study that were more reflective of the social constructivist paradigm.

Ontology. Ontology refers to our beliefs about what is reality and poses the question: "How do we know what is real?" Qualitative research in general stems from a belief that there are multiple realities and seeks to capture the realities at hand (Creswell & Poth, 2016). Different approaches to qualitative research are delineated further by their specific approaches to what constitutes reality. This study fit within social constructivism, which contends that "multiple realities are constructed through our lived experiences and interactions with others" (Creswell & Poth, 2016, p. 35). This ontological approach emphasizes that reality is embedded within context and lived experience, which allows for the accounting of multiple experiences and perspectives, that may differ. This approach contrasts with positivism and post-positivism which believe in a single-objective truth (Creswell & Poth, 2016). The transformative paradigm also acknowledges that multiple realities exist, and contends that they are socially constructed (Mertens, 2009, p. 48). The definition of reality is also thought to be influenced by social, political, cultural, economic, ethnic, gender, and disability factors in the transformative paradigm (Mertens, 2009, p. 48). A social constructivist and transformative ontological position guided this study to elicit the experiences of the participants and capture their reality as they presented it.

Epistemology. Epistemology refers to the questions of "How do we know what is true?" and "What is the relationship between the knower and that which is to be known?" (Creswell & Poth, 2016; Mertens, 2009). In line with the ontological assumptions of this study which emphasized the role of context and multiple realities, this study stemmed from the perspective that there are multiple "truths" or realities, and that the determination of truth is shaped by not only individual perspectives but also social, political and cultural factors. These views also reflect a social constructivist paradigm. In this paradigm, it is recognized that reality is co-constructed between the participants and the researcher through multiple ways of knowing (Creswell & Poth, 2016). Through this study, I also sought to highlight the voices of participants which may otherwise not be recognized. In this way, I have also considered the role of power and privilege in how reality is constructed and presented, acknowledging that not all

members of society have the same opportunity for their reality to be at the forefront. As such, through

this study, I sought to highlight the voices of marginalized community members, rather than the voices

of dominant groups, which is reflective of the transformative paradigm (Mertens, 2009, p. 48). I

considered my influence as an individual on the interpretation and research process through a

continuous reflexive engaged process, including reflection on my positionality throughout.

  Axiology. Axiology presents a way to define the role of values in research. The current study

stemmed from a viewpoint that values are not controllable and without expression in a study but must

be honored and acknowledged within research. In a social constructivist approach, the researcher seeks

to bring transparency to, rather than bracket out, their values, beliefs, experiences and perspectives. In

this approach, the researcher engages in an on-going process of reflexivity, where their subjective views

are contested with the participants' to thoughtfully consider how one's subjectivity may be influencing

their research, but ultimately with the goal of representing the voices of participants, rather than their

own. In the transformative paradigm, researchers have a responsibility to acknowledge the potential

presence and force of discrimination and oppression, and to make efforts to "challenge the societal

processes that allow the status quo to continue" (Mertens, 2009, p. 48).

Approach and Design

  The current study used a qualitative descriptive design (Sandelowski, 2000; Vaismoradi et al.,

2013) to provide clear and detailed summaries of the experiences of Syrian refugees in the community

in the wake of the COVID-19 pandemic. This approach to qualitative research is general and flexible,

making it appropriate for a range of research purposes. In the qualitative descriptive method, the

researcher remains close to the data, and analyzes the data with less interpretation compared with

other qualitative approaches (Sandelowski, 2000; Viasmoradi et al., 2013). Researchers using this

methodology seek to produce an account of a phenomenon that the participants would consider an

accurate description of the meaning they ascribed. Given the purpose of the study, which was to gather

information regarding the impact of the COVID-19 pandemic on psychosocial adaptation processes and needs in the Syrian community, which no current research has examined to date, I chose an approach that would allow me to provide a rich and detailed description of the experiences and events, and to stay close to how the participants described them.

Qualitative description fits with the philosophical assumptions of the study. Regarding the social constructivist approach, qualitative description aims to capture a "comprehensive summary of events," that is close to the "surface of words and events" as participants describe them (Sandelowski, 2000, p. 334), which meets the tenets of the philosophical paradigm which involves depicting "reality" as it is experienced by the participants. Transformative research design can also be descriptive and is helpful when the research goal is to provide "an overview of the current status, to determine needs, to document the process of a program or intervention, and/or to inform decision about interventions" (Mertens, 2009, p. 145). A design that stayed close to the participants' depictions was used in order to continue to allow the voice of participants to come through as much as possible.

Study Setting

The broad study is a collaborative effort between the Multicultural Health Brokers Cooperative, researchers at the University of Alberta, and members of the Syrian community all located in Edmonton, Alberta, Canada. The broader project used a community-based participatory research (CBPR) approach to explore the use of community leaders in facilitating Community Learning for Empowerment Groups (CLEGs) about the psychosocial adaptation among Syrian refugees in the early years of their resettlement in Canada. Seven distinct community groups that target unique demographics of Syrian refugees (i.e., men, women, youth, seniors;) were established. Each group was facilitated by one of seven diverse Syrian community leaders, who facilitated a group with the assistance of a cultural broker. The CLEGs were held at accessible locations within Syrian communities or a support centre for Syrians in Edmonton established and run by the Multicultural Health Brokers Cooperative. The project is ongoing

and is in the third and final phase. The first phases involved team development and capacity building, development of facilitation modules for the CLEGs with seven community leaders, development of an evaluation protocol and recruitment of community participants. The second phased involved the implementation of the CLEGs, focus group discussions with the seven community leaders, data collection and analysis. Phase 3 involves continuation of data analysis, development of resources, and knowledge mobilization.

To update data in light of the COVID-19 pandemic, individual interviews were conducted with community leaders, cultural brokers, and community members to explore the impacts of the COVID-19 pandemic on the community. The current thesis study provided the analysis of those interviews.

Ethical Considerations

The broader study received ethics approval in 2018 and added an approved amendment in 2021 to include additional interviews related to impacts of COVID. Due to the nature of the current study being embedded within the broader study already with no secondary purposes or analyses beyond what the broader study contained, no additional ethics applications were required. The larger study received ethical approval by the University of Alberta Research Ethics Board 1 (REB1; identification number Pro00081949). No conflicts of interest were reported. The participants, and parents of those aged 15-18, provided informed written or verbal consent. An Arabic-speaking cultural broker together with a member of the academic research team provided verbal and written information about the study to the participants, who were then able to contact the research coordinator to provide consent. A written script was followed to inform participants about the study, and they were provided opportunities to ask questions. Participants had the option to choose whether they wished to provide written or verbal consent. Verbal consent was documented in writing by the research coordinator. Verbal consent was offered as individuals from multicultural backgrounds may have discomfort with written consent, and thus verbal consent helps to create an atmosphere of comfort and safety for all participants. Youth

between the ages of 15-17 years could complete an assent form in writing or verbally, which was also to be documented. For this study involving COVID-19 interviews, none of the participants were youth between the ages of 15 and 17 years.

Participants were informed that they could withdraw from the study at any time by informing the researcher. Informed consent was described a second time following recruitment prior to interviews to ensure participants had sufficient information. Participants were also informed that their decision to participate or not would not have any impact on their relationship with any services or relationships they may have with the associated organizations on the project. Additionally, the researchers explicitly stated that participation was voluntary. Participants were informed that they could withdraw their data from the study up to 2 weeks after the interview took place. This two-week limitation existed because data analysis in qualitative studies occurs simultaneously with data collection to address potential saturation and inform subsequent questions in interviews.

Appropriate efforts were made to ensure confidentiality and security. No names were included in the transcripts and a study ID number was assigned to each participant. Identifying information, including names, phone numbers, emails, and age, have been retained for describing the sample. The master list that contains this information has been maintained to match the participants to their respective study ID in the transcript. No identifiable information was included in any of the transcripts. The digital master list with the identifying information and signed consent forms is being kept separate from the data files. All study personnel were required to sign a non-disclosure agreement that requires that they do not reveal any identifying information about the participants to other people (not affiliated with the research team).

Audio recordings and electronic copies of transcripts were encrypted and saved on a password protected computer and in the PI's office and lab, where only the research team and PI can have access to them. Hard copies of consent forms, transcripts, and other research documents were also stored in a

locked cabinet in the research lab that only the research team members have access to. Zoom and

WhatAapp audio recordings were stored securely on a password protected PI research computer. As per

the university policy, all data will be kept for a minimum of 5 years following completion of the study;

following this time period all paper copies will be shredded and audio and video recordings will be

deleted. Any other documents with identifying information will be destroyed once the final study

reports have been written and the findings have been disseminated.

      The current study is associated with minimal risks. It was anticipated that participants may feel

psychologically or emotionally stressed or fatigued due to some of the topics covered during the

interviews. Though the content of the interviews did not ask directly about possible traumatic

experiences, losses or stresses, the participants may have found themselves reflecting on these

experiences as they relate to psychosocial adaptation needs and processes during the pandemic.

Participants were informed that they only needed to share within their own comfort levels, and that

supports were available to them. The interviews were conducted in partnership with an organization

that had a cultural broker available, as well as research assistants and doctoral students trained in

identifying trauma, and the entire research team received education regarding working with trauma.

The partner organization also had a mental health therapist that participants were referred to if

concerns arose. In regard to benefits, the study offered Syrian community leaders and members the

opportunity to share their unique experiences concerning psychosocial needs, challenges, and solutions

and the impact from COVID-19. It was anticipated that participants may feel empowered by being able

to share their knowledge on various topics and share their views on the challenges and success they

have identified. This would also allow service providers who work closely with these families to inform

efforts to address the identified needs and best practices. In regard to scholarly benefits, the project

could address gaps in the literature about psychosocial adaptation and experiences during COVID-19 for

Syrian refugees in Canada. Overall, the scholarly and practice implications of this study outweighed the potential risks.

Recruitment and Participants

Members of the research team contacted the involved community leaders to participate in the COVID-19 interviews, and the leaders subsequently notified their community group members regarding the COVID-19 interview. Interested community members then contacted the research coordinator to participate in the interviews. From the larger sample who all received an invitation to participate in the additional COVID-19 interview, a total of 10 community leaders and community participants agreed to participate. One interview was with a married couple, thus there were a total of 9 interviews. The demographic characteristics of the sample can be found in Table 1. The interviews included men, women, Kurdish Syrians, seniors, youth, and single mothers. The majority of participants had been residing in Canada for three to five years. All but one participant arrived in Canada through the GAR program. Nine out of ten participants were parents. To note, some details were removed so as not to identify the individuals who participated in the interviews. The demographic data was collected at time of the COVID-19 interviews in 2021, with the exception of the employment status, which was reported in the previous research project prior to the onset of the COVID-19 pandemic.

Table 1

Participant Demographic Data

Characteristics	*n*
Age	
12-17 years	1
18-30 years	1
31-50 years	5
51+ years	3
Gender	
Female	7
Male	3
Time in Canada	
2-3 years	0
3-4 years	4
4-5 years	4
5-6 years	1
6+ years	1
Marital status	
Single	1
Widowed or Separated	3
Married	6
Cultural background	
Kurdish	3
Syrian	7
Refugee stream	
GAR	9
PSR	1
Employment	
Homemaker/Child care	2
Self-employed	0
Employed outside house	3
Student	5
Parent	
Yes	9
No	1

Note. N = 10.

Data Collection

The data collection method for the current study was distinct from the broader study. Individual interviews were conducted to gather reported experiences during the COVID-19 pandemic in the Syrian refugee community. The current study utilized semi-structured individual interviews, conducted by an Arabic speaker online using Whatsapp video conferencing or Zoom online meeting technology with community leaders and community participants. The interview duration ranged from 31 minutes to 60 minutes, with an average duration of 49 minutes. The interview protocol included the following questions:

- How, in your opinion, has COVID-19 impacted the Syrian community in Edmonton?; Probe: What are the health impacts, economic impacts, social impacts?

- When you reflect on the adaptation experiences shared by your group during our project, what have been additional experiences that were brought on by COVID-19?; Probe: Have there been experiences that are seen in any of the following domains of the ADAPT model (i.e. Safety, Justice, Attachment/Bonds, Meaning, Identity)?

- How has the Syrian community responded to support themselves during the COVID-19 pandemic?

- What, in your opinion, are some of the current needs in relation to the impacts of COVID-19?

Following the completion of the interviews, recordings were translated and transcribed into English by bilingual Arabic-speaking research assistants. The interviews were first translated word-for-word, then the RAs ensured that the meaning of what participants were saying was accurately translated and conveyed, including colloquial sayings or phrases.

Data Analysis

I conducted a thematic analysis to analyze the collected data using NVivo, a qualitative data analysis software. Thematic analysis is a method of qualitative data analysis that is flexible and that can be applied across different theoretical approaches. This method "involves searching across a data set…to find repeated patterns of meaning" (Braun & Clarke, 2006, p. 86). While thematic analysis is a flexible method of data analysis, guidelines and constraints should also be followed. Given the flexibility of the approach, some choices were made regarding the type of thematic analysis that was followed. This particular project used thematic analysis first with an inductive approach to provide a rich description of the data set, using semantic coding that remains closely linked with the words of participants. Following semantic, descriptive coding, this study used a deductive approach, using the theoretical frameworks (see Chapter 2) to help organize the data into thematic categories.

I first started with an inductive approach to analysis. I familiarized myself with the data, by reading and re-reading the entire data set to review the extent of the content and begin to reflect upon possible codes and themes. Throughout the first step, I engaged in memoing, taking note of any ideas, patterns, potential themes, thoughts and reflections that occurred whilst reading. The second step in thematic analysis involves organizing the data by way of coding "meaning units" in the data set, such that the researcher identifies sections within the data that implicate "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, pg. 63). The researcher develops a code that captures the meaning within the unit, striving to identify codes that reflect repeated patterns and themes within the data, which will then serve as the building blocks for themes in later steps. Braun and Clarke (2006, pg. 89) recommend to "work systematically through the entire data set, giving full and equal attention to each data item, and identifying interesting aspects in the data items that may form the basis of repeated patterns (themes) across the data set". Further, they advise to "code for as many potential themes/patterns as possible" and to code extracts that include context, in order to ensure that the

extent of the data and meaning of the data is as accurately reflected in coding and themes as possible

(Braun & Clarke, 2016, pg. 89). The authors also note that codes may be relevant to multiple themes, or

even be contradictory, but urge that it is important to capture these nuances in coding, rather than

trying to only capture consistency. I followed the recommendations outlined by Braun and Clarke

(2016), resulting in 33 codes. For this study, I was interested in capturing the meaning as close as

possible to what the participants were conveying, and as such the coding was highly related and

dependent on the raw data, rather than theory. Further, given the novelty of this study area, the coding

of this data involved coding content throughout the entire data set, rather than coding only particular

data related to a more limited question or theory. The emerging codes were reviewed and compared

with the transcripts by my supervisor (SY) following this step. The codes were further reviewed by my

supervisor (MT), and following the review, I met with both my supervisors (SY and MT) to discuss the

codes and make changes as needed.

