



Youth-identified Considerations for Programming to Support Newcomers' Healthy Development: A Group Concept Mapping Study

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Abstract

Background There is a well-documented need for more responsive promotion and prevention programming for young immigrants and refugees in the context of mental health and healthy development. Incorporating the voice of newcomers in the development of promotion and prevention efforts could assist in producing culturally-relevant materials and improve program outcomes.

Objective Our goal was to utilize youth voice to identify considerations for developing programming to support newcomer youths' healthy development.

Methods We employed mixed methods and analyzed data using concept mapping. A total of 37 newcomers between the ages of 14 and 22 participated in focus groups to share their ideas for creating programming that would focus on relationships and well-being. Relevant responses were collated, cleaned, and generated into unique statements, and then sorted individually by 26 youth into thematically similar categories. We used multidimensional scaling and hierarchical cluster analysis to produce a concept map.

Results Six concepts, in rank order of importance, emerged as follows: create a space for sharing; discuss relational issues; teach strategies for adjusting to a new country; teach wellness skills; have feel-good activities; and plan for diversity.

Conclusions Participants' lived experience and their own attendance in programming at newcomer organizations assisted them in brainstorming what types of activities, topics, and skills would be helpful for other newcomer youth, as well as considerations for facilitators implementing such programming. Promotion and prevention efforts intended for newcomer youth may benefit by incorporating ideas from the concept map.

Keywords Newcomer · Youth voice · Mixed-methods · Concept mapping · Well-being · Relationships

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The 21st century has been marked by an increase in international migration (United Nations, 2017), including a record high of forcibly displaced persons across the globe (United Nations High Commissioner for Refugees [UNHCR], 2019). As a result, populations in developed countries comprise higher proportions of immigrants and refugees. For example, immigration accounts for approximately two-thirds of the population growth in Canada (Statistics Canada, 2017). The country currently welcomes 250,000 to 300,000 newcomers as permanent residents each year, including around 30,000 refugees in 2020, and has plans to increase these numbers in the coming years (Immigration, Refugees, and Citizenship Canada [IRCC], 2019, 2020). Throughout this paper, the term newcomer will be used to encompass and describe resettled immigrants and refugees.

Newcomer youth have been identified as having unique psychosocial needs as a result of stressors faced throughout the migration process, along with developmental tasks associated with this period of life (e.g., development of close friendships and identity formation; Berger 2008; Brar-Josan & Yohani, 2019). Stressors during the pre-migration and transit phases can include family separation, traumatic exposure, and harsh living conditions; following resettlement, stressors such as language barriers, adjusting to a new culture and school system, navigating new social and peer norms, and feelings of rejection and isolation brought on by racism and discrimination may also be experienced (Birman & Morland, 2014; Kirmayer et al., 2011).

Although newcomer youth demonstrate a great deal of strength and resilience, many experience academic, emotional, and behavioural difficulties, and tend to report lower levels of life satisfaction when compared to native-born peers (Betancourt et al., 2012; Stevens et al., 2015). Refugee youth in particular, are at risk for higher stress levels, post-traumatic stress disorder, and other related mental health difficulties (d'Abreu et al., 2019; Hadfield et al., 2017; Marshall et al., 2016). Navigating acculturative stressors and mental health issues during the developmental period of adolescence can create further challenges, possibly leading to or exacerbating engagement in risk behaviour such as falling out of the school system, substance use, and delinquency (Christmas & Christmas, 2017). Risk behaviour can impede healthy development and put youth at risk for experiencing further adversity (Jessor, 2016). The purpose of this research was to utilize youth voice to identify considerations for developing programming to support newcomer youths' healthy development. Here we explored the usefulness of Group Concept Mapping (GCM), a mixed methods approach, to determine activities, topics, and skills newcomer youth believe would be helpful, as well as broader considerations for newcomer programming.

The Gap in Promotion and Prevention Programming for Newcomers

There is a well-documented need for more responsive promotion and prevention programming for young newcomers, especially for refugee youth in the context of mental health and healthy development (Erucar et al., 2018; Fazel & Betancourt, 2018; Hansson et al., 2010; Hettich et al., 2020; Marshall et al., 2016). Of the small evidence base that exists, individual and group interventions that have most commonly been employed are creative expression (i.e., art, music, and drama) and cognitive behavioural principles, which aim to reduce trauma-related impairment and improve mental health and social-emotional functioning (Sullivan & Simonson, 2016; Tyrer & Fazel, 2014). Although positive impacts have

been identified in the literature for these interventions, samples are typically small and findings tend to be unreplicated, making it difficult to draw concrete conclusions about the effectiveness and appropriateness. Furthermore, while these intervention research studies might include measures of youth functioning and distress, they rarely incorporate youths' perspectives and preferences. Additionally, barriers prevent youth from accessing these types of services (Valibhoy et al., 2017; Wood & Newbold, 2012). Even less research has been devoted specifically to parenting and family interventions (see Fazel & Betancourt 2018), as well as teacher-led (e.g., Gormez et al., 2017) and peer-based health promotion interventions (e.g., Im & Rosenberg 2016), despite the benefits these types of supports could have in enhancing youths' mental health and healthy adjustment.

The Role of Relationships in Healthy Development

Positive relationships, especially those in the school and community settings, are essential to learning and youth development, including identity formation and healthy behaviour (Osher et al., 2020). Research has shown that positive and supportive relationships offer protective benefits for newcomer youth. These include successful adjustment, academic engagement, sense of belonging, emotional support, and a sense of safety, while also acting as a buffer against immigration stress and engagement in risk behaviour, and mitigating the effects of school violence (Fazel & Betancourt, 2018; Sanchez et al., 2019; Suárez-Orozco et al., 2009). The importance of connectedness and development of social networks has also been highlighted in a recent review of psychosocial interventions for adolescent refugee youth (Hettich et al., 2020).

During the initial evaluation of a strengths-based resilience intervention in Ontario, social and emotional benefits related to the development of relationships, such as sense of belonging, feelings of safety, and increased comfort in discussing experiences related to relocating in Canada, were identified by youth (Crooks, Kubishyn et al., 2020). Additional research has revealed newcomer perceptions that social support promotes health, social integration, and support-seeking skills for coping (Stewart, 2014). Yet, in the context of migration where youth must reconstruct their social networks, challenges such as difficulty making friends with locals, bullying and racism, and a lack of social support appears to be a reality for many newcomer youth in Canada (Guo et al., 2019; Stewart, 2014). As such, support for developing positive relationships appears to be an important focus for promoting healthy development, along with strategies and policies aimed at reducing discrimination and other problematic actions targeting young newcomers.

