Evaluation of the Enhance Wellness of Refugee Children, Youth and Families Project (Phase 1)

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April 30, 2022

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Section 1: Introduction

The purpose of the study is to assess the outcomes of a program entitled "Enhance Wellness of Refugee Children and Youth" delivered by Newcomer Educational and Employment Development Services (N.E.E.D.S.) Inc, Winnipeg, Manitoba, funded by Public Health Agency of Canada (PHAC) under the Mental Health Promotion Innovation Fund. Through a set of interventions targeting refugee children and youth (aged 6-21), their parents, and social service providers, the program intends to address several protective factors (such as socio-emotional skills, pro-social skills and problem-solving skills) and risk factors (such as family conflict and social exclusion) with the aim to promote emotional, psychological and social wellbeing of Syrian Refugee children and youth in Winnipeg. A secondary goal of the program is to create an evidence-based intervention for the target population that can be shared with others involved in public health and well-being promotion across Canada.

The program has three primary components. The first component includes psychosocial training (PSE) and educational support for refugee children and youth. This component is delivered separately using different curriculums to children and youth of two age groups: 6 to 12 years and 13 to 21 years. The first group receives a total of 20 hours of PSE sessions in 12 weeks. The second group receives a total of 20 hours of PSE sessions in 12 weeks and homework support up to 700 hours. The second component comprises parents' group sessions (called Circle of Security sessions, total 20 hours in 8 weeks) and parents' gathering (2 sessions per cohort). The third component consists of a one-day training (6 hours) for social service providers (called Making Sense of Trauma training). During Phase 1 (November 2019 – March 2022), the program intends to deliver programming to 200 children and youth, 40 parents, and 300 service providers. The intended outcomes of the program for children and youth include increased coping skills, socio-emotional skills, pro-social behavior, sense of belonging and school connectedness. Intended outcomes for parents include increased parenting skills, reflexive capacity and social support. Finally, the intended outcome for social service providers is increased knowledge and skills to deal with refugee children and youth using the trauma informed perspective. The study intends to learn the extent to which the program achieves its intended outcomes and is useful in promoting the well-being of its primary participants: refugee children, youth and families. Therefore, it primarily wants to address the following research questions:

(1) To what extent is the program useful in promoting the psychosocial well-being of refugee children and youth participating in the program?
(2) To what extent is the program useful in increasing parenting skills and social support of refugee parents attending the program?
(3) To what extent is the program useful increasing service providers' knowledge and awareness in dealing with refugee children and youth using the trauma informed perspective?

Section 2: Objectives and Scope of the Study

The study has three specific objectives:

(1) to learn the extent to which the program is useful in promoting the psychosocial well-being of refugee children and youth;

(2) to learn the extent to which the program is useful in increasing parenting skills and social support among refugee parents; and
(3) to learn the extent to which the program is useful in increasing service providers' knowledge and awareness about using the trauma informed perspective in dealing with refugee children and youth.

With these general objectives, the scope of the investigation has been set in light of the outcomes and indicators identified in the approved program monitoring and evaluation (PME) plan of the project. The outcomes and indicators and related project objectives are presented in the following table:

Table 1 Outcomes and Indicators

Project Objective	**Outcome**	**Indicators**
Objective 1.1: To develop culturally competent and trauma-informed psychosocial group curriculum for refugee children and youth	- Effective health population intervention created	# of refugee children and youth receiving trauma-informed psychosocial programming
Objective 1.2: To increase pro-social skills and protective factors in refugee children and youth through the delivery of psychosocial groups	- Refugee children and youth gain resources, knowledge and skills - Refugee children and youth have improved health behaviours - Refugee children and youth have improved protective factors and reduced risk factors - Refugee children and youth have improved well-being	# of refugee children and youth with healthy coping strategies # of refugee children and youth increased sense of belonging # of refugee children and youth with strengthened social and emotional skills # of refugee children and youth with increased positive relationships with peers # of refugee children and youth with increased pro-social behaviour # of refugee children and youth with increased protective factors # of refugee children and youth with increased connections to school and higher engagements in learning activities # of refugee children and youth with reduced risk factors

Objective 2.1: Strengthen parenting skills and build increased social networks of parents and guardians from a refugee background	- Adults supporting refugee children and youth are better able to meet their individual needs - Refugee children and youth (program participants) have improved well-being	# of refugee parents/guardians with strengthened parenting skills # of refugee parents/guardians with increased reflective capacity # of refugee children and youth with increased attachment to their parent/guardian # of refugee parents/guardians with increased social support systems # of refugee parents/guardians with increased confidence in their parenting skills and ability to meet needs of children
Objective 2.2: Enhance the ability of service providers and education staff to meet the needs of refugee children and youth	- Adults supporting refugee children and youth are better able to meet their clients' individual needs - Refugee children and youth (program participants) have improved well-being	# of service providers/education staff attending training # of service providers/education staff with increased knowledge and skills related to protective factors for mental health
Objective 3.1: Identify an evidence-based health population intervention that increases the wellbeing of refugee children and youth	- Effective population health interventions are identified	# of program participants with increased emotional/subjective wellbeing # of program participants with increased psychological wellbeing # of program participants with increased social wellbeing # of evidence-based psychosocial products created (curriculum, supporting statistics, research findings, reports, etc.) - Nature of evidence generated through project to inform policy, practice or programming

Objective 3.2: To participate in knowledge development activities and exchange promising practices for mental health promotion with relevant stakeholders across Canada	- Refugee children and youth (program participants) have improved well-being	- # and duration of multi-sectorial collaborations

Thus, in light of the PME plan, the study: (a) measured changes in the psychosocial well-being of participating children and youth in terms of their socio-emotional skills, cognitive skills, relationship with peers and adults, prosocial behavior, school performance, and school attachment; (b) measured changes in participating parents' parenting skills and social support in terms of their knowledge and confidence in parenting, their relationship with children, and the presence of others in the city who they can seek assistance from if needed; finally (c), measured, changes in the knowledge and awareness of the trauma informed perspective among the service providers who attended the Making Sense of Trauma (MSOT) training in terms of their knowledge about the principles and tools of using the trauma informed perspective and their interest to use this perspective in dealing with refugee children and youth.