Once all data has been initially coded, step three of sorting the codes into potential themes

begins. Here, I analyzed the codes and began the process of determining how different codes formed

overarching themes. At this step, formation of main themes and subthemes began, and I used a

thematic map to begin organizing the emerging themes as I analyzed. At this stage, I also employed a

deductive approach to thematic mapping, where I referred to the Indicators of Integration framework

and ADAPT model (see literature review for detailed description of each framework) to see whether the

coding fit within the combined models.

Once all the codes were sorted into themes (even if some are labelled as "unknown"), I refined

the themes such that each theme was coherent and distinct and had sufficient data to support it. I first

reviewed all the data extracts that had been placed in a theme to examine whether they indeed formed

a coherent pattern. In the case that there was not a coherent pattern, I determined whether the theme

was problematic or whether the data was not appropriate for a theme to occur until each theme did

have a coherent pattern. Here, I moved codes around, new themes were created and re-labelled, and themes were discarded, until I had a clear map of the data. Throughout this stage, I kept in mind the categories within the theoretical frameworks, to see where the data might fit within each. Once I formed an initial map of the emerging themes, I met with my supervisor (SY) to review the themes and made changes to the themes and categorization as needed.

I then considered the coherence of the themes and thematic map in reference to the entire data set. Here, I ensured that the themes reflected the meaning evident in the entire data set, as well as re-read the data set to code any additional data that may have been missed. In reviewing the data as it related to the thematic map, I coded- and re-coded and adjusted the thematic map until a satisfactory map was formed, including incorporation of reviews from my supervisor (SY).

Thereafter, I wrote the narrative of each theme using a detailed analysis that captured what was interesting and distinct about each theme, and why. For each theme, it was important to also relate it to the other themes, and the more general research question(s), especially as it all tied into the Indicators of Integration and ADAPT frameworks. Finally, I wrote narratives that both provided demonstrative and vivid examples of each theme, as well as made a case for how each related to the research question(s) (Braun and Clarke, 2006).

Evaluation and Knowledge Mobilization

Member Checking and Knowledge Mobilization. Once codes were created and organized into themes, and the thematic map was coherently organized, I created a visual summary of the preliminary findings. Member checking is a method of ensuring validity, and is concurrent with qualitative descriptive methodology, given that findings remain closely tied to the participants' data (Sandelowski, 2000). As a method of member checking, the research assistant who completed the interviews sent the participants the summary document to confirm accuracy and validity and corresponded regarding any feedback they had. The participants had the option of responding via email, phone call, or video call.

Further, the summary of the findings was presented at a community meeting for all those that

participated, where the participants also had the opportunity to provide feedback.
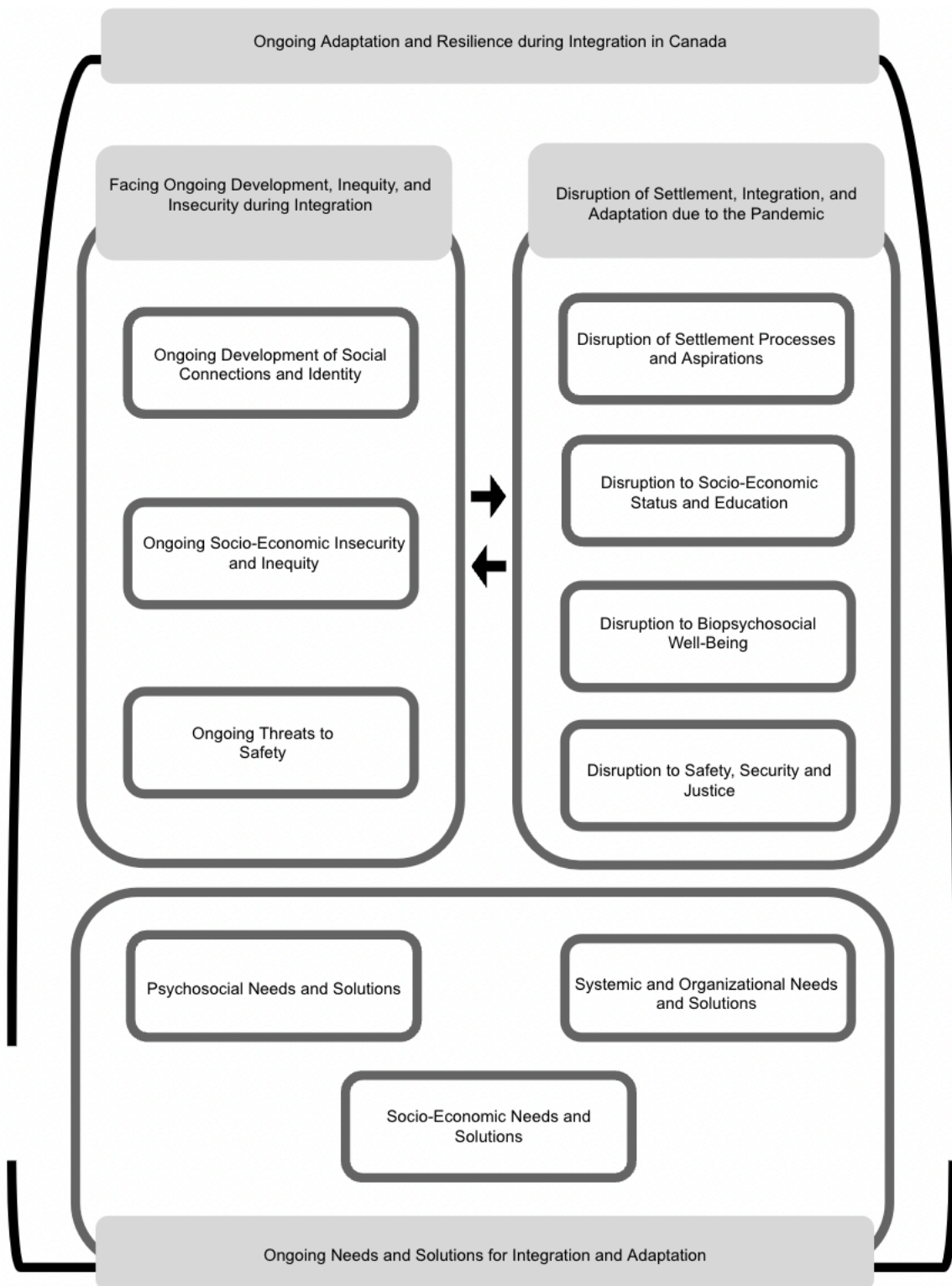
Audit Trail. Throughout the research process I kept a log of all research activities and decisions,

which aided in ensuring consistency in the study's methods. Audit trails are often used in qualitative

research to document the progression of the research process accounting for the why, when and how of

decisions and/or activities (Mayan, 2016). Ultimately, keeping an account throughout the research

process allowed me to reflect critically and maintain rigor in my research, aiding to connect all steps of

the process as it progressed.

Chapter 4: Findings

The purpose of this research project was to investigate the impacts of the pandemic within the Syrian refugee community in Canada. This study sought to answer the following questions: What the impact of the COVID-19 pandemic on the Syrian refugee community? And what are the identified needs of this community during and following the COVID-19 pandemic? The analyses of this study yielded 4 themes and 10 sub-themes, and can be seen in Figure 2. The analyses revealed that participants are *Facing Ongoing Development, Inequity, and Insecurity during Integration* (Theme 1)*,* in the following areas captured within three sub-themes: *Ongoing Development of Social Connections and Identity, Ongoing Socio-Economic Insecurity and Inequity,* and *Ongoing Threats to Safety.* Irrespective of the pandemic, Syrian newcomers are experiencing ongoing challenges, barriers, and developments in Canada. Interacting with these issues was the onset of the pandemic, where there was *Disruption of Settlement, Integration, and Adaptation due to the Pandemic* (Theme 2) described across four sub-themes: *Disruption of Settlement Processes and Aspirations*, *Disruption to Socio-Economic Status and Education*, *Disruption to Biopsychosocial Well-Being*, and *Disruption to Safety, Security, and Justice*. The third theme describes the *Ongoing Adaptation and Resilience during Integration in Canada* that Syrian refugees have demonstrated prior to, during, and beyond the pandemic. In the final theme, participants identified *Ongoing Needs and Solutions for Integration and Adaptation* which are grouped into three sub-themes: *Psychosocial Needs and Solutions*, *Socio-Economic Needs and Solutions*, and *Systemic and Organizational Needs and Solutions*. In this chapter I will describe each theme and the sub-themes, using illustrative quotes from participants. Participants names have been substituted for numbers to ensure anonymity.

Figure 2

Visual Depiction of Findings

Ongoing Adaptation and Resilience during Integration in Canada

Facing Ongoing Development, Inequity, and Insecurity during Integration

Disruption of Settlement, Integration, and Adaptation due to the Pandemic

Ongoing Development of Social Connections and Identity

Disruption of Settlement Processes and Aspirations

Ongoing Socio-Economic Insecurity and Inequity

Disruption to Socio-Economic Status and Education

Disruption to Biopsychosocial Well-Being

Ongoing Threats to Safety

Disruption to Safety, Security and Justice

Psychosocial Needs and Solutions

Systemic and Organizational Needs and Solutions

Socio-Economic Needs and Solutions

Ongoing Needs and Solutions for Integration and Adaptation

Theme 1: Facing Ongoing Development, Inequity and Insecurity during Integration

The theme *Facing Ongoing Development, Inequity and Insecurity during Integration* comprises three sub-themes: *Ongoing Development of Social Connections and Identity*, *Ongoing Socio-Economic Insecurity and Inequity*, and *Ongoing Threats to Safety*. Broadly, this theme reflects the discussions participants had about ongoing aspects of integration, irrespective of the COVID-19 pandemic. It captures participants' descriptions of growth, and experiences facing inequity and insecurity in Canada across several domains. This theme also highlights the existent marginalization impacting Syrian refugees prior, during, and past the pandemic.

Ongoing Development of Social Connections and Identity

The sub-theme *Ongoing Development of Social Connections and Identity* encompasses the ongoing growth, changes and challenges that the participants described about their social lives and identity in Canada. Participants described that as newcomers, they have limited social support and social support systems that are still growing. Participants noted that building social connections in Canada was occurring and helpful, as reflected by Participant 2 who stated that "we suffered to some extent when we arrived in Canada, but when we met Syrian or Arab people or anyone who speaks Arabic, it helped us a lot to normalize our lives and make us feel as if we were in Syria." Another participant described the process as follows: "we all in the Syrian community came to this strange land and started building friendships slowly until some of these friendships became more like a family" (Participant 8). When participants first arrived in Canada, they went through a period of having limited social connections and support, however it appears that over the past few years they have been slowly building social networks. That being said, participants noted that their growing social supports in Canada, that are not fully developed, creates a sense of vulnerability because such social support does not meet their needs to feel secure. For example, one participant stated that "… we are all by ourselves in this country. If something happens to any member of the family, we will be broken into pieces. We do not have that

bigger family support we used to have in Syria before war" (Participant 8). Participants noted that even as time has passed in Canada, they still do not have the same social support that they once had in Syria prior to the war. Participants expressed concerns about what would happen to their family should a significant stressor occur, such as someone dying or becoming ill. Particular concerns were also noted for seniors, who are even more isolated and in need of social support. Altogether, Syrian refugees have been re-building social bonds and supports since moving to Canada, but still have not fully developed the stable structure they need to feel secure in the face of adversity.

While the development of immediate social support seems to be rooted in relationships with fellow Syrians or other Arabic speaking families, participants also described their ongoing experiences with their identity in the larger Canadian context and making connections with other Canadians. Participants discussed experiences and challenges they face with social integration in Canada. Participants expressed areas of misunderstanding about refugees in Canada, where there was a sense that people have negative perceptions of refugees due to a lack of knowledge and understanding. This was reflected by Participant 7, who stated: "I think many people know very little about refugees which make it easy for them to believe that we are the enemy." In contrast, others noted "welcoming behavior from many Canadians" (Participant 9).

Further, participants spoke of the challenges of integrating into Canada when the language and culture are still unfamiliar, as noted by Participant 1 who said that "there are a lot of [Syrian] youth that are coming to Edmonton that do not speak the language," and that they are experiencing "educational and social shock," because they speak a different language and have a different culture. Some participants noted that Muslim communities are well-established in Canada and expressed the desire to maintain their sense of identity and culture.

The desire to be accepted as they are in Canada was expressed by one participant who articulated the following: "I want to be accepted as I am. I am not asking to be loved. Maybe we cannot

ask all people to like us, but at least to be accepted the way we are" (Participant 7). Participants

expressed a further desire to be accepted by other Canadians, discussing ways in which they contribute

to Canadian society that should warrant acceptance. For example, one participant noted that they are

"not only members of the Canadian community," but also "productive members and taxpayers"

(Participant 5). To this point, other participants noted ways in which they try to be "the best image we

could be representing refugees and even Muslims" (Participant 8). One participant noted that "I always

shovel snow for my neighbors and they always appreciate when I do that. Some of them only greets me

with a smile and other like to be more involved… one neighbor shares food with us and visits us…"

(Participant 9).