Newcomer Youth Voice in Research

Not much is known regarding newcomers' perspectives on intervention preferences. Child and adolescent perspectives have infrequently been included in developing promotion and prevention efforts due to expert-driven, positivistic, and biopsychosocial perspectives that underlie health and mental health research (Liegghio et al., 2010). However, scholars have suggested that including youth voice in development and evaluation could improve program outcomes (Checkoway & Richards-Schuster, 2004; Edwards et al., 2016; Waterman et al.,

2020). Furthermore, research has shown that when target populations are involved in identifying problems that need to be addressed, outcomes are improved (Reich et al., 2015). There is currently very little literature capturing the voices of newcomer youth (Kanu, 2008; Knap, 2018). In order to effectively meet their needs, these youth must have a platform to voice their concerns and engage with those in power. Incorporating the voice of newcomer youth in shaping services that target their healthy development may assist in producing culturally-relevant materials and activities, and possibly minimize barriers to services (Bader et al., 2007; Marshall & Begoray, 2019).

Theoretical Framework

In line with participatory action research, recent positive youth development approaches have focused on youth empowerment (Jennings et al., 2006). This research is guided by an empowerment framework, engaging newcomer youth and centralizing their perspectives in order to shape services that support them. According to Zimmerman (2000), “empowerment theory connects individual well-being with the larger social and political environment and suggests that people need opportunities to become active in community decision making in order to improve their lives, organizations, and communities” (p. 5).

Research that engages youth can support empowerment-based outcomes for youth (Wagaman, 2015). Zimmerman (1995) summarizes three components related to empowerment outcomes: (1) intrapersonal; (2) interactional; and (3) behavioural. The *intrapersonal component* refers to beliefs about perceived control and self-efficacy to influence change and desired outcomes. The *interactional component* refers to one’s critical awareness of factors in their society and context that shape their life and understanding of the resources and behaviours needed to influence outcomes. The *behavioural component* refers to the actions an individual takes to make desired changes in their environment and adapt to change.

Empowerment theory guided our work in multiple ways. It prompted us to consider how we conduct research with newcomer youth in a manner that recognizes youth as being the experts of their lives, builds on their strengths and resilience, and aims to reduce power differences when possible. It also guided the research question for the current study. Newcomer youth were involved in an empowering process whereby we encouraged youths’ problem-solving and leadership skills as they relate to managing and supporting well-being (i.e., sharing their knowledge and ideas for programming). Youths’ competence, self-efficacy, self-esteem, and prosocial behaviour can be promoted when they are active contributors in research (Wong et al., 2010; Zimmerman, 1995).

The Present Study

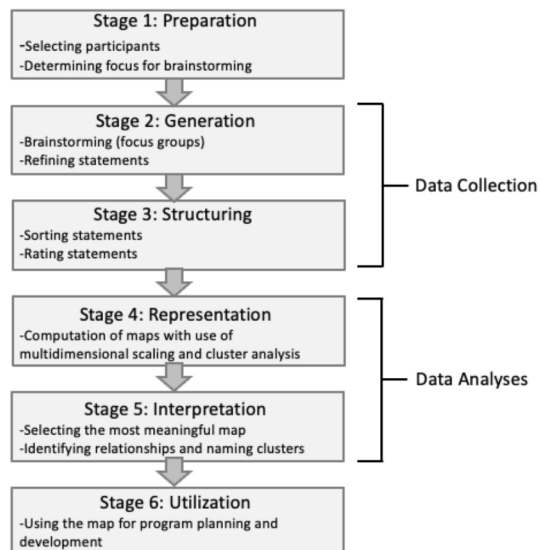
The present study examined newcomer youths’ collective insight about important considerations and programming topics related to healthy development, including well-being and relationships upon resettlement. It is positioned at the intersection of some existing literature about the importance of healthy relationships for newcomer youth, emerging literature on the effectiveness of group-based intervention, and a call to action about including youth voice in program planning. We utilized group concept mapping (GCM) because of its par-

ticipatory nature (Kane & Trochim, 2007). Youth were given the opportunity to be directly involved in identifying specific supports (i.e., content and activities) they believe would be helpful, as well as broader considerations for newcomer programming based on their lived experiences. Participants sorted ideas into categories and rated each idea's importance, capturing their perspectives on the relationships between ideas and their importance. We intended to produce youth-generated ideas that can be used to inform future development and modification of programming to support newcomer youths' healthy development. We hypothesized that we would see some youth preferences emerge from group concept mapping that are already identified in the existing literature, such as problem-solving skills (e.g., how to resolve relational conflict), stress reduction strategies for daily life stressors (e.g., peer acceptance, bullying, and peer pressure), information to promote well-being (i.e., psychoeducation), and having a safe non-judgemental space to share (Parikh, 2019); however, the nature of group concept mapping is such that we did not have specific hypotheses about the number of concepts or exact elements.

Method

GCM is an integrative mixed methods approach that helps organize a group's ideas into a visual representation (Trochim, 1989). The qualitative component of this approach included focus groups for the purpose of generating ideas and unstructured sorting of the ideas. Following this, we applied rigorous quantitative analyses (i.e., multidimensional scaling and hierarchical cluster analysis) to the qualitative data using a group concept mapping software that produced a series of interrelated maps (Kane & Trochim, 2007). We believed GCM was well-suited for the aim of this research for several reasons. GCM provides insight into youths' thoughts and ideas, as well as their perceived importance of the generated ideas,

Fig. 1 Schematic illustration of the Group Concept Mapping (GCM) Process



and allows youth the opportunity to be the experts in interpreting the data to reduce the likelihood of researchers imposing their own biases (Burke et al., 2005; Dare & Nowicki, 2019; Kane & Trochim, 2007). This method is ideal for program development in the area of mental health and for marginalized groups, and provides a rich understanding of group experiences (Burke et al., 2005; Trochim & Kane, 2005). The stages in this approach are outlined in Fig. 1 and discussed below in the context of the present study.

Participants

A purposive sample of adolescents and young adults (N=49) attending programming at newcomer-serving organizations from two medium-sized Canadian cities participated in one or both of the activities for concept mapping. As it is not necessary to include only the initial participants from the generation stage in the structuring stage (Trochim & McLinden, 2017), the demographics for participants in each activity differed somewhat. Therefore, we describe samples further in the generation and structuring sub-sections. Overall, females who arrived with refugee status from Middle Eastern countries made up the largest group in both activities. The average time living in Canada was approximately three years and participants ranged from 14 to 22 years of age. Youth who could not speak English were excluded from the study. Table 1 shows participant demographic characteristics.