Ongoing socio-economic insecurity and inequity

This sub-theme primarily describes the barriers and challenges with financial and housing

security and stability that participants are facing. Across interviews, participants expressed facing

ongoing socio-economic insecurity and inequity. Syrian refugees face many barriers in accessing stable

employment and finances. Barriers to accessing employment included stringent English learning

requirements, lack of recognition of credentials, experiences and skills, challenges juggling childcare

responsibilities, and difficulties with job searching. One participant noted the following:

> I cannot tell you the amount of refugee skills that are wasted because there are no recognition
>
> and investment in these skills… many refugees who arrive in Canada have tremendous skills that
>
> get killed or buried in never-ending English classes. (Participant 8)

Barriers are often related to limitations in structural and systemic processes and support. For example,

participants described the risks and benefits associated with receiving government financial support. On

the one hand, participants discussed how government financial aid creates more immediate financial

security, however it is not considered a sustainable long-term solution, as refugees hope to be

employed and develop their career paths to meet financial goals and aspirations, such as buying a

house. For example, one participant stated that "even the life of a refugee family who works and produces is so different from the life of a refugee family that lives off government support… the dreams, motivation, and goals of the productive refugee family is so different" (Participant 8). Further, participants relayed that this support is often insufficient to cover living expenses. The participants noted that the decision to end government support is a difficult one because their options for employment tend to not cover their basic needs, and they risk significant financial insecurity if they terminate financial support. Once they are employed, however, they are no longer eligible for financial support, which places them in precarious situations. One participant describes this experience:

> We -as refugees- fear to lose financial support. We fear to leave our families hungry because of the horrible experience we had during war. This means that even if work can provide us with better life down the road, we will still take the financial support available over work because we might lose work at any time. (Participant 9)

Here, this participant is describing the ongoing socio-economic instability associated with non-gainful employment opportunities, as well as the insecurity of not knowing if one can cover basic needs. Difficulty in finding secure housing was also reported, with long wait times to access government housing noted. One participant described housing issues as follows:

> We know many refugees who still move from one house to another desperately waiting for government housing. This is how to bleed out the government support and this is how an image of refugees' dependency on government support is created. (Participant 8)

This quote illustrates the ongoing housing insecurity that refugees face and instability of not having an adequate and long-term place to call home. Further, this quote highlights the reality of government support for refugees that is not actually sufficient in supporting housing needs and creates the context in which refugees continue to not only experience housing instability, but also receive stereotyping and

prejudice. In addition to housing challenges, Syrian refugees are facing ongoing financial insecurity, with one participant noting their experience:

> Financial support I receive is barely enough to cover rent, electricity bills, phone bills and car insurance. I am only left with $150 to cover all other expenses. Believe me, if my son was not working, our family would not be able to afford food and grocery. (Participant 9)

Participants also noted government budget cuts related to financial support for seniors, noting that basic needs in this community are not being met. These barriers are ongoing and make stable and appropriate employment much less accessible and reflect ongoing socio-economic inequity that refugees face.

Another area of limitation is in the structure and system of funding for organizations. Several participants expressed the shortcomings of community organizations and how funds flow back to the Syrian community. Participants noted that there was no designated Syrian organization to funnel funds into the community. This means that fundraising efforts are couched within larger organizations that take a cut of the funding.

While many participants noted insecurity and inequity, others perceived life in Canada to be more stable than in-transition nations, with sufficient support from the government. One participant expressed that:

> The government, in my opinion, has not failed the Syrians or anyone else. The state made no distinction between Europeans and Arabs; they treated us as a collective Canadian society. To be honest, the state has done a lot of good, both financially and morally. (Participant 3)

Further, they noted that their "life here is more financially organized than it was in Turkey," (Participant 3) and that they are able to send money back to their family in Syria and cover basic expenses. The discourse amongst the participants underlines the nuance associated with the relative nature of socio-economic security. While participants reported relevant and ongoing challenges and barriers with

regards to socio-economic insecurity, participants also noted that supports in Canada are available to an extent, and that socio-economic security, in some cases, has increased since moving to Canada.

Ongoing threats to safety

This sub-theme refers to the participants' ongoing experiences of threats against their safety in Canada. Several individuals discussed instances of racism and prejudice, both from the broader Canadian community and within ethnocultural groups. Some participants expressed that any occurrences of violence in Canada reflect isolated occurrences. Other participants expressed that acts of violence are a worldwide phenomenon. Participants compared and contrasted their experiences with safety pre-migration and post-settlement, and discussed how threats to safety were different in Canada because they do not have clarity about whether acts of violence are due to racism or something else. Participants' perspectives regarding violence and racism differed across interviews. Some participants interpreted acts of violence as isolated and unrelated to race, ethnicity or culture, while others reported clear acts of racism and discrimination. Many participants described experiences of racialized violence such as the following:

> While I was walking to my siblings' school a truck pull over in front of me and two men started staring at me. I was scared so I took out my mobile phone and pretend that I was on the phone and tried to go past the truck. After few minutes, a woman followed me and approached me. She was screaming dirty words and told me to "Go out from her country." My first response was to talk to her and try to understand why she was saying these words, but she did not respond well. She told me "Do you think you are smart?" and continued cursing again. I tried to get further away from her but she continued following me. A group of young men saw how she was attacking me so they talked to her and this is when she took something out from her purse and started running after one of the young men that responded to her. This is when I tried to escape and ran to my sibling's school [a minute of silence]. (Participant 7)

This quote from a youth participant illustrates one example amongst many of overt acts of racism that participants described. Others also reported receiving comments to "go back to your country" (Participant 8). Women reported being the target of verbal and physical attacks when wearing a Hijab, and another reported that having an identifiable Muslim name results in poor treatment from others. Participants also reflected on acts of violence towards Syrians and Muslims that they hear of or witness in the media. The experiences and incidents the participants shared reflect discriminatory and racist actions from settled Canadians towards newcomer Syrians. In contrast to these examples, one participant felt that these types of attacks were isolated events: "we have seen and witnessed some attacks, but I still believe these are individual ones… this is not something we witness or see every day" (Participant 9). Participant 9 and 10 both stated that they have not witnessed racism in Canada:

> I have not seen racism in Edmonton … I also lived for a while in Hamilton and did not see it …
> (Participant 9)
> We have been in this neighborhood for more than 4 years and we have not been mistreated -
> not even once. (Participant 10)

While all participants acknowledged acts of violence, some perceived them as clear accounts of racism that reflect broader societal threats to safety in Canada, while others perceived these as individual events that do not provide a sense of ongoing threat. Adding to the nuance of threats to safety, one participant noted that they mainly notice discrimination within Syrian, Kurdish and/or Muslim communities, as can be seen in this quote:

> I think racism in this country is not dominant. Racism come from a minority of the population.
> The other face of racism I face is racism among the same Muslim or among the same Syrian
> community. (Participant 6)

In this example, the participant was referring to discrimination occurring mainly within Syrian and Muslim communities, where judgements pass regarding how others are choosing to practice their

religion. Also noted within the quote was the perspective that racism does exist, though it is not perceived to be occurring within the majority of the population. Other participants similarly commented the following:

> However, I try to never paint the entire Canadian community with a broad brush. If racist people exist, this does not mean that everyone are racist. Every community has the good and the bad. (Participant 8)

Some participants expressed that they choose to view acts of violence or acts of racism as unique occurrences that do not reflect the whole of approach in Canada. Participants also felt that threats to safety and acts of violence are a worldwide phenomenon:

> Such attacks are everywhere in the world. They are not new. It is inevitable to see such phenomenon [people attacking other people] in the world. The difference here is that the attacker is not from your culture or your country, so it is hard for you to know if these attacks are individual incidents or are they targeting a group of people. (Participant 9)

The difference between threats to safety in Canada, this participant notes, is that not sharing the same cultural or national background with an attacker serves as an additional challenge in the Canadian context in identifying the perpetrator of threats.

Finally, participants also discussed broader instances of threats to safety and responses to injustice. Some participants talked about concerns amongst refugee parents about Canadian authorities removing children from families. Some noted that experiences during the war in Syria created ongoing vigilance when it comes to parenting, and that their ongoing fears for their children are still impacting their children, such that their children have also developed feelings of fear. Another participant noted that they had witnessed breaches of privacy of Syrian families' information. Overall, most of the participants in these interviews expressed ongoing threats to their safety, especially in regard to acts of racism.

The impact of ongoing threats to safety were notable in how participants responded to such threats. Many participants expressed a need to shift one's mindset in order to not live in a state of constant fear. Others noted several ways they adjusted their behavior in order to feel safer, such as not wearing their hijab, monitoring children more closely when in public, and using a different name with the public. Some participants noted that their fears had increased in Canada, including one participant who said that "fear in the community definitely increased" (Participant 8). Critically, many participants discussed feeling that the Canadian government has not appropriately responded to acts of violence against Muslims. The insufficient responses to acts of injustice seemed to diminish the development of feeling safe in Canada.

Theme 2: Disruption of Settlement, Integration and Adaptation Processes due to the Pandemic

The theme *Disruption of Settlement, Integration and Adaptation Processes due to the Pandemic* comprises four sub-themes: *Disruption of Settlement Processes and Aspirations*, *Disruption to Socio-Economic Status and Education*, *Disruption to Biopsychosocial Well-Being*, *Disruption to Safety, Security, and Justice*. This theme captures the many ways in which the COVID-19 pandemic affected the Syrian refugee community in Canada. This theme highlights the inter-connection between the barriers and challenges faced prior to the pandemic (described in theme 1), and how those experiences were exacerbated during the pandemic, indicating that the disruptions of the pandemic are not mutually exclusive from ongoing experiences, and may be seen beyond the end of the pandemic.

Disruption of Settlement Processes and Aspirations

This sub-theme encompasses the overarching sense that the pandemic disrupted the processes involved with settlement and what was expected with migrating to Canada, as well as the aspirations that participants had about their move. Due to the wide spreading impact of the pandemic, it appeared that participants' entire settlement experience was disrupted and/or put on pause. The following quote illustrates this:

> The five parts, in my opinion, are all interconnected and never separated from each other and are highly interconnected since the day we started the project four years ago. Social relations cannot be separated from justice, safety, identity, or even the meaning of life. I want to demonstrate that the world has changed dramatically in the last year and a half and that I, too, have significantly changed. Everything has changed, and so have I. (Participant 2)

The five parts this participant references are the key pillars for psychosocial adaptation as described by Silove (2013) in the ADAPT model which were discussed by participants in the previous group meetings: Safety, justice, attachment/bonds, meaning, and identity. As is noted in this interview, aspects of settlement and adaptation are interconnected, inseparable, and have all been changed by the pandemic. The disruptions to the settlement process are seen in both bureaucratic issues, and also span across the many domains and culminate in a general sense of disrupted settlement, integration and adaptation. One participant described the bureaucratic issues as follows:

> There are delays in processing important documents. I know a family that has been waiting for 3 years for their citizenship to be processed. Also, family reunification applications. Many families -including me- have put all their life savings and even borrowed money to sponsor their family to come to Canada and have been waiting forever for the family reunification documents to be processed. I will tell you about my personal experience. I sponsored my son two years ago and he was told by the visa office that his documents will be processed soon and he will come to Canada. As a result of this, he sold all his furniture and quitted his job. 'Til now he has been waiting with no updates from the visa office. Him and his family are in a dire situation. The family reunification processes are very slow ... (Participant 5)

As noted in this quote, essential administrative processes related to migration and settlement were disrupted during the pandemic, with understandable impacts on adaptation. Delays in processing documents including citizenship applications, family reunification applications, and visa applications are

disrupting key tasks and steps in settlement, including sponsorship and reunification of family members still living in Syria. Participant 5 also described barriers with accessing services where delays in accessing financial supports, healthcare and support in different settlement agencies were already present pre-pandemic, but have since increased during the pandemic. Already stressful processes related to migration, including separation from family and hopes for safe reunification, have been impacted by the pandemic, and are "stressing many families out" (Participant 5).

As noted above, the aspects of settlement and adaptation are inter-connected, and have all been impacted by the pandemic. As a result, aspirations and expectations for re-settlement in Canada have been curtailed. Several participants expressed a disruption during the pandemic to what they are working towards and hoping for in Canada:

I was expecting to find my children a better future and it was my goal in life to find them the right atmosphere. However, we were shocked, as the results wasn't as expected. (Participant 1)

When the pandemic hit, our lives were and still are on pause. We do not have the same dreams and goals we had when we first came. Our lives now revolve only around when the pandemic will be over. We are just sitting in the same spot waiting for the pandemic to be over so we can resume our lives. Now with Covid all these dreams were put on hold. (Participant 6)

Syrians moved to Canada with the hopes and expectations of "a better future", however the pandemic has disrupted their lives in such a way that settlement, integration and adaptation are not proceeding as expected. As will be described through the sub-themes to follow, disruptions across many domains, including employment, education, socialization, and health have accumulated in such a way that goals and related actions have changed substantially.

Disruption to Socio-Economic Status and Education

This sub-theme primarily describes how the events of the pandemic disrupted participants' socio-economic status and education. Education and socio-economic status are closely related

particularly due to the need for English language proficiency to access employment, but also to receive

training and credentials for further employment opportunities. The participants described several

disruptions to their socio-economic status due to the pandemic, including loss of employment, increased

financial strain, and decreased opportunities. The following quote illuminates one participant's

experience during the pandemic:

> I will tell you my personal experience or my family's personal experience. My partner -who is the
>
> main provider for the family- lost their job when the pandemic first started which made the first
>
> year of the pandemic a hell for the family. (Participant 8)

Loss of employment, as discussed in this interview, had severe impacts on families. Another participant

noted that "employers always tell me that they do not have any opportunities now- maybe after the

pandemic" (Participant 9). Adding to the strain of employment loss, is increased expenses related to

inflation, as well as other new demands of the pandemic. Participant 9 describes their family's

experiences:

> There has been an impact on the family's financial status mainly because the spending has been
>
> increased. Especially when you have a small family with a smaller income. I have seen families
>
> who were heavily impacted in terms of their economic and financial status … especially as
>
> newcomers. Personally, I had to bear the burden of fixing and buying laptops so that my
>
> children's education does not get interrupted …

Further, Participant 5 reported the following:

> The first and most obvious impact is the impact on the economic situation of the community.
>
> Unemployment and the insane increase in goods prices have hit the community hard. I noticed a
>
> daily increase in goods prices ...

Both quotes illustrate how families with lower incomes, and especially newcomers, are particularly

vulnerable to employment loss and barriers, and additional expenses brought on by the pandemic. In

addition to decreased employment stability and increased financial strain, education was also disrupted. Education is a means for attaining gainful employment for refugees, and for many refugees arriving in Canada, they are required to take English language lessons in order to meet employment requirements. With cancellations and disruptions to language lessons, the participants shared how their process for accessing employment have been thwarted as they have been unable to complete language lessons in the timeframe previously expected: "I had planned to finish my studies and begin working after Corona, but in a year and a half, a lot of jobs had changed, and people's ambition had dwindled." (Participant 2) Plans for settlement, integration and adaptation in a new country, an already tumultuous process, have been pushed to change or wait for improvement in the pandemic situation. Another participant shared that:

> In terms of the economic situation, our family was very motivated to finish English school and find a job so that the whole family's financial situation gets better. Now with Covid all these dreams were put on hold. (Participant 6)

Evidently, participants reported significant ways in which the pandemic has curtailed means to building a sustainable life in Canada, by shifting employment and educational plans. In addition to disruptions to language lessons and employment, a youth participant also noted how decreases in volunteer work opportunities and other relevant experiences have declined during the pandemic, and that this will deter the prospects of becoming employed once graduated. Further, disruptions to children's education with the pandemic had financial implications, including parents needing to stay home to supervise children and home-school, as well as children needing computers or laptops to do complete schoolwork:

> Schools provide one laptop per family while the need is much higher. A family cannot get through online learning with only one laptop available. In addition to the fines that are in place if a laptop get broken or damaged. A $300 needs to be paid if something happen to the laptop. This is why I resisted the idea of getting a laptop from school until my children could not

function without an extra laptop. I had to get a laptop from the school, but I am always worried

about any damages that could possibly happen to this laptop. The laptop you get from the

school is more of a burden than a help … (Participant 4)

Families faced considerable barriers in accessing education during the pandemic due to the demands of

online school and insufficient support. One participant also noted that they were constrained by their

parenting roles, including having kids at home, and could therefore not seek employment out of the

house in order to increase income. Participants also expressed the barrier of online learning due to not

knowing how to use technology as it was required for online classes, and expressed concerns with the

effectiveness of online language lessons:

Online learning is not as effective. The online class is around an hour and students-like us- get

lost trying to figure out where to search for information, use Google translate, and navigate the

online class platform. We became very dependent on Google translate as a way to get through

online class. (Participant 9)

This participant describes how online English learning was not as effective as in-person,

highlighting challenges with navigating technology. Another participant elaborated on the decline in the

quality of education:

We have no choice but online learning. I never had the chance to follow my dreams with

education in Syria. I thought in Canada I will finally have this chance, but the pandemic took that

from me. By the time I finish level 4 in English, I will be an old [person] [laughter]. Even the

quality of the online education is questionable. I am not sure if I finish level 4, I will be able to

speak and write as a student who had in-person learning. I like in-person learning much more …

(Participant 6)

Tying in to the first sub-theme discussed (i.e., disruption of settlement processes and aspirations),

disruptions to education due to the pandemic had a substantial impact on the prospects associated with

moving to Canada in a long-term sense. Finally, many participants expressed that education provides

newcomers in Canada opportunities to socialize. With education switching to an online format,

participants described how they lost a key avenue for meeting other people, practicing their language

skills, and learning about the culture in Canada. Participants described how this resulted in isolation and

falling behind in their language learning and socializing with other Canadians.

While many disruptions and challenges were noted, several participants also shared that

financial supports were available, and helped to manage the difficulties associated with the pandemic.

One participant shared that they had heard from a friend that working from home was a positive

experience for their family, and another participant reported that they had received insurance rebates

that lessened financial demands. Conversely, another participant noted that for certain groups,

particularly seniors, insufficient financial support was available, and that seniors were "struggling with

making ends meet" (Participant 5).

Disruption to Biopsychosocial Well-Being

The pandemic had an impact on Syrians' physical, mental, and social well-being. One significant

concept the participants described was the considerable challenge brought on by the pandemic-related

gathering restrictions in their community due to cultural customs with social gatherings. Participants

expressed that social relationships and gatherings are extremely important for their well-being:

> We come from a culture that is very social. When restrictions on social gatherings were in place,
>
> people in the community did not know how to be a community anymore. We are not used to
>
> waving to someone from the window or talking to someone from a distance. In our community,
>
> when leaving a social gathering we usually spend more than half an hour at the door just
>
> greeting each other and saying goodbye. It was so hard for us to adapt. (Participant 8)

Noted in this quote is the perception that the Syrian community had a particularly hard time adapting to the restrictions. Participants also discussed how group activities for newcomer Syrians were also canceled due to the pandemic:

> Services do not really matter -in terms of adaptation in the first year- as much as social opportunities and interactions with other people. I remember that newcomers used to have way more opportunities to socialize by going on trips organized by settlement organizations and attending meetings with Canadians. Now all of this is not available. (Participant 9)

This quote illustrates just how important opportunities for socializing are for newcomers, even more so than other types of support. Participants shared how these groups typically provide a space to build social connections and receive support with the settlement process, and thus their cancellation resulted in newcomers being lonely, isolated, and lacking in support. Indeed, the psychosocial impacts of the pandemic were repeatedly noted by participants. Across all interviews, social relationships were described as being highly important for psychological well-being, with participants reporting that the disruption of social life was directly related to psychological challenges, such as feeling depressed and isolated. The participants expressed that children and adolescents' mental health was also negatively impacted, as well as seniors'.

Due to the social nature of Syrian culture, variations in physical distancing ensued. Some participants noted that Syrian community members practiced physical distancing, while other participants noted that many Syrians continued to meet, which may have led to high rates of COVID-19 infection in the community: "since the nature of our community is very social, the virus spread so easily among us in the community" (Participant 6). For participants who contracted the virus, they noted a range of experiences from mild to more severe, though all reported recovering well eventually. Other physical health impacts were also noted during the pandemic, including difficulty in accessing healthcare, as well as diminished opportunities for physical activity. All participants reported receiving

the COVID-19 vaccines, with most perceiving the immunizations as safe and in the best interest of their family and broader community. Participants noted a range of experiences with access to pandemic-related information in the Syrian community. Several sources for pandemic-related information were reported including pharmacists, sponsors, social media (i.e., Facebook, Instagram, Twitter TikTok), WhatsApp, government websites, teachers, and news on TV. Participants noted that not all sources were considered reliable and reported feeling as though some community members sought information from less reliable sources, while the participants in this study mostly noted seeking information from government websites. While participants noted that the internet was a primary source for information, they also noted that there are "many Syrian families who cannot access the internet and thus do not receive updates" (Participant 3). This quote highlights barriers in communication that refugees face in Canada. Given these known barriers, one participant described how in their smaller Syrian community, members with knowledge of and access to reliable information translate and connected other members with such information.

Disruption to Safety, Security, and Justice

Impacts on safety, security and justice occurred across several areas. In regard to threats to physical safety and security of their families, participants reported feeling afraid of contracting the COVID-19 virus and related implications:

> We experienced a fear and worrisome that we have not experienced before. We were scared from going out and meeting each other. Even when we went to parks, we had to make sure to keep a distance and so on. I was not really scared for myself. I was more worried and scared for my children. I prayed a lot that I recover so that my children have someone to take care of them. We have no one in this country, no family, which scared me. What would happen to my children if I die? This question kept ringing in my head ... (Participant 6)

Here, the participant describes how the fear of the virus has resulted in feelings of fear and worry, as well as precautions to avoid the virus. This fear is heightened due to the vulnerability of not having family in Canada to look after their children if they were to die. Further threats to safety and security with the virus were described:

> Back to the topic of safety, I'm not sure what would happen if I was admitted to the hospital. My two young children helped me; one of them handed me a cup of water, while another handed me medicine. I was exhausted after two weeks of suffering. My friends called and offered to come help, but I refused and told them that if they could bring up any stuff, they were not allowed to enter, so they left the items by the door. I also asked a pharmacist to bring the medication to the door. I was depressed for two weeks, and it was a difficult time for me because I have two children. During those two weeks, my daughter wanted to kiss me, but I refused because I didn't want to infect her. After regaining my sense of safety in Canada, I felt I had reached a point of depression and insecurity. (Participant 2)

In this quote, similar vigilance and concern about the virus is seen, and this participant underscores how the pandemic shifted previously gained feelings of security in Canada. Participants also expressed how their experiences during the war may have led them to be more protective of their families. One participant commented that the COVID-19 virus and systemic management of the pandemic also disrupted feelings of safety:

> There were multiple rumours spreading that the masks were contaminated and this led to (the community's) lack of trust towards the government. The (long) line ups in the stores made people feel unsafe and their lack of trust in the government increased because the government failed to provide services to the people. The community started saying that, (Canada) as being one of the top countries in the world, could not control it (chaos) and offer basic services to people. (Participant 1)

In this quote, the participant notes how the government's management of the situation led them to feel less trusting in the government, and that this related to feeling unsafe. While participants did note these disruptions to their sense of safety and security, they also reported a sense of justice in regard to the distribution of the pandemic. To this end, participants also felt that the support in Canada, particularly when it came to financial aid, was equally distributed.

> It is a pandemic that affects the entire globe. It affected the entire world, both the elderly and the young, rich and poor, and even those who did not infect were affected by this epidemic.
>
> Therefore, I can't say anything about justice because I believe that this is justice. (Participant 2)

As seen in this quote, the global effect of the pandemic was associated with a sense of justice, such that Syrians were not alone in experiencing the hardships related to the pandemic.

Finally, many of the interviews conveyed how the pandemic uncovered racism and other threats to safety present in Canada. Participant 8 expressed that they "have never seen similar racism to what I am seeing in the pandemic. We reached a very dangerous level of racism in Edmonton," and that they "did not experience such fear before." Participants noted that they had not felt unsafe in Canada prior to the pandemic, however increased racism and acts of violence resulted in a sense of fear and perception of Canada as being unsafe. Another participant noted that they do not "feel safe anymore," and that the feeling of unsafety heightened during the pandemic in such a way that "it was the first time I felt unwanted in Canada" (Participant 7). The restrictions of the pandemic further exacerbated the situation as going outside was a reprieve that no longer felt safe:

> The attacks even impacted us more in the pandemic because going out was the only escape we have from the pandemic. We used to feel safe to go to parks and to go for walks, but not anymore. My children are worried about my safety and ask me not to go out for a walk by myself. (Participant 5)

This quote refers to violent racialized attacks that occurred in the city and country more broadly. In summary, the pandemic disrupted many aspects of participants' lives, and caused shifts in the expected settlement process, and ongoing integration and adaptation.

Theme 3: Ongoing Adaptation and Resilience during Integration in Canada

While the above themes and sub-themes have focused on challenges and barriers, there is a sense across all domains discussed of participants' ongoing adaptation and resilience during the integration process and in face of the pandemic in Canada. Participants emphasized the importance of "mindset," (Participant 9) and trying to "focus on the positive things and try to not magnify the negatives" (Participant 9). Shifting one's mindset was discussed as a way to support ongoing adaptation, as reflected in Participant 9's interview where they said that "we should magnify the positives in order to adapt and continue our lives". Multiple participants discussed how they actively worked to overcome or "challenge" (Participant 7) their fears. Participant 5 said that "I am determined to never let this fear take over my life. I want to continue my life as normal as I possible." One participant also noted that continuing to live not in fear was courageous.

Evidence of strong social support is present in the interviews with participants and is an aspect of ongoing adaptation in Canada. The participants discussed a myriad of ways in which support was present in the Syrian community especially in the context of the pandemic. Support within the community was described by participants as including delivering groceries and meals to families with COVID-19, organizing and hosting online groups covering a range of topics and activities including religious meetings, lessons about citizenship in Canada, computer literacy support, weddings, and funerals, coordinating safe social and sports activities, building groups on social media to interact, communicating health-related information to seniors or those facing barriers in accessing information, calling to check-in on one another, and even delivering cake and gifts:

I think there were many individual initiatives. At least when someone is sick, you will see all

friends trying to step up and help with grocery shopping and cooking. Other initiative that I

noticed in the past two years is having neighbors taking care of grocery shopping for each other.

For example, someone with a big car would go and buy grocery items that are frequently

needed by the Syrian community. This person will then deliver these essentials grocery items to

families requesting them. Also many online course through, for example, Zoom are happening.

These courses mainly teach some religious studies such as Qur'an recitation and create spaces

for people to meet online regularly. (Participant 8)

While some participants noted that larger scale support efforts in the Syrian community were less

present in the pandemic, many reported individual efforts, as the above quote shares, that ensued

during the pandemic to support one another. As noted in Theme 2, this community struggled with the

restrictions during the pandemic, however based on the interviews, the community found several ways

of adapting nonetheless. Participants reported continuing to build and support their community, with

one participant even noting that "the first few months were hard in terms of adjusting to this less social

life, however I got used to this life pretty quickly." (Participant 10). One participant also discussed the

importance of their sponsors in offering emotional support, as well as culturally sensitive material

supports:

The emotional and mental health support they gave us was tremendous. They made us feel that

we do not just have one family in Edmonton, we actually have 5 families that have our back.

Secondly, they provided us with some financial support. They knew that we are very sensitive

about receiving financial support from them and that we might feel that such support might

hurt our dignity, therefore many times they gave us financial support in the form of gifts or

items we needed or even registering our kids in course and activities. (Participant 8)

This quote demonstrates how important ongoing social support is in building a sense of security in Canada, and how some relationships between sponsors and refugees have led to ongoing interactions that support adaptation and well-being in Canada. One participant also discussed how community leaders have been able to raise funds and build networks within the community to serve each other, and in this they have been able to "move on," in their life and extend "interpersonal and communication skills," (Participant 1) that help to provide support for other Syrians during crises.

Further examples of resilience and adaptation were reported in the context of the pandemic. This included children adjusting to new regulations at school (e.g. having to wear a mask), supporting a partner's business by doing administrative work for them from home, learning to use technology in order to support children with their schoolwork and complete online language lessons and other courses, as well as general computer literacy with one participant noting that their "skills using different software programs and navigating online platforms have improved a lot in the pandemic" (Participant 7).

Generally, participants also discussed ways in which they have adapted to socio-economic barriers. Some participants expressed their self-reliance:

> We never relied on government support and every time we face a road bump, we get up on our feet and try again and again. We tried to never be dependent on them. We tried to rely on ourselves from day one. (Participant 8)

In addition to self-reliance, participants also persevered in overcoming ongoing barriers they faced. Finding creative ways of developing financial security, like starting their own business, or finding work with less demanding English requirements were reported. One participant described how they were able to buy their own house, and another described how their children have been able to access reliable and sufficient employment that offers hope for a better financial future, demonstrating successful milestones as a testament to their adaptation and resilience in Canada.

Theme 4: Ongoing Needs and Solutions for Integration and Adaptation

Participants outlined *Psychosocial Needs and Solutions*, *Socio-Economic Needs and Solutions,* and *Systemic and Organizational Needs and Solutions*, with some areas being specific to the pandemic and the majority involving general and ongoing areas to address.

Psychosocial Needs and Solutions

This sub-theme comprises areas of support needed to address psychological and social challenges and barriers. Overall, participants discussed ways to improve social integration (i.e., social bridging) in Canada, maintain their culture, identity and connections with other Syrians (i.e. social bonds), and to support youth and seniors, in particular.