Procedure

Step 1: Preparation. The specific focus for conceptualization in the present study was, “What considerations do newcomer youth have for developing programming addressing relationships and well-being upon resettlement to meet their needs?” Administrators at the organizations recruited youth using a verbal recruitment script. Parental consent and youth

Table 1 Participant Demographics

	Genera- tion (Focus Groups;n=37); count (%)	Structuring (Sorting/Rating; n=26); count (%)
Age (years)		
Mean (standard deviation)	17.1 (1.73)	16.8 (1.33)
Gender		
Female	24 (65)	15 (58)
Male	13 (35)	11 (42)
Status entering Canada*		
Immigrant	13 (35)	8 (31)
Refugee	24 (65)	15 (58)
Ethnicity		
Asian	-	1 (4)
African	8 (22)	-
Latino	2 (5)	2 (8)
Middle Eastern	27 (73)	23 (88)
Time Residing in Canada (years)		
Mean (standard deviation)	2.89 (1.90)	2.92 (1.41)

*Three youth did not specify their status during the structuring step.

assent were obtained for youth 16 years and under; youth 16 years and older signed a participant consent form. Our university's institutional review board reviewed and approved the study. All procedures were in accordance with the ethical standards of the institution. Additionally, we followed the mixed methods standards recommended by the APA task force (Levitt et al., 2018). Both authors have previous experience utilizing GCM and familiarized themselves with the procedure through a workshop and review of the literature.

Step 2: Generation. During the generation phase, the first author conducted four focus group discussions (three mixed-gender groups and one all-female group) at newcomer-serving organizations with 8–11 youth per session. A research assistant was also present to take notes. Youth responded to the focus prompt, “Pretend you were creating a program for people around your age to help them with things like their relationships, keeping a healthy mind, and being at a new school in a new country. What topics or types of information would be important for them to learn about?” Participants responded in an unstructured and free-flowing format, and were occasionally prompted to clarify or further explain their answer. We used member-checking to ensure that the moderator's understanding of the participants' ideas and experiences was accurate. The first author introduced herself as a doctoral student prior to each discussion, briefly explained the purpose of the study, and facilitated an icebreaker activity to build rapport and allow youth to become acquainted with all who were present.

A total of 37 youth ranging from 14 to 22 years of age ($M=17.1$, $SD=1.7$) participated in the focus groups during fall 2019. More youth were female (65%), entered Canada as refugees (65%), and had resided in the country for several years ($M=2.89$, $SD=1.9$). The largest proportion of youth came from countries in the Middle East (73%), and within this group, youth primarily identified as Syrian (27%) and Arab (27%). Discussion ranged from 30 to 55 min across the focus groups. The first author audio-recorded focus groups transcribed recordings using Trint, a voice-to-text software. She then reviewed and revised transcriptions for accuracy.

Following focus groups, the first author extracted responses that related to the focus prompt from transcripts. Using an iterative process, she then collated and cleaned extracted responses, and generated into individual statements. Specifically, responses were edited to be short and clear to allow for the essential meaning of the statements to be understandable for youth in subsequent steps, a process known as idea synthesis (Kane & Trochim, 2007). Additionally, she separated multiple ideas to ensure that one statement represented one idea, and then coded responses as unique, redundant, or not relevant; redundant statements were removed (see [appendix](#)). The second author and an additional researcher with group concept mapping expertise reviewed the first author's codes, and suggested revisions and clarifications for nine statements to ensure that participants' main ideas were accurately depicted. We re-introduced four additional unique statements from the initial list of possible statements based on further discussion among authors and research colleagues. We identified a total of 40 unique statements and printed each on its own card to be sorted.

Step 3: Structuring. The first author returned to the same newcomer-serving organizations, approximately two months following the first focus group, to invite youth to participate in a sorting activity. Youth individually organized the 40 statements into thematically similar categories, and used sticky notes to write labels for each of the piles they created. Youth then rated the importance of each statement to identify the most important responses using a 5-point Likert scale (1=*not at all important* to 5=*very important*). Given that the

majority of youth spoke Arabic (23 of 26 youth), a research assistant, and in one instance a staff member, translated instructions to further facilitate understanding of the tasks. These individuals were also present during the session to translate statements into Arabic as needed.

A total of 26 youth ranging from 15 to 19 years of age participated ($M=16.8$, $SD=1.33$), including 12 youth who had not participated in the focus groups (see Table 1). Similar to the make-up of focus groups, more participants were female (58%), entered Canada as refugees (58%), and had resided in the country for several years ($M=2.9$, $SD=1.41$). Additionally, the largest proportion of youth came from countries in the Middle East (88%), and identified as Syrian (46%) and Arab (23%). Participants were compensated with a \$20 gift card for each session they participated in (i.e., focus group and/or sorting session).

Data Analyses

Step 4: Representation. Data were analysed using concept mapping (Trochim, 1989) with the software groupwisdom™. Data collected during the face-to-face sorting session were entered into the software. This approach applies multidimensional scaling and hierarchical cluster analysis to participants' qualitative data to produce cluster maps depicting the group's ideas in conceptual domains and their interrelationships (Burke et al., 2005; Johnsen et al., 2000). The multidimensional scaling procedure creates a two-dimensional data point map to represent the relationships among the generated statements. Specifically, a spatial coordinate was assigned to each generated statement, and the distance between the coordinates on the map denotes conceptual similarity among the statements (Kane & Trochim, 2007). Statements piled together most often appear closer to each other in two-dimensional space, while those piled together are less frequently further apart. A hierarchical cluster analysis was conducted to organize statements into clusters. Group concept mapping software uses a bottom-up algorithm, whereby each statement is initially viewed as a single cluster that are then merged into pairs of clusters to create different cluster solutions.

Step 5: Interpretation. The map produced in the current study resulted in a stress value of 0.253 after 10 iterations, suggesting good fit and internal representational validity for group concept mapping (Rosas & Kane, 2012). A bridging index from 0 to 1 was also produced for each item on the map to represent whether it was sorted with nearby items or with further away items. Items with lower values generally indicate that they were only sorted with items close by, while items with higher values indicate that they were sorted with items both nearby and further away.

As noted by Kane & Trochim (2007), there is no scientific way to select the optimal cluster solution. In our case, we examined solutions ranging from four clusters to nine clusters. We determined that the most meaningful map based on best conceptual fit and anticipated practical application of the results was a six-cluster map. This involved reviewing the contents within each cluster for conceptual similarity and contrasting them with responses in other clusters for conceptual difference. We assigned labels to clusters based on a review of the content within each cluster and the "best fit" labels that the software generated from participants' pile names. Consistent with guidelines produced by Waltz et al., (2015), we created labels that were action-oriented, short and simple, and thus both easy to remember and understandable to the layperson. Prior to finalizing labels, a group of six researchers with varying educational backgrounds provided feedback on content within clusters to add

additional perspective and confirm the accuracy of the labels. The map and ratings of importance that emerged are described in detail in the following section.