Some participants noted that more opportunities for Syrians and the larger Canadian community to interact are needed and would help to solve ongoing cultural misunderstandings and negative perceptions. Participants noted that holding spaces for refugees to tell their stories, share their culture and discuss values with the larger Canadian population would help to increase understanding and acceptance:

I think we need more opportunities to introduce ourselves to the larger Canadian community. We need opportunities to challenge the labels that are given to us as refugees and newcomers. I think we can do many things as individuals. We can seize opportunities to tell our stories and to find common things with other Canadians. We can share our culture and values with others. This will create more opportunities for mutual acceptance ... (Participant 7)

This youth participant discussed how there are prejudiced notions about refugees in Canada, and how they felt that increasing opportunities for Syrians and Canadians to interact and learn about one another would help with social integration. Similarly, another participant felt that this type of learning should be happening in the school system: "we need to provide the Canadian youth in schools, a program about culture so they would understand the views of different immigrants" (Participant 1). Another participant

shared that they felt that taking personal initiatives to make connections with Canadians was also

helpful:

> I always shovel snow for my neighbors and they always appreciate it when I do that. Some of
>
> them only greets me with a smile and others like to be more involved. One neighbor shares food
>
> with us and visits us -of course this was pre-pandemic. I found that welcoming behaviour from
>
> many Canadians. This is why I encourage Syrians to take the initiative to introduce themselves
>
> and their culture to Canadians. I mean it is in our culture to help others which makes it much
>
> easier to take initiatives and make good impression. (Participant 9)

Here, the participant believed that introductions and acts of service serve to improve relationships with

Canadians, and they felt that these types of behaviors are also reciprocated. In addition to creating

opportunities to build connections between Syrians and Canadians, participants also expressed the need

to have education about issues and ways of doing things in Canada, particularly related to children and

youth: "we need to help parents understand their children, so they won't lose them to child services or

social services. So, we need to have more courses through employment to help parents." (Participant 1).

Participant 1, a parent, had several suggestions for needs and solutions for parents, including needing

programs situated within workplaces that educate parents about understanding their children to

increase awareness and understanding of parenting practices and regulations in Canada. They also

noted that parents need to be aware of technology and social media use in children, and to supervise

their children's technology use. Additionally, participants noted that children also need education about

social media, including associated risks.

The pandemic also brought to light barriers in using technology amongst the Syrian community,

with some participants reporting that there is a need for educational support to help Syrians develop

technological literacy skills, and others noting that there needs to be other methods to facilitate access

to information and support for Syrians: "there are many Syrian families who cannot access the internet

and thus do not receive updates: therefore, organization should organize symposiums to inform them about these services and how to register for them" (Participant 3). This participant provided this need and solution based on challenges that were faced during the pandemic in mobilizing information related to vaccines.

Participants also noted a need for Syrian-specific places and opportunities to gather and support one another. Spaces where they could practice their language, cultural customs, and discuss challenges they face would help to maintain their identity and support their mental well-being. Particular consideration was noted for both youth and seniors:

We also need them to focus on our youth, as our youth is different from the Canadian youths.

We would like them to supply us with our own buildings, recreational services and centres for us

to gather for our social activities and to preserve our culture and traditions. (Participant 1)

Participant 1 felt that Syrian community spaces and activities for children and youth to preserve culture and traditions would be beneficial for their identity, development and well-being. They also suggested having summer camps where youth can be paired with other Syrian youth who are adapting well, where they have the opportunity to build connections and spend time doing activities. In the context of the pandemic, one participant also urged that in-person social and sports activities return for youth.

A senior participant underscored several needs and solutions in the Syrian senior community. The participant identified that seniors are experiencing substantial loneliness, especially in light of the pandemic, and that more group activities are needed. The participant recommended hosting safe, in-person gatherings where seniors would simply have the opportunity to talk and support one another: "we -seniors- definitely need more spaces and chances to communicate and get together. More spaces to talk about challenges we face" (Participant 5). The participant described what would be helpful for seniors:

We are not asking for much. The few gatherings we had last summer were pretty affordable and

did not need much funding. Each senior brought something to eat and a chair and we enjoyed

our time a lot while keeping a distance in the park. We can also take senior groups to Tim

Hortons for a coffee or to go for a walk in the mall. Pretty simple things ... (Participant 5)

The participant also noted that support with increasing technology literacy would benefit this group.

Further, the participant suggested hosting regular online check-ins with seniors, once support and

training with technology had been provided. They also noted that if not possible to meet in person with

seniors, contacting them via telephone was best:

I think we need support on both sides. We need technology support and training for seniors to

meet online. These meetings online could be regular so that we can check on each senior family

to see if they need any support. Sometimes these online individual check ups are very important

because they provide spaces for seniors to speak up and talk about their concerns. We also need

creative ways to have spaces for seniors meet in person depending on the regulations and

restrictions. For example, we can have outdoor gatherings in summer and fall where physical

distancing is applied. (Participant 5)

The need for opportunities to meet-up and receive support represents the importance and value of

community and social support in the Syrian culture, which is especially important for seniors who tend

to be more isolated due to various barriers (e.g., mobility, transportation, cost, housing, language,

technology).

One participant noted that efforts to increase awareness of mental illness and support is also

needed, and recommended using broadcasting programs to disseminate this information:

We need to motivate people to seek out help instead of them keeping it stuck in their own

minds. When I sit in the mosque and people say just turn to God and God will be enough for

you. Yes, I love God, he is my Love. The prophet, peace be upon him is my favorite person ever

lived. With all that being said, I believe that mental health is real and that we are sometimes

chemically imbalanced and need to seek help from therapists. It is an illness and needs

attention. It will prevent future fights, problems, suicide and the breaking of homes. So, we

need to include mental health in public speakings. We could do a program through CBC and

announce that we are at your (community's) service and can help people with mental health.

(Participant 1)

In instances where more severe mental health concerns are occurring, knowing what services are

available and getting connected would help to support newcomers, in addition to spiritual supports.

One participant also recommended that people like the interviewer (a researcher who is a Syrian

community member) and "leaders ask through churches and mosques to enquire if the Syrians needs

are met and if they need anything" (Participant 1).

Socio-Economic Needs and Solutions

The participants addressed several needs and related solutions for addressing socio-economic

barriers they face. In regard to employment, participants noted a need for increased recognition of

credentials and experience that would help decrease barriers in accessing employment:

This is why I really wish to see more awareness and more support provided to lead refugees to

the job market. For example, provide guidance to barbers, mechanic, teachers and many others

to the options they have to practice their professions in Canada. Many of the refugees with

these skills have more than 10 to 20 years of experience. How can the government make the

best use of these experiences without wasting such talents in a dead-end certificate recognition

pathways? This is the million dollar question that will make a huge difference in refugees' life in

Canada. (Participant 8)

As this participant shared, better access to employment in Canada based on previous work experience is

needed to improve the livelihoods of refugees. Relatedly, improved education and support for refugees

to get connected with employment opportunities was something the participants also suggested: "the Syrian community needs better education opportunities. Better opportunities to match them with the job market." (Participant 9). Related to the pandemic, one participant noted that barriers to using technology existed and limited access to education and employment:

> I think if more support in terms of teaching elderlies technology skills would have made a huge difference… I mean enhancing and teaching technology skills even before the pandemic started, would have prepared my parents better to adapt with the emerging situation. (Participant 7).

Overall, support with technological literacy is needed. Another participant expressed that in order to increase stable employment in a long-term sense, refugees should join the job market as soon as they arrive, and work at any job to gain experience for other work and practice English speaking: "refugees need to join the job market as soon as they arrive. This way, refugees will be productive and the larger Canadian community won't look at them as dependants on government support" (Participant 8). Given the challenges previously noted about receiving government financial support and becoming employed, one participant suggested that people should be allowed to continue receiving financial aid while working, until the employment position is stable. A youth participant added that more online volunteer options, especially given the pandemic context where in-person volunteering posed a threat to safety for families, would help youth access opportunities to build experience.

One participant, who is a senior in the community, expressed that seniors are in need of more financial support and more suitable housing options. This participant noted that affordable housing near one's family is a key need for seniors:

> Some financial support from the government came in the form of an increase in the child support money, however not all people in the community have children … take seniors for example. They have needs that they cannot afford such as medicine, vitamins, and grocery.

Many essentials are not covered such as eyeglasses. Provide seniors with affordable housing

options close to where their children are living ... (Participant 5)

This participant felt that supports were lacking for seniors, and noted ways in which the system has

overlooked seniors, and needs to increase financial and housing support to cover their basic needs.

Systemic and Organizational Needs and Solutions

Participants acknowledged needs and solutions that reflected responses and changes to larger

institutions in Canada. Two participants highlighted barriers in institutions as discussed in Theme 1, and

stated that the Syrian community needs a Syrian-run organization for Syrians:

We do not want to give people the net to go fishing, we want to teach people how to make a

net so they can go fishing. Hopefully in the future we can get the funding to support them in

training to be resilient and empower them. Example, we have educated people from Syria that

have been helping in the community. But like I said before, we are in need to train successful

people to have logistic support. (Participant 1)

The participants recommended that several skilled Syrians be selected to provide training and

leadership to empower other Syrians. Further, a Syrian specific organization would ensure that funding

goes directly to the Syrian community, rather than being siphoned into other endeavours as the

participant reported occurs when organizations are not Syrian-led:

We worked around getting funds for our own organizations, however, it did not go through.

Here, in the city of Edmonton, they use a democratic system that trust organizations blindly. The

trust is good, but they need to have someone supervising them as the funds are not going

strictly to the Syrian community. Organizations are benefiting from it as well. We had a meeting

and found out that the organizations did not want us to have our own organization as it benefits

them. They wanted to keep us as milking cow so they could always benefit from us. We are

trying to ask the government to help us have our own organization where we are fully trained.

(Participant 1)

Participants felt that the current status of organizations was not meeting the needs of the Syrian community and that there is a need for more sovereign management of support and funds in order to truly be benefiting the community. A unification of efforts was also expressed: "we need some sort of an organization or association to unify effort of the Syrian community" (Participant 5). In contrast to participant 1 however, participant 5 believed that not just Syrians, but also experienced Canadians should be involved: "we need something that could be under the supervision of people who have expertise and maybe the supervision of the government… we need Canadians with experience to be involved to train seniors to run the organization/association professionally and efficiently" (Participant 5). In both interviews, participants did express that beyond training, Syrians should be leading the organizations.

In addition to needing better structure and unification of Syrian organizations, one participant also noted that settlement agencies are "overwhelmed and continuously suffer from the lack of funding," (Participant 5) and as such there is a need for more support for newcomers. This participant suggested that there needs to be an organization that has "people who have expertise about services and systems in Canada, people who have knowledge about the Syrian community and the larger Canadian community at the same time, people who can raise awareness and help with inclusion". Guidance for newcomer families that is knowledgeable about Syrians and respectful is needed to support families with accessing services, as well as engaging in advocacy efforts to address wrongdoings and change laws.

Building upon needs for organizational supports that are run by Syrians, one participant also noted the need for better representation of Syrians and Muslims more broadly across different systems, including organizations, but also in government settings: "it is our right to have someone to represent us

at different system and government levels… we need to have someone to represent us in the parliament, for example" (Participant 5). Related to advocacy needs, further needs regarding justice were highlighted by participants. In response to racist attacks that occurred in the early years of the pandemic, one participant noted that: "we have not yet seen a strong reaction from the government. We do not even know if the attacker was caught and punished accordingly" (Participant 5). Another participant echoed these sentiments: "I want to say that the Canadian government's (provincial, federal and municipal) response to attacks on Muslim women is not enough. All what we heard is words" (Participant 8). Appropriate consequences in response to racist attacks are needed to restore sense of safety and justice in the Syrian community.

In summary, the current study identified four themes across the 9 interviews with participants: Theme 1: *Facing Ongoing Development, Inequity, and Insecurity during Integration*; Theme 2: *Disruption of Settlement, Integration, and Adaptation due to the Pandemic*; Theme 3: *Ongoing Adaptation and Resilience during Integration in Canada*; and Theme 4: *Ongoing Needs and Solutions for Integration and Adaptation*. The first theme includes three subthemes (*Ongoing Development of Social Connections and Identity*, *Ongoing Socio-Economic Insecurity and Inequity*, and *Ongoing Threats to Safety*) describing the ongoing growth and barriers that this community is facing during their integration in Canada. The second theme identifies how the pandemic involved *Disruption of Settlement Process and Aspirations*, *Disruption to Socio-Economic Status and Education*, *Disruption to Biopsychosocial Well-Being*, and *Disruption to Safety, Security and Justice*. The *Ongoing Adaptation and Resilience during Integration in Canada* that was described by the participants in Canada was highlighted in the third theme. Finally, the fourth theme presents the *Psychosocial*, *Socio-Economic*, and *Systemic and Organizational Needs and Solutions* within this community.

Chapter 5: Discussion and Conclusion

The purpose of this study was to identify how the COVID-19 pandemic impacted the Syrian refugee community in Canada, as well as what needs and solutions exist for this community during and following the pandemic. Nine semi-structured interviews with ten participants were analyzed using thematic analysis; Four themes and ten subthemes emerged from the analyses. The first theme summarized the ongoing development, inequity, and insecurity that Syrian refugees in Edmonton are facing. The second theme described the disruptions of settlement, integration, and adaptation that occurred due to the COVID-19 pandemic. Across all findings was evidence of the ongoing adaptation and resilience during integration in Canada for Syrian refugees, as is described in the third theme. Finally, participants identified ongoing needs and solutions for integration and adaptation which are reported in the fourth theme.

Overall, the findings of this study indicate that the pandemic had extensive impacts on settlement, integration and adaptation by adding to, disrupting or exacerbating ongoing processes. For example, pandemic-related physical distancing measures posed a new challenge for Syrians who were in the midst of growing social connections and supports in Canada; online learning disrupted refugees' English learning plans which elongated their timelines for accessing employment; and the uncovering of racism with several attacks on Muslims in Canada exacerbated ongoing feelings of unsafety. As represented in the arrows in Figure 2, newcomers represent a marginalized group that faces ongoing systemic inequity, and as such were particularly vulnerable to the challenges brought on by the pandemic. Going in the other direction, the disruptions of the pandemic are not contained to the peak years of the COVID-19 outbreak: these disruptions have impacted the ongoing integration and adaptation of this community. While participants described facing substantial adversity, they also discussed many ways in which they withstood and overcame such adversity, as well as provided many solutions to address ongoing needs within their community, both within and outside the context of the

pandemic. For example, Syrians have built many connections within their community and were able to provide support for one another, such as delivering groceries during the pandemic. The findings of the study identified the broad way in which the pandemic affected the settlement, integration, and adaptation process across many interconnected domains.

In the following chapter I will discuss how the findings of this study converge with the frameworks described in the literature review (i.e., the Indicators of Integration framework and the ADAPT model) to situate the findings within the current understanding of refugee integration and adaptation (Ager & Strang, 2008; Ndofor-Tah et al., 2019; Silove, 2013). I will then discuss the strengths and limitations of this study and in the final section I will outline recommendations for research, policy and practice, drawing upon the solutions identified by the participants.

Situating the Findings within Integration and Adaptation Frameworks

Given that the purpose of this study was to understand the impact of the COVID-19 pandemic for Syrian refugees, this discussion will emphasize the findings within Theme 2: *Disruption of Settlement, Integration, and Adaptation due to the Pandemic.* I will discuss the findings of the sub-themes (i.e., *Disruption of Settlement Processes and Aspirations*, *Disruption to Socio-Economic Status and Education*, *Disruption to Biopsychosocial Well-Being*, and *Disruption to Safety, Security, and Justice*) as they relate to the two theoretical frameworks presented earlier (Indicators of Integration, Ager & Strang, 2008; Ndofor-Tah et al., 2019; ADAPT, Silove, 2013) and integrate relevant literature throughout. Integration and adaptation are both complex concepts within refugee resettlement that are inextricably related, such that key areas of integration influence psychosocial adaptation. In the following section I will begin by outlining the elements of integration that were impacted by the pandemic as discussed by the participants, followed by a discussion of the impacts on psychosocial adaptation.

Domains of Integration

The Indicators of Integration framework provides a comprehensive overview of the key aspects related to successful integration across four domains: *Markers and Means*, *Social Connection*, *Facilitators*, and *Foundation* (Ager & Strang, 2008; Ndofor-Tah et al., 2019). The findings of this study demonstrate that nearly all aspects within the Indicators of Integration framework were impacted by the COVID-19 pandemic for this community.

Markers and Means. *Work*, *Education*, *Housing*, *Health and Social Care*, and *Leisure* have been identified as the key measures of successful integration and are thus useful to examine in relation to the pandemic (Ager & Strang, 2008; Ndofor-Tah et al., 2019). According to the findings of this study, two primary domains of integration that were impacted by the pandemic included work and education. Participants described loss of employment, less opportunities for employment, and decreased access to unpaid work opportunities (i.e., volunteering), which not only increased financial strain, but also impacted refugees' aspirations for their lives and futures (e.g., saving to purchase a house) and opportunities to gain experience in Canadian employment settings. Relatedly, disruptions to education also occurred. Participants described the difficulty with participating in online learning settings due to technology barriers (e.g., not knowing how to use technology, not having access to sufficient laptops or computers, not being able to understand content presented in English, limited supports while learning from home). Additionally, participants also described how online language learning was linked with fewer opportunities to practice English in social contexts, which was also detrimental to learning. English learning is essential for pursuing further education in Canada, as well as being able to access employment. Learning a language is an already challenging undertaking, and the pandemic exacerbated this task of integration as English classes were moved online. Several participants noted that the decline in quality of English learning due to the pandemic set them back on their goals for further education and work, delaying opportunities for more security and stability, which will be described more below.

These findings are consistent with research with other refugee populations during the pandemic that found that limited access to technology interfered with remote learning (Ennab, 2022). Refugee families in Canada generally found it challenging to access education in the online learning environment due to not knowing how to use new technologies and platforms (Ennab, 2022). Language barriers for English/French learners were increased during the pandemic for refugees, where less support was available for students and there were greater demands on individuals to navigate learning on their own (Ennab, 2022). The findings of this study, alongside confirmatory findings with other refugee groups in Canada, highlight the inequities in the education system that were exacerbated during the pandemic, potentially increasing gaps in education for refugee youth (Ennab, 2022). The findings of this study are consistent with other reports that the COVID-19 pandemic interrupted English language learning programs for adults, which may have also contributed to larger systemic barriers in accessing employment (Ennab, 2022).

Additionally, the findings of the current study revealed that the pandemic disrupted access to health and social care, including difficulty accessing services and long wait times. While participants described the challenges of accessing support services during the pandemic, they also expressed a variety of ways in which they adapted to the circumstances and still attained supports. Participants described speaking to pharmacists over the phone, having medications delivered, and receiving COVID-19 vaccines (notably, all participants and their family members in this study reported receiving at least the first two doses of the COVID-19 vaccine). While participants noted declines in perceived health due to the constraints of the pandemic, they also noted that they found other ways of maintaining health, such as finding safe ways to exercise when gyms were closed.

Barriers in access to health and social care have been previously documented within the literature with refugees, along with emerging literature examining the COVID-19 pandemic. One study in Canada found that the COVID-19 crisis "made it difficult to access programs in the community, or do

'everyday' things, such as paying bills, getting a medical appointment or buying groceries" (Ennab, 2022, p. 11). Using an empirical rapid evaluation and appraisal method, Im & George (2022) found that pre-existing and emergent barriers during the pandemic and "cumulative adversities experienced by the refugee community have widened the gaps in social services and healthcare as well as social support within the refugee community" (p. 84). Indeed, previous reports in Canada have highlighted barriers for refugees in accessing healthcare, including transportation and language barriers and lack of culturally sensitive services (Enns et al., 2017; Miedema et al., 2008).

Facilitators. The facilitators of integration, which include *Language and Communication*, *Culture*, *Digital Skills*, *Safety*, and *Stability,* are factors that enable integration in a new setting and therefore are important to examine in the context of the COVID-19 pandemic (Ager & Strang, 2008; Ndofor-Tah et al., 2019). Learning to speak the national languages of Canada (i.e., English/French) is a key facilitator for integration that is essential for employment, education, social connections and general participation in society and accessing services. The findings of this study indicate that, for Syrian participants living in Alberta, language and communication was heavily impacted by the pandemic in the way that English learning courses were compromised by online delivery and cancelations. Differential impacts for different groups within the refugee community, including particular challenges for seniors accessing online learning and strains on availability for parents with caregiving responsibilities that increased during the pandemic, were also notable. Finally, decreased opportunities to practice communication through socializing also negatively impacted language learning.

Digital skills were another key facilitator implicated by the pandemic, with variations in how this impacted different participants. Some participants noted how some community leaders were able to use their knowledge of technology to relay information regarding the pandemic to those who did not have the same access or know-how with technology. In addition, youth reported helping their parents use technology and informing parents of COVID-19 related updates. Ennab (2022) similarly found that

refugee youth in another Canadian city were a source of support when it came to technology and brokering information to their parents regarding the pandemic. For other participants, especially middle age to senior adults who were less familiar with technology, the influx of online activities during the pandemic posed a substantial learning curve, although participants described overcoming this barrier and developing digital literacy. Many of the participants reported using technology to communicate with others, access information, and complete online school, while also highlighting barriers such as not having enough devices for the entire family and some families not having access to technology or digital skills. These findings have been echoed within other refugee communities in Canada (Ennab, 2022). Further, several participants noted that some members of the community faced challenges with not understanding that they were accessing unreliable information online.

Another key facilitator of integration is developing a sense of safety, as it enables interfacing with services and supports, developing connections with others, and promoting psychosocial well-being. The findings of this study revealed that participants' sense of safety was disrupted during the pandemic, with many reporting feeling unsafe, and expressing that the pandemic disrupted a previously developed sense of safety since early settlement. Fear related to contracting the virus and contemplating potential serious illness or death and the impacts on their children presented a new threat to safety. Beyond the immediate influences of the pandemic were several instances of violence and discrimination, including several attacks on Muslim and racialized individuals in Edmonton that occurred during the pandemic, that resulted in participants feeling unsafe (see the following news reports: Konguavi, 2021; McLachlan, 2021; Mohatarem, 2021; Omstead, 2021). Global and local research indicate that racism, discrimination and xenophobia have been rampant throughout the pandemic (Dubey et al. 2020; Hayward et al., 2021; Ennab, 2022; Johnson et al., 2021). Threats to safety, including racism, discrimination, and other violent acts, are detrimental to integration (Husain & Howard, 2017). The combination of pre-migration and

settlement stressors may have contributed to heightened risk for refugee communities' sense of safety, with real and present experiences of harm and violence further impacting safety.

Stability, which contributes positively to integration, where individuals establish routines and have consistent employment, suitable housing, and reliable social supports, was another key domain that was disrupted during the pandemic. Lack of stable routines with work, education, living, and access to services were all reported by the participants. Loss of permanent employment and heightened financial insecurity were present as a result of the pandemic, with participants noting that this was particularly challenging as newcomer families already face barriers and inequities in this area. While some families found government financial support to be sufficient to meet basic needs, others expressed that the structural supports were not adequate to cover basic household and personal needs.

These findings are reflected in Ennab's (2022) study which also found that refugee families experienced a particular disruption to their stability with unstable work and reduced income making it difficult to meet basic needs. Researchers recommend that accessibility to services for refugees be improved by addressing language barriers, mobilizing awareness within refugee communities of what supports exist, addressing transportation and technical barriers, and addressing key determinants of health such as housing, employment and food security (Sieffien et al., 2022).

Foundation. According to Ager and Strang's framework, the foundation of integration is having an awareness of one's rights and responsibilities, as well as acting upon these rights and responsibilities. This enables newcomers to more fully engage in their new society. The Home Office (2019) outlines elements related to the foundation including having a sense of responsibility towards society, the existence of equity in access to services and entitlements and accessing welfare benefits. The findings of this study demonstrate that in some ways, some foundational rights were available to participants, in that they were able to access government financial support (e.g., the Canadian Emergency Response Benefit [CERB] was available to all Canadian residents above the age of 15 during the peak of the

pandemic) alongside the rest of the Canadian population. That being said, some participants noted that while some individuals had access to the support they needed, others did not; seniors, for example were noted as being a group in need of greater financial and social support. The findings also revealed that the pandemic increased challenges with accessing other rights and services such as major delays in receiving support with and processing immigration paperwork and family reunification. This reflects existing and ongoing challenges for refugee individuals and families navigating bureaucratic processes in accessing immigration applications and documentation, as well as long wait times for being reunited with family members still living in home countries (Bélanger & Candiz, 2020). Finally, on a governmental level, gaps in responses to racist events were noted by participants.

Social Connections. Essential to integration is the development and maintenance of social connections which support mental health, increase social capital, and contribute to a feeling of acceptance in the host nation (Ager & Strang, 2008). The findings of this study revealed that one of the main stressors for participants during the pandemic was the impacts on social relationships. The participants identified that because of the highly social nature of Syrian culture, the gathering restrictions of the pandemic were particularly hard to contend with and resulted in detriments to mental health. The participants primarily reported on *Social Bonds* (i.e., relationships within their ethno-cultural community). The participants spoke about how people in their community maintained relationships by calling one another, using social media to stay in touch, delivering meals and groceries to those in need, and many other examples. Several participants also spoke about *Social Links* (i.e., interactions between newcomers and larger structures and organizations), mostly noting that organized efforts within the Syrian community were lacking during the pandemic due to the lack of a central Syrian organization in Edmonton. Unified efforts via community organizations may facilitate connections with local and/or provincial governments, health authorities, and educational institutions that serve to address issues that their community may be facing. The lack of a centralized organization may have

limited *social linking* that could have been helpful in accessing needed supports during the pandemic.

Suggestions for future policy and practice regarding this will be discussed below. Another important

point that was raised by the participants was concern for other refugees and immigrants arriving during

the pandemic. Typical efforts for integration were thwarted by the pandemic and its related measures,

such as no longer having organized activities for newly settled newcomers and fewer opportunities for

newcomers to socialize in public spaces. These limitations in supports reflect *social bridging*

opportunities that have previously been helpful in bringing together newcomers and settled residents.

The findings highlight how the pandemic impacted social connections which are critical for supporting

integration of newcomers, whether that be through social support or access to services. Accordingly,

other research findings concur that the pandemic limited refugees' ability to establish and grow their

social connections (Ennab, 2022). Refugees in Winnipeg described how they were "falling through the

cracks," during the pandemic due to gaps in support resources both in larger structural settings and

grassroot settings (Ennab, 2022, p. 12). Social supports are essential for promoting successful refugee

settlement and integration and contribute positively to accessing essential services and promoting well-

being (Ager & Strang, 2008; Strang & Quinn, 2021).

Pillars of Psychosocial Adaptation

The ADAPT model describes the essential pillars that adaptation relies upon including *Safety and*

Security, *Bonds and Networks*, *Justice*, *Roles and Identities*, and *Existential Meaning* (Silove, 2013). Every

pillar of the ADAPT model was touched by the pandemic according to the participant interviews. The

following section will highlight disruptions of the pandemic and their impact on aspects of psychosocial

adaptation, organized according to the ADAPT model pillars.

Safety and Security. The participants in this study reported that, after regaining a sense of

safety over the past few years in Canada, the pandemic disrupted this feeling. For many families, there

was fear about contracting the virus and what implications this had, especially for parents of children

who feared what would happen if they were to die. Parents in this study also expressed vigilance about the virus, claiming that their experiences during the war in Syria may have led them to feel more protective of their children compared to families who had not shared that experience. A recent research study with Syrian refugees found that on a scale measuring fear of COVID-19 with total scores ranging from 7 to 35, participants in the study on average had a score of 16, indicating moderate fear regarding the virus. Importantly, fear of COVID-19 was found to be positively associated with other mental health indicators, including stress, anxiety, depression, and Post-Traumatic Stress Disorder (PTSD) (Sharif Esfahani et al., 2022). Quantitative research with immigrants more broadly in Canada also found that individuals who had immigrated to Canada were more likely than Canadian-born individuals to feel worried about their health and the health of their household members during the peak of the COVID-19 pandemic (LaRochelle Côteé & Uppal, 2020). Additionally, immigrants were more likely to be concerned about the possibility of civil disorder, which may be a further indicator of the impact of pre-migration stressors for individuals who have resettled in Canada (LaRochelle Côté & Uppal, 2020). Given the importance of developing a sense of safety during resettlement and the noted disruptions during the pandemic, including related mental health outcomes, culturally aware mental health supports are needed. Supports might include bolstering family and community supports, faith-based supports, and in some cases more intensive interventions such as group or individual counseling.

The participants of this study also expressed an "uncovering" of racism in Canada during the pandemic that contributed to a disruption in their sense of safety and security. Though not all participants in the current study felt that racism was a concern for them, rather attributing violence to isolated incidences potentially to assuage feelings of unsafety, many participants felt that they became more aware of racism and discrimination in Canada during the pandemic. Participants also shared personal experiences and stories of others in their community being targeted for their name or appearance (i.e., wearing a Hijab). Recent research has found that while racism, xenophobia and

discrimination are not new to Western countries, there has been an insurgence of the latter during the COVID-19 pandemic (Elias et al. 2021). In Canada, anti-Muslim violence, hate crimes, and victimization are ongoing, with negative impacts on mental health, daily living, cultural practices, and individuals' sense of belonging (Mercier-Dalphond & Helly, 2021). In another study from the pandemic with Syrian refugees, a lesser sense of belonging was associated with higher levels of stress and anxiety (Sharif-Esfahani et al., 2021). Altogether, these findings highlight the importance of efforts to decrease prejudiced beliefs and actions in the Canadian public and increase acceptance and welcoming behavior.