Results

Figure 2 depicts the final six-cluster model and includes the following concepts: create a space for sharing; discuss relational issues; teach strategies for adjusting to a new country; teach wellness skills; have feel-good activities; and plan for diversity. See Table 2 for cluster contents, their bridging values, and importance ratings.

Create a Space for Sharing

This concept contained only four statements, and was viewed as the most important for developing programming with newcomer youth ($M=3.99$, $SD=0.41$, bridging value=0.26). The statements in this cluster suggest that youth believe it is valuable to have time where they can share their experiences and feelings, and talk about how they are managing on a day-to-day basis. This cluster also contained the second highest-rated statement “Keep youth safe” ($M=4.50$, bridging value=0.29).



Fig. 2 Youth Concept Map Displaying Six Clusters of Ideas for Programming with Newcomer Youth. (Note. Each point is numbered and represents an individual statement. Numbered statements can be seen in Table 2. Clusters that are closer together on the map are similar in meaning, and larger clusters indicate broader concepts. This figure was produced with the groupwisdom™ software.)

Discuss Relational Issues

The concept rated as second most important included six statements ($M=3.98$, $SD=0.37$, bridging value=0.69). Statements highlighted having a discussion about essential topics and issues that newcomer youth can experience in social interactions and relationships (e.g., “talk about peer pressure,” “talk about relationships with friends and siblings”). Notably, within this cluster was the item rated as being the most important by youth, “Talk in English to help improve English skills” ($M=4.62$, bridging value=0.96), which was also found to be related to all other statements according to youth (i.e., high bridging value).

Teach Strategies for Adapting to a New Country

This cluster contained six statements addressing suggestions that youth have to help other newcomers learn about and adapt to Canada ($M=3.94$, $SD=0.27$, bridging value=0.25). Items were related to adjusting to a new culture (e.g., “teach youth to be patient when adjusting to a new country”), social norms (e.g., “teach youth about the social rules in Canada”), and fitting in (e.g., “teach youth how to fit into their community in their own way”).

Teach Wellness Skills

This cluster contained the largest number of statements (12) and had the lowest bridging index, which suggests the items within the cluster were often sorted together ($M=3.85$, $SD=0.15$, bridging value=0.18). A key theme in this cluster related to teaching healthy living skills, including the need for activities that will teach youth healthy ways to solve problems and minimize stress (e.g., “teach youth how to manage their anger”), as well as distinguishing between healthy and unhealthy relationships (e.g., “teach youth about healthy and unhealthy relationships”). This cluster was anchored by the statement “teach youth how to keep going when times are hard.”

Have Feel-Good Activities

This concept included eight statements and revealed newcomer youths’ beliefs that programming should include activities that are both enjoyable and fun, and that can help alleviate stress that youth may be experiencing (e.g., “Have dancing to reduce stress and feel good”). Overall, this concept was viewed by youth as being of lower importance for programming considerations in comparison to other concepts ($M=3.68$, $SD=0.43$, bridging value=0.43).

Plan for Diversity

The final concept contained only four statements and was viewed by youth as being least important overall ($M=3.64$, $SD=0.29$, bridging value=0.87). The high bridging index also suggests less agreement among youth with respect to the statements within the cluster (i.e., items were often sorted with items in other clusters). Although the items within do vary, a theme present appears to be ways in which facilitators can support diversity (e.g., “celebrate differences,” and “focus on a different topic each week”). It is also possible that this cluster served as somewhat of a miscellaneous or other pile for youth as they sorted.

Table 2 Statements in Each Cluster, Bridging Indices, and Importance Ratings

Cluster	Bridging	Importance* <i>M (SD)</i>
Create a Space for Sharing	0.26	3.99 (0.41)
1 Keep youth safe	0.29	4.50
20 Let youth talk about how they feel	0.34	4.12
5 Include time to talk about how youth are coping in their day-to-day lives	0.21	3.77
9 Include time to talk about what's happening in youths' daily lives	0.18	3.58
Discuss Relational Issues	0.69	3.98 (0.37)
4 Talk in English to help improve English skills	0.96	4.62
7 Talk about bullying	0.48	4.08
31 Talk about rules in Canada related to school, work, and living	0.92	4.00
22 Talk about right and wrong ways to deal with trouble	0.49	3.96
14 Talk about relationships with friends and siblings	0.75	3.65
6 Talk about peer pressure	0.52	3.58
Teach Strategies for Adapting to a New Country	0.25	3.94 (0.27)
23 Teach youth how to treat people with respect	0.24	4.32
21 Teach youth about social rules in Canada (how to talk to other people and how to be respectful of others' religions)	0.34	4.15
36 Teach youth to be patient when adjusting to a new country	0.18	4.04
38 Teach youth that Canada is a free country (you can make your own choices and it's okay to have a different religion or culture)	0.30	3.73
24 Teach youth how to make friends in Canada	0.22	3.72
28 Teach youth how they can fit into their community in their own way	0.21	3.65
Teach Wellness Skills	0.18	3.85 (0.15)
19 Tell youth where they can go when they have problems (where to go get help at school)	0.18	4.12
39 Teach youth how to deal with bullies	0.06	4.00
25 Provide support to youth who have been through difficult events	0.22	3.96
34 Teach youth about the importance of healthy eating and getting enough sleep	0.28	3.92
33 Teach youth how to relax when they feel stress (have a lot on their minds)	0.09	3.92
37 Teach youth coping skills to help with behaviour and feelings	0.10	3.88
35 Teach youth self-control	0.08	3.85
32 Teach youth to keep going when times are hard	0.00	3.85
26 Show youth who have been through difficult events where they can go to get help	0.16	3.72
29 Teach youth about healthy and unhealthy relationships	0.24	3.69
18 Teach youth how to manage their anger	0.10	3.65
27 Teach youth about healthy and unhealthy activities	0.62	3.62
Have Feel-Good Activities	0.43	3.68 (0.43)
3 Include activities that youth enjoy	0.41	4.28
11 Have activities that are stress-free	0.29	4.04
10 Have activities that are fun	0.45	3.92
13 Add activities to help youth with stress	0.51	3.77
17 Have sports to reduce stress	0.43	3.72
12 Eat together as a social activity	0.43	3.46
15 Have dancing to reduce stress and feel good	0.38	3.23
16 Have yoga to reduce anger and stress	0.53	3.00

Table 2 (continued)

Cluster	Bridging	Importance* <i>M (SD)</i>
Plan for Diversity	0.87	3.64 (0.29)
30 Have a space where youth can share their ideas and ask questions	0.69	3.92
40 Celebrate differences	1.00	3.85
2 Create a program where age does not matter	0.97	3.50
8 Focus on a different topic every session	0.81	3.31

* Statements are listed by most important in each cluster.