For one participant in this study, they made the choice to change their name; another chose to not wear a Hijab in order to prevent discriminatory actions from others while in public; two other participants also reported how they continued to attend religious meetings and described their intentional choice to remain open-minded and hopeful that not all non-Syrian or non-Muslim Canadians were discriminatory. These actions and mentalities exemplify agency for this community in adapting and continuing to integrate in Canada. In a study of Muslim Canadians across five cities, Mercier-Dalphond and Helly (2021) also found that individuals resisted these threats in the ways that they could and drew upon social support networks to remain resilient in the face of victimizations and threats to safety. While these choices demonstrate ways in which refugees find agency in the integration and adaptation process, they also highlight societal changes that are urgently needed to safeguard the maintenance of newcomer and racialized identities. Further, it is not known whether these shifts to identity contribute to long term resilience or psychosocial health. As was found in the current study, some positive experiences with policing authorities occurred in relation to acts of violence; however, many participants noted ignorance as well as social acceptance of, and insufficient responses to, racism. Representation in municipal, provincial and federal governing bodies is needed (e.g., Syrians in positions of leadership and political appointments), as well as action from these groups to address racism in the Canadian public.

The aforementioned experiences related to racism, discrimination, and insufficient responses to injustice also relate to another pillar of psychosocial adaptation: *Justice*. Participants noted clear injustices regarding discrimination and racism. However, when queried specifically about justice as it related to the pandemic, the participants in this study mentioned that in a way, they felt a sense of justice regarding the pandemic because the entire world experienced it, not just them. Further, some participants noted feeling as though there were supports equally available to all Canadians, which also lent to a sense of justice.

Bonds and Networks. The pandemic hindered the maintenance and development of social bonds and networks, which are essential for psychosocial adaptation. At the same time, the pandemic also saw supportive interactions within families and the local Syrian community. The participants expressed how the pandemic-related restrictions for gathering were particularly difficult for Syrians given the value and importance of social connection for this community. Generally, immigrants in Canada were more concerned than Canadian-born residents regarding social ties and ability to support one another during the pandemic (LaRochelle Côté & Uppal, 2020). Participants herein noted how the disruption to social activities during the pandemic resulted in feelings of isolation, depression, loneliness, and lack of adequate social support. These impacts were noted across a range of individuals including parents, children and seniors. The findings in this study echo other research reports that have found detrimental mental health impacts due to social isolation and lacking social support for refugee parents (Stirling Cameron et al., 2021), youth (Ennab, 2022), and seniors (Johnson et al., 2021). Participants also noted how the delay of family reunifications due to COVID-19 immigration policies thwarted plans to have family members join them in Canada, thus leaving them with fewer supports than anticipated. Further, participants mentioned that for refugees arriving during the height of the pandemic, there were substantially less supports for resettlement, due to closures of services and programs.

Social support within family and Syrian community is a resilience supporting factor for Syrian refugees, and clearly demonstrated psychosocial adaptation during the pandemic. However, Ennab (2022, p. 21) noted that the reliance on social bonds for refugees and other marginalized groups may be indicative of "structural barriers and discrimination, which can push them (newcomers) away from the broader community and toward their own racial or ethnic group". Despite resilience in coping with the pandemic by drawing upon the supports within their own community, the participants in this study did note that they wished that there were better organized efforts to support refugee families. Research with other refugee groups also noted disappointment with facing ongoing structural barriers despite individual and social resilience (Ennab, 2022). Greater efforts are needed from the broader community to support refugee families to bolster other forms of social support, including relationships between newcomers and long-term residents, as well as access to other support networks and services.

Roles and Identities. Disruptions to roles within the family and society occurred during the pandemic, and in turn impacted identity. Shifts and losses of employment and education due to the pandemic contributed to substantial psychosocial stress for the participants in this study. Employment loss with the pandemic and increased financial demands were significant stressors for families. This finding is consistent with several emerging reports from refugees during the pandemic that refugee and newcomer families' sense of stability was severely disrupted by the pandemic, with many reporting not being able to meet their financial needs, as well as experiencing increased anxiety and depression (LaRochelle Côté & Uppal; Sharif-Esfahani et al., 2021). Indeed, a 2023 study found that nearly 40% of Syrian refugees reported that the COVID-19 pandemic disrupted their employment either by reduced hours or loss of employment (Environics Institute for Survey Research, 2022). Disruptions to education, particularly English learning lessons, were a commonly mentioned concern across the interviews in this study. Disruption to English learning has widespread consequences for long-term adaptation because of the way it limits access to employment, further education, access to services, and social connections

with the broader community. In another study with Syrian refugees during the pandemic, Shari-Esfahani and colleagues (2021) found that greater English/French language ability was associated with decreased stress, anxiety and depression. The disruptions to roles resulted in a lack of stability for families, decreased motivation, and disrupted plans for building life in Canada. Despite these challenges, the participants in this study also described ways in which they adapted to changing roles and circumstances during the pandemic, such as helping a spouse with their business from home or learning how to pursue English courses online. It is essential to acknowledge and remove barriers in accessing employment and education for refugees, and attention may be needed following the peak of the COVID-19 pandemic to assess the needs of this community given substantial disruptions.

Existential Meaning. According to the participants, the COVID-19 pandemic impacted their aspirations and hopes regarding their settlement in Canada. They viewed the move to Canada as a means to secure a more stable, safe, and prosperous future for themselves and their families. The pandemic curtailed efforts in this community to integrate and adapt, with participants expressing that the pandemic placed an indefinite pause on the pursuit of their goals and establishment of a meaningful life. Impacts and delays due to COVID-19 were cited as some Syrian refugees' biggest challenge in achieving their life goals in a recent study (Environics Institute for Survey Research, 2022). In this same study 70% of participants noted that their life stress was attributable to the conditions of the pandemic. The living conditions in Canada, especially as they were disrupted during the pandemic, did not meet participants' expectations for their move to Canada. The culmination of disruptions across several facets of integration and impacts on key pillars of adaptation broadly affected the quality of life in Canada. Participants in this study reported wishing for improvements in the COVID-19 situation in order to be able to pursue their goals again. The COVID-19 pandemic may have served as a detour on the pathway towards integration and adaptation and despite the disruptions, Syrian refugees continue to adapt and remain hopeful.

Resilience and Adaptation

Despite the exacerbation of existing marginalization and inequities by the COVID-19 crisis, the findings of the study also reveal the resilience of the Syrian refugee community. This was evidenced especially in the maintenance and reliance on social supports within their families and community, which included reaching out for support and offering support to one another, communicating with family in Syria, attending organized social events online, including readings of the Quran, sports activities, practical lessons, and celebrations of special occasions. Participants also described how they approached challenges in their life with a mentality of perseverance through challenging times, emphasizing a focus on positive aspects of their lives, and minimizing negatives. They also described the deliberate choice to not allow fear to prevent them from living full lives. While social supports were key in adapting to and overcoming adversity, participants also alluded to concepts of self-reliance as important for succeeding in Canada. Adaptation during the pandemic also involved learning how to use technology in order to complete English learning courses from home online or taking on an administrative role for a partner's business during the pandemic.

Western notions of resilience tend to emphasize individual capacities, including the capacity to draw upon social supports, which typically assumes an individualistic world view and internal locus of control, such as drawing upon personal responsibility and autonomy (Atari-Khan et al., 2021; Green et al., 2005; Lynch et al., 2007; Ungar, 2008). A study with Syrian refugees in the United States discovered that resilience in this community included drawing upon faith, relying on family and community support, as well as maintaining a sense of hope, dignity and courage to continue to overcome difficulties (Atari-Khan et al., 2021). The findings of this study echo these findings regarding resilience. As will be discussed below, supports for Syrian refugees should be aware of emic understandings of resilience for this community, which emphasize the buffering role of family and community support, and perseverance and positive appraisal of adversities. Finally, as a host society, Canada must also strive to meet its

obligations to support refugees, including bolstering the aforementioned resilience factors and providing ongoing opportunities and programmes. The UNHCR (2013) describes how integration supports should move beyond initial settlement, be multi-year in nature, and include specialized services, including culturally-relevant social and mental health support services and facilitation of family reunification.

Contribution to the Field and Limitations

This study added to the limited literature regarding resettled Syrian refugees' experiences during the pandemic. While review articles regarding the pandemic and potential impacts on refugee communities have been published, limited empirical literature exists, especially in the Syrian Canadian context. To my knowledge, only three other studies have investigated the experiences of resettled Syrian refugees during the pandemic, one of which was a qualitative investigation of housing-related experiences (Rabiah-Mohammed et al., 2022), another which was a qualitative investigation of mothers who delivered a baby during the pandemic (Stirling Cameron et al., 2021), and the last which was a cross-sectional study examining mental health and stress related to the COVID-19 virus (Sharif-Esfahani et al., 2022). The current thesis research covers an important missing knowledge gap regarding factors related to integration and psychosocial adaption for this community during the pandemic. Given pre-existing inequities, and disproportionate impacts on marginalized communities, an exploratory qualitative study with this community was warranted. This study identified clear and widespread impacts of the pandemic for Syrian refugees in a Canadian city. This study also gave a platform for community members to identify needs and solutions within their community which provide future directions for policy and practice which will be described below. The strength-based and community-led design of this study served to highlight resilience factors and adaptation within the community and offered participants the opportunity to share important needs and possible solutions. Having the

interviews conducted in Arabic and then translated removed a common language barrier often present in Western research.

In addition, although the sample size for this study aligned with my qualitative approach, it should be acknowledged that my sample consisted of a relatively small number of participants. While the participants were diverse in terms of ethnicity, gender, and age, qualitative methods do not allow for capturing all voices of a particular community. Therefore, the group of participants in the current study reflect members of the community that first accessed services through the MCHB organization and participated in community learning for empowerment groups (i.e., CLEGs). It should also be acknowledged that the CLEGs provided the participants an exposure to the ADAPT framework and a model that sought to provide empowerment within the community to identify supports needed, resources present, and solutions. While I believe that there is an inherent knowledge that resides in all humans, there is also the possibility that the CLEG method created shifts in participants' perspectives and sense of empowerment. The potential influence of the CLEG method on perspectives and empowerment may have impacted the results in that this particular group of participants may have relatively more solutions and insights into integration and adaptation processes compared to refugee groups without prior exposure to psychosocial models of refugee integration and adaptation.

In addition, as was touched upon in the methods chapter, certain limitations were present as a master's student completing this research study. Given that the study was ongoing and substantial relationship building had occurred prior to my entry into the project, I was not able to participate in the interviews with the participants. As I completed the thematic analysis, I was aware of queries that arose as I analyzed the data that I could have potentially clarified with participants had I been part of the interviews. Another limitation of the study was that the interviews were not back translated from English to Arabic to check for accuracy. While this is the recommended practice for translation, the time constraints associated with this thesis did not allow for this to occur. These limitations were in part

circumvented through my participation in a stakeholder and community forum where I was able to meet with the participants and engage in a process of member checking to ensure that my writeup of findings accurately conveyed the meaning of their words. Finally, the current study examined the impacts of the pandemic approximately one year into the pandemic. The COVID-19 virus, related public health measures, and downstream impacts are likely ongoing, so this study provides a specific snapshot of impacts relatively early on. Therefore, there is potential for future research to examine how the pandemic may have altered the course of integration and adaption longer term, which is beyond the scope of the current study.

Implications and Recommendations

This study raises awareness of the experience of Syrian refugees during the COVID-19 pandemic and the disruptions to integration and adaptation that occurred. The intersection of primary means, markers and facilitators of integration and pillars of adaptation indicate critical areas to assess and respond to.

Research

In reviewing the literature for this study, I realized the paucity of strength-based research within literature focused on refugees more generally and Syrian refugees in particular. The findings of this study indicate that there is considerable positivity, tenacity, resourcefulness, support, and achievement within the Syrian refugee community in Canada. While it would be unreasonable to turn a blind eye to the inequities and adversity that refugee communities face, I believe that ignoring strengths and successes within communities reduces their humanity to a unidimensional portrayal and misses an opportunity to understand the factors that are bolstering them through challenging experiences, or to celebrate the ways in which they are experiencing success in their lives.

Future research can endeavour to take a strength and community based participatory approach to work with refugees. The CLEG method employed by the broad study provides a novel approach that

involves sharing knowledge and facilitating empowerment for communities. In future work with

marginalized communities, I would recommend drawing upon methods that elicit strength-based

discussions, particularly as this study, along with previous studies, have identified tremendous resilience

and adaptation within refugee communities that can serve as a guide regarding areas to continue

bolstering. Additionally, the interviewers in this study directly asked participants to share what needs

and solutions were present from participants' perspectives. It was important to provide otherwise

marginalized communities with opportunities to vocalize their needs and identify solutions that are

desirable and potentially more feasible than those identified from outside their own communities.

Similar approaches are recommended for use in future research projects. For example, the community

needs assessment developed by the Centers for Disease Control and Prevention "provides community

leaders with a snapshot of local policy, systems, and environmental change strategies currently in place

and helps to identify areas for improvement," where "communities can map out a course for health

improvement by creating strategies to make positive and sustainable change in their communities"

(2013, p. 6).

The current study drew upon two well-established theoretical frameworks within the

integration and adaptation literature as it pertains to refugees, namely the Indicators of Integration

framework and ADAPT model (Ager & Strang, 2008; Ndofor-Tah et al., 2019: Silove, 2013). Future

research may endeavour to engage in this research area using theories such as Critical Race Theory

(CRT) and Intersectionality (Cho et al., 2013; Crenshaw, 1991; Delgado & Stefancic, 2017), and Liberation

Psychology (Comas-Díaz & Torres Rivera, 2020). Given the systemic inequities and experiences of racism

and discrimination that were noted within this study, alternative research paradigms such as CRT and

Intersectionality that seek to better understand the interplay between race, racism and structures of

power may provide additional meaningful contributions to this topic (Cho et al., 2013; Crenshaw, 1991;

Delgado & Stefancic, 2017). Research through the paradigm of Liberation Psychology would seek to raise

awareness of oppressive historical, social, and political structures and systems, disrupt and decenter Western Eurocentric perspectives, and engage in participatory research which centers knowledge, experiences, and leadership of communities (Fernández, 2020). For research that strives for transformative justice, Participatory Action Research (PAR) that is oriented to the liberation of communities facing oppression would emphasize "the experiences, voices, and power of oppressed communities… to redress and deconstruct conditions of systemic violence and marginality at multiple structural levels within society," as well as prioritize tangible action and change (Fernández, 2020, p. 125). While the broad project in which this study was situated drew upon Community-Based Participatory methods using the Community Learning for Empowerment Groups (CLEGs), ongoing examination of the impacts of the COVID-19 pandemic could employ Liberation Psychology methods more intentionally with the Syrian and other refugee communities, depending on their interest in this work (Minkler & Wallerstein, 2011). Further research that involves meaningful participation and leadership of community members, as well as examines the experiences of those communities experiencing marginalization from their own perspective, while a applying a critical lens to social and political contexts is warranted.