Discussion

The purpose of this research was to utilize youth voice to produce a visual representation of considerations that can be used to inform future development of programming to meet the needs of newcomer youth. We chose group concept mapping given that it can provide insight into youths' implicit views and knowledge, as well as their concerns (Dare & Nowicki, 2019). The six-cluster concept map that resulted demonstrates ideas for programming to support newcomer youths' well-being, relationships, adaptation to a new country, and diversity. These ideas included topics, activities, skills, and considerations for facilitators implementing such programming.

The findings converge with several areas of need depicted in the literature for newcomer youth. An area of significance identified by participants related to ensuring that programming creates a space for sharing. Such spaces allow youth the opportunity to speak about their feelings and experiences, and foster feelings of safety, which is consistent with the critical youth empowerment model (Jennings et al., 2006). Building trusting relationships by offering a safe space (Hettich et al., 2020), as well as a means of psychosocial support where young people can socialize and learn how to express themselves (Ager et al., 2013), have been identified as important components for interventions with refugee youth. Our findings suggest that key principles of trauma-informed practice proposed by scholars, are additionally viewed as necessary elements for programming from a youth standpoint (Arthur et al., 2013). These include emphasizing safety and trust by providing a comfortable space, privacy, and adequate time to build trusting relationships, and supporting collaboration by encouraging youth to ask questions and share ideas and feelings without fear of judgement.

With respect to promoting well-being, youth in the current study generated a number of wellness skills (i.e., action-oriented behaviours) related to managing stress and difficult events experienced, including the need to teach youth to keep going when times are hard, where they can go to get help, and how to reduce stress. Recent research exploring adolescent preferences for mental health programming similarly found that strategies to mitigate stressors were an important topic (Parikh, 2019). Stressors associated with the migration process can result in negative mental health outcomes (George et al., 2015), and attending to stress and potential trauma symptoms has been a critical area of focus in programming for these young people (see Sullivan & Simonson 2016; Tyrer & Fazel, 2014). Youth in the current study appeared to recognize the benefits of these efforts, possibly as a result of their own experiences in programming, along with the value of developing adaptive coping skills that can contribute to their psychological well-being. Although the participants' ideas related more to stress and problem reduction, the importance of also fostering resilience and

promoting youth strengths through a positive youth development lens has been emphasized in the recent literature (Crooks, Smith et al., 2020).

Youth suggested feel-good activities based on their own experiences (as evidenced by the focus group transcripts from which the statements were pulled), including several physical activities (i.e., sports, yoga, and dance) for reducing stress. Youth in the current study recommended these activities as a source of enjoyment when offered in stress-free spaces. This finding is beneficial given that physical activities are already supported in the literature for their effectiveness. Along with physical health benefits, research has found that frequent involvement in physical activity is related to higher levels of self-esteem in young people, and involvement in sports can contribute to the development of social skills, relationships, and connectedness (Eime et al., 2013). Additionally, these activities can be utilized when youth have little language proficiency in the host country.

Given that newcomer youth may experience difficulties adjusting to social and peer norms in a new country, and are at greater risk for encountering bullying and experiencing feelings of isolation (Birman & Morland, 2014; Stevens et al., 2015), it is not surprising that participants in the current study recommended that newcomer youth receive assistance navigating their social world and relational issues (i.e., teaching youth the social rules in Canada and how to make friends, as well as addressing the issue of bullying). Preference for practical guidance and social problem solving in this manner is consistent with findings from Parikh (2019).

Our findings call for professionals serving newcomer youth to provide them with resources that can support and grow their social networks. Programming with this focus would be of value for youths' initial adjustment and may be very well-received if provided by an older newcomer role model from a youths' native culture who is further along in the acculturation process (Birman & Morland, 2014). Building connections with one's own ethnocultural community can also promote positive acculturation and contribute to the development of a "balanced" identity (Ontario Centre of Excellence for Child and Youth Mental Health, 2015). However, relational support should not be offered solely through direct intervention with newcomer youth; it also needs to be addressed at the systems level (e.g., creating more welcoming and inclusive spaces in the educational system by targeting educators and native-born peers; Kassan et al., 2019).

The idea rated as most important, "talk in English to help improve English skills," suggests that youth in the current study viewed language acquisition and fluency as a key area of focus that contributes to their well-being and interpersonal outcomes. Research has found proficiency of a host country's language to be a protective factor for newcomer youth, particularly with respect to their functioning within new social environments (d'Abreu et al., 2019), while the contrary can contribute to social stressors, including difficulties making friends, understanding lessons taught at school, and being bullied (Shakya et al., 2010). Although general guidance in the field promotes culturally-relevant services in the language that newcomers are most comfortable with, findings from a recent systematic review also support the notion that ecologically framed/culturally responsive services for newcomers should have a focus on increasing language proficiency (d'Abreu et al., 2019).

Limitations

The current study is not without limitations. Given that youth in the current sample were required to speak English, the perspectives of youth who may be at high risk for poor social adjustment due to their low English proficiency were missed; that being said, language challenges were still captured through youths' reflections on their struggles with learning the language when they initially arrived in Canada. Youth in the sample appeared to have difficulty expressing themselves fully at times, possibly limiting the perspectives and ideas shared. In some cases, participants assisted each other by offering translation. Literacy issues were also evident during the sorting process; three youth required translation of all statements, and other youth asked for assistance interpreting various statements as needed, which could contribute to more superficial sorting. Statements using similar language, most notably those that began with "teach youth..." and "talk about...", tended to be sorted together, suggesting that some youth may have sorted statements by wording similarity rather than meaning, although many of these items do share conceptual similarity. Difficulty interpreting statements may also help to explain the lack of fit of various items in clusters. One item in particular, "celebrate differences," was remarked upon during sorting sessions by several youth who asked for clarification about its meaning. It is possible that youth who were unsure of the statement's meaning sorted it randomly, or perhaps understood its meaning differently, which would explain the high bridging value (1.00).

In retrospect, our methodology would have benefited from having a small panel of youth review the statements before the sorting session occurred. In future work, it would be beneficial to have a more iterative approach that would involve youth in selecting the most appropriate cluster solution and allow for the opportunity to revise the placement of statements as a larger group (similar to the Delphi methodology). Although the methodology allowed for difference of opinions during the statement generation step, the analysis did not explore variability across participants. Finally, the size of the current sample does not allow for generalization to other newcomer populations.

Conclusions and Implications

The current study is unique in its use of participatory methodology, offering the perspectives of a population who rarely have the opportunity to provide input on topics and content to include in programming geared to address their well-being (Reich et al., 2015). In keeping with the three components related to empowerment outcomes (Zimmerman, 1995), we believe our group concept mapping approach was an empowering process that provided youth with the ability to demonstrate leadership and decision making to influence positive health outcomes. Youth spoke in a manner that suggested they believe they can achieve a good state of well-being (intrapersonal). Furthermore, the ideas shared demonstrated their awareness of the actions and resources available to promote well-being (interactional), and actions they have taken to support their well-being (behavioural component). This was evidenced by the lived experience of the participants and their own attendance in youth programming at newcomer organizations, which assisted them in brainstorming what types of activities and content they believe would be helpful for other newcomer youth.

Participants produced an expansive list of ideas for programming and clear overarching concepts that contribute to a further understanding of newcomer youths' needs. Findings could be used to modify existing programming to be more relevant for newcomers, or to develop new supports. The benefits of using youth voice in this respect may potentially lead to improved program outcomes related to mental well-being and healthy development (Edwards et al., 2016). The use of group concept mapping also adds rigour and credibility, with the added benefits of investigator triangulation for the statement generation process and development of cluster names.

Appendix

Table 3 Sample of edited responses

Samples of youth response prior to editing	Resulting unique statements
"... I want them to share their ideas they have, and to try stuff with others, ask them questions."	• Have a space where youth can share their ideas and ask questions
"Or just fit in, in a different way. Like you just don't have to fit into that way that they want you to. You can just fit in with the community in a different way."	• Teach youth how they can fit into the community in their own way
"And we're teaching them about like you know, more about healthy relationships and unhealthy relationships."	• Teach youth about healthy and unhealthy relationships
"I think one will be coping skills. Yeah, because a lot of people might not know how to cope with the behaviour, feelings, and all that stuff."	• Teach youth coping skills to help with behaviour and feelings
"Or maybe talk about rules in Canada, the school, and everything. The work here. Everything in Canada because they are new, and they don't know about anything. That will be helpful."	• Talk about rules in Canada related to school, work, and living
"Tell them about the like, the really important things, say like if they have a problem. In the event of a problem, where do they go? If they have a problem in the school, where do they go? And if it's about- and always let them talk what they feel."	• Tell youth where they can go when they have problems (where to go get help at school) AND • Let youth talk about how they feel

Coding samples.

Code	Description
Unique	Any statement that is related to the focus prompt (i.e., considerations, topics, and types of information for programming). Example: Let youth talk about how they feel.
Redundant	Statements that repeat concepts already identified as unique. In the example below, the chosen statement was similar to the statement presented in the above table (i.e., Teach youth coping skills to help with behaviour and feelings) Example: Teach youth how to cope with different feelings they have.
Not Relevant	Responses that do not relate to the focus prompt. In the example below, a youth was explaining their reasoning for providing a topic suggestion. As such, the statement was not considered to be relevant. Example: "Yeah that's why. That was a challenge for me to be patient."

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed involving human participants were in accordance with the ethical guidelines outlined by the Research Ethics Board at our institution and the national panel for ethical conduct for research involving humans.

Informed Consent Parental consent and youth assent were obtained for youth 16 years and under. Youth 16 years and older signed a participant consent form.

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References

- Ager, A., Metzler, J., Vojta, M., & Savage, K. (2013). Child friendly spaces: A systematic review of the current evidence base on outcomes and impact. *Intervention*, 11(2), 133–147. <https://doi.org/10.1097/01.WTF.0000431120.01602.e2>
- Arthur, E., Seymour, A., Dartnall, M., Beltgens, P., Poole, N., Smylie, D. ... Schmidt, R. (2013). *Trauma-informed practice guide*. http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- Bader, R., Wanono, R., Hamden, S., & Skinner, H. A. (2007). Global youth voices: Engaging Bedouin youth in health promotion in the Middle East. *Canadian Journal of Public Health*, 98(1), 21–25. <https://www.proquest.com/docview/208696817?pq-origsite=gscholar&fromopenview=true>
- Betancourt, T. S., Newnham, E. A., Layne, C. M., Kim, S., Steinberg, A. M., Ellis, H., & Birman, D. (2012). Trauma history and psychopathology in war-affected refugee children referred for trauma-related mental health services in the United States. *Journal of Traumatic Stress*, 25(6), 682–690. <https://doi.org/10.1002/jts.21749>
- Berger, R. (2008). Fostering post-traumatic growth in adolescent immigrants. In L. Liebenberg & M. Ungar (Eds.), *Resilience in action: Working with youth across cultures and contexts* (pp. 87–100). University of Toronto Press. https://doi.org/10.1111/j.1475-3588.2009.00543_4.x
- Birman, D., & Morland, L. (2014). Immigrant and refugee youth. In D. L. DuBois & M. J. Karcher (Eds.), *Handbook of youth mentoring* (pp. 273–289). SAGE. <https://doi.org/10.4135/9781412996907>
- Brar-Josan, N., & Yohani, S. C. (2019). Cultural brokers' role in facilitating informal and formal mental health supports for refugee youth in school and community context: A Canadian case study. *British Journal of Guidance & Counselling*, 47(4), 512–523. <https://doi.org/10.1080/03069885.2017.1403010>
- Burke, J. G., O'Campo, P., Peak, G. L., Gielen, A. C., McDonnell, K. A., & Trochim, W. M. K. (2005). An introduction to concept mapping as a participatory public health research method. *Qualitative Health Research*, 15(10), 1392–1410. <https://doi.org/10.1177/1049732305278876>
- Checkoway, B., & Richards-Schuster, K. (2004). Youth participation in evaluation and research as a way of lifting new voices. *Children Youth and Environments*, 14(2), 84–98. <https://doi.org/10.7721/chily-outenvi.14.2.0084>. <https://www.jstor.org/stable/>
- Chrismas, B., & Chrismas, B. (2017). What are we doing to protect newcomer youth in Canada, and help them succeed? *Journal of Community Safety and Well-Being*, 2(3), 87–90. <https://journalcswb.ca/index.php/cswb/article/view/52/112>
- Crooks, C. V., Kubishyn, N., Syeda, M. M., & Dare, L. (2020). The STRONG resiliency program for newcomer youth: A mixed-methods exploration of youth experience and impacts. *International Journal of School Social Work*, 5(2), <https://doi.org/10.4148/2161-4148.1059>