While the world has by and large moved past the COVID-19 pandemic, the impacts of the pandemic may be ongoing. The findings of this study highlighted that, for communities facing marginalization, strains such as the pandemic shine light in the cracks of an already inequitable system. Initial findings, including the ones in this study, along with other recent publications in Canada (e.g., Ennab, 2022; Rabiah-Mohammed et al., 2022; Sharif-Esfahani et al., 2022; Stirling-Cameron et al., 2021; Zivot et al., 2022), show that refugees and other newcomers were heavily impacted by the pandemic whilst still immersed in the process of integration and adaptation. Future researchers may seek to work with refugee communities to assess what supports and strategies are efficacious and what is needed to continue to facilitate integration and adaptation. In such future work, researchers should strive to use

participatory methods which take a position of collaboration and are culturally and linguistically appropriate.

In addition, researchers conducting future work with refugees should consider proximal and distal layers of support both during and after crisis that can help to diminish structural disadvantages. Browne and colleagues (2021) developed a resilience framework for refugee families during the COVID-19 pandemic to support mental health needs, and noted that responses should be "multilevel, trauma-informed, family focused, cultural and linguistically sensitive, and access oriented" (p. 3). The elements of this framework also provide potential areas of research to identify targetable areas for policy and practice. From a multilevel perspective, this could involve examining different levels of the ecology, including organizations, school systems, local communities, neighbors, families, and individuals to identify which levels may be buffering against adversity or in need of development. Moreover, in working from a trauma-informed perspective, research should promote "family safety, choice, collaboration, trust, and empowerment" (Browne et al., 2021, p. 8). Given barriers to accessing services and information, researchers are also encouraged to focus on knowledge dissemination and mobilization efforts that "promote availability, access to, and uptake of services" (Browne et al., 2021, p. 8).

Practice

The participants in this study identified a plethora of recommendations for practice that are relevant to the Syrian refugee community, and which may extend to other refugee groups in Canada. I will highlight a few key recommendations that were emphasized in the interviews, including the development of Syrian-led community organizations, greater opportunities for social connection, and support for accessing and using technology. First, several participants identified that they wished for a community organization that was led by Syrian community leaders. This type of organization would have sovereignty over their financials ensuring that funds were going directly to supporting their community.

The organization would serve as a hub for community efforts to funnel and organize volunteering in the Syrian community as a unified force. The organization would offer cultural and linguistically accessible supports that are trauma-informed, and support community members in navigating systems in Canada in part through fostering a sense agency and empowerment. Community-led organizations have been previously found to be beneficial for the Syrian refugee community in Jordan with the "Syrian Bright Future" group (Abo-Hilal & Hoogstad, 2013). This initiative worked with community volunteers to identify needs and support thousands of refugees in a short period of time (Abo-Hilal & Hoogstad, 2013). Prior research in Canada has noted the benefits of cultural brokers to support integration and psychosocial adaptation of Syrian refugees as well (Yohani et al., 2019b). The suggestions of the participants in this study echo previous recommendations of "enhancing community-based resources to provide training of community leaders in facilitating discussion around psychosocial adaptation needs, [and] raising awareness of services/supports" (Yohani et al., 2019b, p. 1198). The development of strong community organizations is a building block of social links, and/or social capital, where refugees can learn where and how to access the services and rights they need and deserve.

My study raises awareness of both the disruption to but also reliance and maintenance of social networks for this refugee community during the COVID-19 crisis. Echoing other research with Syrians and refugees more broadly in Canada, social connections are an essential component of resilience and psychosocial adaptation. Several layers of social connections should be addressed in work with refugees, including social bonds, social bridges, and social links. As seen in this study, a strength within the Syrian refugee community in Canada has been the growth and participation in support through social bonds. Several participants in this study noted the need for greater opportunities to meet as Syrian community members. Though mentioned to a lesser extent, participants nonetheless noted needs for social bridging, or connections with the broader Canadian society. Here participants expressed the importance of efforts to increase awareness and understanding of (non-newcomer) Canadians about refugees. One

participant poignantly described the need to be able to "share their story and be accepted," by other

Canadians. Efforts to inform the Canadian public in national, provincial, municipal and in smaller

institutional (e.g., workplaces and schools) settings are warranted. Misconceptions, misunderstanding,

and more serious xenophobia and racism towards refugees and other newcomers continue to plague

Canadian society and impede the two-way integration model that Canada claims to enforce. Social

bridges between newcomers and host members that embody mutual understanding, respect,

acceptance and friendliness have been cited as important for refugees to feel integrated and safe in a

new country (Ager & Strang, 2008; Ndofor-Tah et al., 2019).

The public health measures implemented during the COVID-19 pandemic illuminated ongoing

gaps in integration and adaptation for refugees regarding digital skills and access to technology. Digital

literacy and technology are a modern necessity, and while integration frameworks have now included

these skills and tools as a key aspect of integration, in practice refugee communities require greater

support in this area. Several participants in this study noted a need for digital literacy courses;

settlement programs and efforts need to include this type of learning to support refugees with accessing

services, employment and education. Access to technology may also be a new "basic need" and while

free technology resources are available through some libraries for example, lockdown orders prevented

access to these. In incidences such as the COVID-19 pandemic, many families were unable to access

education, employment or information due to not having the means to have devices or pay for internet

services.

Policy

The findings of this study demonstrate that there are discrepancies in the support that refugees

need and the support that they are receiving. As a resettlement country, Canada is not comprehensively

meeting the expectations for settlement support. Refugee communities, such as the Syrian refugees

who participated in this study, are facing substantial inequity. Key factors of integration, including

employment and education, remain ongoing areas of concern for Syrian refugees in Canada, with many

reporting difficulties with poverty and barriers to accessing financial aid and gainful employment. Given

the current restrictions for working in Canada that require certain levels of English language knowledge,

many refugees who continue to be on the journey of learning English are barred from accessing

employment. Understanding and practical policies need to adjust for realistic timelines for language

learning, and strive to support refugees as they learn English, and access employment. Programs being

developed in Canada to support language learning, such as a virtual learning program being offered by

the Syrian Canadian Foundation, should be considered and supported (2023). Barriers in accessing

employment, including recognition of credentials and previous experience, need to be addressed. Policy

reforms and efforts to have global credentials recognized in Canada are needed. While financial aid is

available to a certain extent, the current set-up of the system forces individuals to either continue to

receive financial aid, or risk financial insecurity by choosing to join the workforce, with many jobs being

unstable and inadequate in meeting basic needs. A model of support that covers basic needs while

individuals build sustainable careers is recommended. Models of universal basic income, for example,

have demonstrated success globally and in Canada, and might be considered in the context of refugee

resettlement (Basic Income Canada Network, 2023).

More settlement supports and funding, with special attention to refugees who face intersecting

social and systemic inequities, including families with young children, seniors, and those with disabilities,

are needed. Refugee communities have inequitable access to the Social Determinants of Health (e.g.,

housing, employment, food), which were further exacerbated during the pandemic. Supports for

refugees should also aim to address accessibility of services including transportation, language, and

technology barriers.

Finally, social justice advocacy for marginalized communities, including Syrian and Muslim

people in Canada is necessary. This study identified that individuals within this community have

experienced racism and violence and are seeking justice for these violations. Community members, those who are working alongside refugees, and those at higher systemic levels should strive to advocate for the rights and just treatment of marginalized groups. Practitioners working with Syrian refugees and other marginalized groups are encouraged to seek training in multicultural practices and advocacy training. Working towards cultural humility, acknowledging and validating experiences, addressing microaggressions, and advocating for the rights of clients in workplaces, schools, healthcare, and policy are all suggested.

Conclusions

This study adds to the dearth of literature with resettled Syrian refugees and contributes to the paucity of empirical literature regarding resettled refugees during the pandemic. Further, no other study to date has examined the impacts of the pandemic for refugee communities specifically from the lens of integration and adaptation. The current study underscores the overarching impacts of the pandemic on newcomer populations that already face inequities in resettlement countries. This study also illuminates the ways in which this refugee community has adapted and remained resilient whilst experiencing further challenges accompanied with the COVID-19 pandemic. The design of this research provided a structure and platform to work alongside this refugee community to share knowledge, identify strengths, vocalize needs, and provide solutions going forward. Future research and community efforts may endeavour to employ participatory methods, such as the community learning for empowerment groups (i.e., CLEGs) used in this study. Advocacy and justice-oriented action is called for regarding ongoing supports for newcomer families to ensure that resettlement commitments are being met well beyond the early settlement phase, especially in instances where further stressors, such as the pandemic, may be occurring.

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Appendix A

Study Information Letter

Study Title: Psychosocial Adaptation of Syrian Refugee Communities Using Community Learning Empowerment Groups

Research Investigator:
Sophie Yohani, PhD. (Principal Investigator)
Educational Psychology, Faculty of Education, University of Alberta
Email: sophie.yohani@ualberta.ca   Phone: (780) 492-1164

Background and Purpose:
We are conducting a research study to explore adaptation to life in Canada for Syrian refugees. We used Community Learning for Empowerment Groups (CLEGs) to explore adaptation. We are currently looking to gather additional information about the impact of the COVID-19 pandemic on the Syrian community. You are being invited to participate in this research project because you have been identified as a Syrian with refugee experience and who has been in Canada for less than six years and you have also participated in the Community Learning for Empowerment Groups. The results of this study will be used to improve services that support settlement and integration of refugees to Canada, and to develop a training manual for other communities or organizations that wish to run psychosocial adaptation groups for various communities affected by conflict.

Study Procedures:
You will be asked to participate in an online individual interview or focus group, lasting about 1-2 hours. The interview will be conducted online via Zoom, or over the telephone via WhatsApp voice calling with a member of the research team.

Benefits:
The results from this study, in which your own identity is guaranteed to be protected, will be published and presented (e.g., at conferences, community workshops) in order to spread awareness of the impacts of COVID-19 on the Syrian community. There are no foreseeable financial costs to you associated with being in this study.

Risks:
The risks in participating in this study are minimal, but in discussing the topic of trauma through the ADAPT model or hearing other community members' experiences, you may experience some emotional distress or psychological fatigue. To ensure you are as comfortable as possible interviewers will be trained in trauma-informed practice and support, and you will be given a list of mental health supports available within the Multicultural Health Brokers Cooperative and the community. You can also choose to not answer any questions that may lead to discomfort, and if you would like to speak to someone after the interview you may contact the researcher identified above.
Risks of conducting research online/over the phone are minimal, however Zoom videoconferencing platform (an externally hosted cloud-based service) collects IP addresses, and there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the

research team. To reduce this risk, recordings will be saved on the researcher's computer rather than on Zoom. Security measures will also be taken to ensure no unauthorized persons may enter the meeting.

Voluntary Participation:
You have the right to refuse this invitation to participate. Whether you choose to participate or not, will in no way affect your relationship with the Multicultural Health Brokers Cooperative and its employees. You can also withdraw from the study during the interview. You will only need to let the research team know and you will be withdrawn from the study.

Research Data and Withdrawal:
Research materials will include written notes taken during the interviews and photographs of images, objects or creations relating to the topics being discussed, that you may bring or create during the groups. Photographs of your objects or images and creations developed during the study will be collected by the research team, but any information that leads back to you will be removed to protect your identity, unless you choose otherwise. You can choose to have your information removed up to 2 weeks after each takes place. This two-week limitation is in place as data analysis in qualitative studies occurs at the same time with data collection to inform questions in the subsequent interviews.

Confidentiality:
Research materials will be kept confidential and only the academic members of the research team will have access to this information. Any identifying information that can be linked back to you will be removed before publishing or disseminating any findings. All electronic data will be password protected and all research materials will be stored in locked file cabinets in the research lab that only the research team will access. Since focus groups will involve other participants, we cannot guarantee the confidentiality of what is said during that time.

Honorarium:
You will be provided with an honorarium of a $25 gift certificate to thank you for your participation in this research project.

Additional Information:
The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Appendix B

Consent Form

Cultural Broker, Community Leader, and Community Member Consent Oral Script

Study Title: Psychosocial Adaptation of Syrian Refugee Communities Using Community Learning Empowerment Groups

Research Investigator:
Sophie Yohani, PhD. (Principal Investigator)
Educational Psychology, Faculty of Education, University of Alberta
Email: sophie.yohani@ualberta.ca   Phone: (780) 492-1164

Researcher Script: "We are conducting follow-up interviews with Community Learning for Empowerment Group participants to understand the impacts of the COVID-19 pandemic on the Syrian community. We will be conducting individual interviews and focus groups via Zoom videoconferencing platform, telephone, or WhatsApp voice calling. Interview data will be video or audio recorded. Zoom collects IP addresses, and there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team. To reduce this risk, recordings will be saved on the researcher's computer rather than on Zoom. Security measures will also be taken to ensure no unauthorized persons may enter the meeting. Interviews will last 1-2 hours, and participants will receive $25 gift certificate as an honorarium. Do you consent to participate in interviews?"

Participant Script: I, [full name of participant] consent to participate in interviews.

Appendix C

Interview Protocol

Interview Protocol for Impacts of COVID-19 on Syrian Community

Study Title: Psychosocial Adaptation of Syrian Refugee Communities Using Community Learning Empowerment Groups

Research Investigator:
Sophie Yohani, PhD. (Principal Investigator)
Educational Psychology, Faculty of Education, University of Alberta
Email: sophie.yohani@ualberta.ca   Phone: (780) 492-1164

Interview Questions

1. How, in your opinion, has COVID-19 impacted the Syrian community in Edmonton?

   Probe: What are the health impacts, economic impacts, social impacts?

2. When you reflect on the adaptation experiences shared by your group during our project, what have been additional experiences that were brought on by COVID-19?

   Probe: Have there been experiences that are seen in any of the following domains of the ADAPT model?
   - Safety
   - Justice
   - Attachment/Bonds
   - Meaning
   - Identity

3. How has the Syrian community responded to support themselves during the COVID-19 pandemic?

4. What, in your opinion, are some of the current needs in relation to the impacts of COVID-19?