- Crooks, C. V., Smith, A. C., Robinson-Link, N., Orenstein, S., & Hoover, S. (2020). Psychosocial interventions in schools with newcomers: A structured conceptualization of system, design, and individual needs. *Children and Youth Services Review*, 104894. <https://doi.org/10.1016/j.chilyouth.2020.104894>
- d'Abreu, A., Castro-Olivo, S., & Ura, S. K. (2019). Understanding the role of acculturative stress on refugee youth mental health: A systematic review and ecological approach to assessment and intervention. *School Psychology International*, 40(2), 107–127. <https://doi.org/10.1177/0143034318822688>
- Dare, L., & Nowicki, E. (2019). Engaging children and youth in research and evaluation using group concept mapping. *Evaluation and Program Planning*, 76, 101680. <https://doi.org/10.1016/j.evalprogplan.2019.101680>
- Eime, R. M., Young, J. A., Harvey, J. T., Charity, M. J., & Payne, W. R. (2013). A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *International Journal of Behavioral Nutrition and Physical Activity*, 10(1), 98. <https://doi.org/10.1186/1479-5868-10-98>
- Fazel, M., & Betancourt, T. S. (2018). Preventive mental health interventions for refugee children and adolescents in high-income settings. *The Lancet Child & Adolescent Health*, 2(2), 121–132. [https://doi.org/10.1016/S2352-4642\(17\)30147-5](https://doi.org/10.1016/S2352-4642(17)30147-5)
- Edwards, K. M., Jones, L. M., Mitchell, K. J., Hagler, M. A., & Roberts, L. T. (2016). Building on youth's strengths: A call to include adolescents in developing, implementing, and evaluating violence prevention programs. *Psychology of Violence*, 6(1), 15. <https://doi.org/10.1037/vio0000022>
- Eruiyar, S., Huemer, J., & Vostanis, P. (2018). How should child mental health services respond to the refugee crisis? *Child and Adolescent Mental Health*, 23(4), 303–312. <https://doi.org/10.1111/camh.12252>
- George, U., Thomson, M. S., Chaze, F., & Guruge, S. (2015). Immigrant mental health, a public health issue: Looking back and moving forward. *International Journal of Environmental Research and Public Health*, 12(10), 13624–13648. <https://doi.org/10.3390/ijerph121013624>
- Gormez, V., Kılıç, H. N., Oregul, A. C., Demir, M. N., Mert, E. B., & Makhoulouta, B., Kınık, K., & Semerci, B. (2017). Evaluation of a school-based, teacher-delivered psychological intervention group program for trauma-affected Syrian refugee children in Istanbul, Turkey. *Psychiatry and Clinical Psychopharmacology*, 27(2), 125–131. <https://doi.org/10.1080/24750573.2017.1304748>
- Guo, Y., Maitra, S., & Guo, S. (2019). "I belong to nowhere": Syrian refugee children's perspectives on school integration. *Journal of Contemporary Issues in Education*, 14(1), 89–105. <https://doi.org/10.20355/jcie29362>
- Hadfield, K., Ostrowski, A., & Ungar, M. (2017). What can we expect of the mental health and well-being of Syrian refugee children and adolescents in Canada? *Canadian Psychology/Psychologie Canadienne*, 58(2), 194–201. <https://doi.org/10.1037/cap0000102>
- Hansson, E., Tuck, A., Lurie, S., McKenzie, K., & for the Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada. (2010). *Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement*. https://www.mentalhealthcommission.ca/sites/default/files/Diversity_Issues_Options_Report_ENG_0_1.pdf
- Hettich, N., Seidel, F. A., & Stuhmann, L. Y. (2020). Psychosocial interventions for newly arrived adolescent refugees: A systematic review. *Adolescent Research Review*, 28(6), 662–676. <https://doi.org/10.1080/09638237.2017.1322182>
- Im, H., & Rosenberg, R. (2016). Building social capital through a peer-led community health workshop: A pilot with the Bhutanese refugee community. *Journal of Community Health*, 41(3), 509–517. <https://doi.org/10.1007/s10900-015-0124-z>
- Departmental plan 2019–2020. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-plan-2019-2020/departmental-plan.html>
- Departmental Plan 2020–2021. Government of Canada. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/departmental-plan-2020-2021/departmental-plan.html>
- Jennings, L. B., Parra-Medina, D. M., Hilfinger-Messias, D. K., & McLoughlin, K. (2006). Toward a critical social theory of youth empowerment. *Journal of Community Practice*, 14(1–2), 31–55. https://doi.org/10.1300/J125v14n01_03
- Jessor, R. (2016). Problem behavior theory and adolescent risk behavior: A re-formulation. In *The origins and development of problem behavior theory* (pp. 117–130). Springer International Publishing. <https://doi.org/10.1007/978-3-319-40886-6>
- Johnsen, J. A., Biegel, D. E., & Shafran, R. (2000). Concept mapping in mental health: Uses and adaptations. *Evaluation and Program Planning*, 23, 65–75. <http://www.billtrochim.net/research/cmliterature/Johnsen,%202000,%20Concept%20mapping%20in%20mental%20health%20uses%20and%20adaptations.pdf>
- Kane, M., & Trochim, W. M. (2007). *Concept mapping for planning and evaluation*. Sage Publications, Inc. <https://doi.org/10.4135/9781412983730>

- Kanu, Y. (2008). Educational Needs and Barriers for African Refugee Students in Manitoba. *Canadian Journal of Education*, 31(4), 915–940. <https://files.eric.ed.gov/fulltext/EJ830509.pdf>
- Kassan, A., Priolo, A., Goopy, S., & Arthur, N. (2019). Investigating migration through the phenomenon of school integration: Anaya's experience of resettlement in Canada. *Proceedings from the 2018 Canadian Counselling Psychology Conference*, 41–55. <http://hdl.handle.net/1880/111410>
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J. ... Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal*, 183(12), E959–E967. <https://doi.org/10.1503/cmaj.090292>
- Knap, C. (2018). *Making Familiar: Perceptions of Belonging of Syrian Newcomer Youth in Toronto* (Unpublished doctoral dissertation). Université d'Ottawa/University of Ottawa. https://ruor.uottawa.ca/bitstream/10393/37759/1/Knap_Catherine_2018_thesis.pdf
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, 73(1), 26–46. <https://doi.org/10.1037/amp000015>
- Lieghio, M., Nelson, G., & Evans, S. D. (2010). Partnering with children diagnosed with mental health issues: Contributions of a sociology of childhood perspective to participatory action research. *American Journal of Community Psychology*, 46(1–2), 84–99. <https://doi.org/10.1007/s10464-010-9323-z>
- Marshall, E. A., & Begoray, D. L. (2019). Mental health literacy for refugee youth: A cultural approach. In O. Okan, U. Bauer, D. Levin-Zamir, P. Pinheiro, & K. Sorensen (Eds.), *International handbook of health literacy: Research, practice and policy across the life-span* (pp. 261–274). Policy Press. <https://pub.uni-bielefeld.de/record/2940139>
- Marshall, E. A., Butler, K., Roche, T., Cumming, J., & Taknint, J. T. (2016). Refugee youth: A review of mental health counselling issues and practices. *Canadian Psychology/Psychologie Canadienne*, 57(4), 308. <https://doi.org/10.1037/cap0000068>
- Ontario Centre of Excellence for Child and Youth Mental Health (2015). *Taking action on health equity and diversity: Responding to the mental health needs of children, youth and families new to Canada*. <http://www.excellenceforchildandyouth.ca/resource-hub/responding-mental-health-needs-children-youth-and-families-new-canada>
- Osher, D., Cantor, P., Berg, J., Steyer, L., & Rose, T. (2020). Drivers of human development: How relationships and context shape learning and development. *Applied Developmental Science*, 24(1), 6–36. <https://doi.org/10.1080/10888691.2017.1398650>
- Parikh, R., Michelson, D., Sapru, M., Sahu, R., Singh, A., Cuijpers, P., & Patel, V. (2019). Priorities and preferences for school-based mental health services in India: A multi-stakeholder study with adolescents, parents, school staff, and mental health providers. *Global Mental Health*, 6. <https://doi.org/10.1017/gmh.2019.16>
- Reich, S. M., Kay, J. S., & Lin, G. C. (2015). Nourishing a partnership to improve middle school lunch options: A community-based participatory research project. *Family & Community Health*, 38(1), 77–86. <https://doi.org/10.1097/FCH.0000000000000055>
- Rosas, S. R., & Kane, M. (2012). Quality and rigor of the concept mapping methodology: A pooled study analysis. *Evaluation and Program Planning*, 35(2), 236–245. <https://doi.org/10.1016/j.evalproplan.2011.10.003>
- Sanchez, M., Diez, S., Fava, N. M., Cyrus, E., Ravelo, G., Rojas, P. ... De La Rosa, M. (2019). Immigration stress among recent Latino immigrants: The protective role of social support and religious social capital. *Social Work in Public Health*, 34(4), 279–292. <https://doi.org/10.1080/19371918.2019.1606749>
- Shakya, Y. B., Khanlou, N., & Gonsalves, T. (2010). Determinants of mental health for newcomer youth: Policy and service implications. *Canadian Issues*, Summer, 98–102
- Statistics Canada (2017). *Population growth: Migratory increase overtakes natural increase*. <https://www.statcan.gc.ca/pub/11-630-x/11-630-x2014001-eng.htm>
- Stevens, G. W., Walsh, S. D., Huijts, T., Maes, M., Madsen, K. R., Cavallo, F., & Molcho, M. (2015). An internationally comparative study of immigration and adolescent emotional and behavioral problems: Effects of generation and gender. *Journal of Adolescent Health*, 57(6), 587–594. <https://doi.org/10.1016/j.jadohealth.2015.07.001>
- Stewart, M. J. (2014). Social support in refugee resettlement. In L. Simich & L. Andermann (Eds.), *International perspectives on migration: Vol. 7. Refuge and resilience: Promoting resilience and mental health among resettled refugees and forced migrants* (p. 91–107). Springer. https://doi.org/10.1007/978-94-007-7923-5_7
- Suárez-Orozco, C., Pimentel, A., & Martin, M. (2009). The significance of relationships: Academic engagement and achievement among newcomer immigrant youth. *Teachers College Record*, 111(3), 712–749. <https://psycnet.apa.org/record/2010-26190-004>
- Sullivan, A. L., & Simonson, G. R. (2016). A systematic review of school-based social-

- emotional interventions for refugee and war-traumatized youth. *Review of Educational Research*, 86(2), 503–530. <https://doi.org/10.3102/0034654315609419>
- Trochim, W. M. (1989). An introduction to concept mapping for planning and evaluation. *Evaluation and Program Planning*, 12(1), 1–16. [https://doi.org/10.1016/0149-7189\(89\)90016-5](https://doi.org/10.1016/0149-7189(89)90016-5)
- Trochim, W., & Kane, M. (2005). Concept mapping: An introduction to structured conceptualization in health care. *International Journal for Quality in Health Care*, 17(3), 187–191. <https://doi.org/10.1093/intqhc/mzi038>
- Trochim, W. M., & McLinden, D. (2017). Introduction to a special issue on concept mapping. *Evaluation and Program Planning*, 60, 166–175. <https://doi.org/10.1016/j.evalprogplan.2016.10.006>
- Tyrer, R. A., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A systematic review. *PLoS ONE*, 9(2), e89359. <https://doi.org/10.1371/journal.pone.0097977>
- United Nations (2017). *International migration report*. Department of Economic and Social Affairs, Population Division. https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf
- United Nations High Commissioner for Refugees (2019). *Figures at a glance*. <https://www.unhcr.org/figures-at-a-glance.html>
- Valibhoy, M. C., Szwarc, J., & Kaplan, I. (2017). Young service users from refugee backgrounds: Their perspectives on barriers to accessing Australian mental health services. *International Journal of Human Rights in Healthcare*, 10(1), 68–80. <https://doi.org/10.1108/IJHRH-07-2016-0010>
- Wagaman, M. A. (2015). Changing ourselves, changing the world: Assessing the value of participatory action research as an empowerment-based research and service approach with LGBTQ young people. *Child & Youth Services*, 36(2), 124–149. <https://doi.org/10.1080/0145935X.2014.1001064>
- Waltz, T. J., Powell, B. J., Matthieu, M. M., Damschroder, L. J., Chinman, M. J., Smith, J. L. ... Kirchner, J. E. (2015). Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: Results from the Expert Recommendations for Implementing Change (ERIC) study. *Implementation Science*, 10(1), <https://doi.org/10.1186/s13012-015-0295-0>
- Waterman, E. A., Edwards, K. M., Baker, M. J., Ullman, S. E., Dardis, C. M., & Rodriguez, L. M. (2020). A mixed-method process evaluation of an intervention to improve social reactions to disclosures of sexual assault and partner abuse. *Journal of Interpersonal Violence*, 1–13. <https://doi.org/10.1177/1524838019883275>
- Wong, N. T., Zimmerman, M. A., & Parker, E. A. (2010). A typology of youth participation and empowerment for child and adolescent health promotion. *American Journal of Community Psychology*, 46(1), 100–114. <https://doi.org/10.1007/s10464-010-9330-0>
- Wood, J., & Newbold, K. B. (2012). Provider perspectives on barriers and strategies for achieving culturally sensitive mental health services for immigrants: A Hamilton, Ontario case study. *Journal of International Migration and Integration*, 13(3), 383–397. <https://doi.org/10.1007/s12134-011-0215-3>
- Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, 23(5), 581–599. <https://doi.org/10.1007/BF02506983>
- Zimmerman, M. A. (2000). Empowerment theory. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology*. Springer. https://doi.org/10.1007/978-1-4615-4193-6_2