Section 3: Methodology

A combination of quantitative and qualitative approaches has been employed in this evaluation study, including the application of observation, survey, focus groups and semi-structured interviews. A pretest-posttest pre-experimental approach has been applied to examine study objective 1 (usefulness of the program in promoting the psychosocial well-being of refugee children and youth) and study objective 2 (usefulness of the program in increasing parenting skills and social support among refugee parents). To examine study objective 3 (usefulness of the program in increasing service providers' knowledge and awareness about using the trauma informed perspective in dealing with refugee children and youth), a posttest only approach was applied. Observation checklists were administered at the beginning and end of psychosocial training and educational sessions among children aged 6-12 to observe changes in their socio-emotional skills, cognitive skills, relationships with peers and adults, and pro-social behavior. Survey questionnaires were administered among children and youth aged 13-21 at the beginning (pre-test) and end (posttest) of psychosocial education sessions to observe changes in their emotional skills, problem-solving skills, sense of belonging, relationship with peers, pro-social behavior, school connectedness and academic performance. Survey questionnaires were administered among the participating parents at the beginning (pretest) and end (posttest) of Circle of Security sessions to observe changes in their parenting skills, relationship with children and social support. Survey questionnaires were administered among the service providers after they attended the MSOT training where they were asked to self-report on changes in their knowledge and skills on the trauma informed perspective and their commitment to use this perspective in dealing with refugee children and youth. Focus groups were conducted with the participating parents/guardians and service providers to learn about their perspectives about the usefulness of respective components of the program. In addition, semi-structured interviews

were conducted with program facilitators at the end of Phase 1 to learn about their experiences in delivering the program during that period, in terms of the extent to which the program was implemented as planned, the challenges faced, and the lessons learned.

Section 4: Participants

There were four categories of participants in the study, who included: (a) refugee children who attended the PSE sessions for the age group of 6-12 years; (b) children and youth who participated in the PSE sessions for the age group of 13-21 years and homework support sessions; (c) parents who participated in the Circle of Security sessions and monthly parent's gatherings; (d) service providers who attended the MSOT trainings; and (e) the program staff (the program facilitators and the program manager). Children, youth, and parents who participated in both pretests and post-tests were included in quantitative data analysis. MSOT participants participated in post-test only. One hundred and twenty-seven (127) children ages 6-12, nineteen (19) youth ages 13-21, and thirty-two (32) parents participated in both pretests and post-tests and were included in quantitative analyses. A total of seventy-two (72) MSOT participants participated in post-tests. In addition, ten (10) parents participated in two (2) (5 parents in each group) focus group discussions with COS participants and ten (10) MSOT participants (5 in each group) participated in two focus group discussions with MOST participants. Finally, five (5) project staff participated in one-on-one semi-structure interviews.

Section 5: Ethical Considerations

This evaluation study was approved by the University of Manitoba Psychology/Sociology Research Ethics Board (PSREB). The entire study was carried out complying with the approved ethics protocol. Accordingly, only those adults who provided consent to participate were included in the study. Minor participants (who are younger than 18 years old) were included only if their parents/guardians provided consent for their inclusion and if the minors provided assent to take part in the study. The consent forms for adults contained in greater detail what the surveys or interviews were about, what the risks and benefits of their participation might be for them, and that they should not feel obligated to participate or answer all questions in the survey or interviews. If someone decided to participate in the surveys, he/she was requested to sign the consent form. For potential participants who were unable to read the form due to language barriers, assistance was given from an interpreter to communicate the content of the form with them. If a participant was unable to sign the form, we recorded his/her oral consent where he/she affirmed that he/she decided to participate in the survey being fully informed about it. Only those parents who provide consent will be included in the pretest-post-test surveys.

While including minors in the study, the consent of parents/guardians was solicited first. The consent forms informed parents/guardians who the researchers were, the reason for conducting the research and the kinds of data we would be collecting through observation or self-reported questionnaires and invited parents/guardians to permit us to invite their children to take part in the study. Parents were requested to read and sign the consent form if they decided to give permission. The Assent Form was read out to or given to read to those children at the beginning of the first PSE session whose parents/guardian had given consent and permitted us to invite them to participate. These minors were told that they could participate if they wanted to,

and they did not need to participate if they did not want to. There would be no negative consequences of their decisions. It was made clear to them that their decision on whether or not to participate in the study would have no impact on the services to which they were entitled as participants. If they wanted to give their assent to be observed or to participate in pretest-post-test surveys, they were requested to write their names on the Assent Form. Only those children who provided their assent data were included in the study.

All participants and the parents/guardians of participants were assured of the confidentiality of the data to be collected from them. Through the consent forms, they were informed that any personal information gathered in this study would be kept strictly confidential. All data from observations and surveys would be identified only by code number and kept in a locked filing cabinet at N.E.E.D.S. Inc. The Investigators would enter the observational and survey data into an electronic database and save the data into a password locked computer at N.E.E.D.S. Inc. Only the researchers would have access to the data. Data collected through focus groups and in-person interviews would be audio recorded and later transcribed. The transcribed data would not include any identifying information. Both the recording and the transcription would be saved in password locked computer at N.E.E.D.S. Inc. which would be accessible only to the researchers. No participant would be named or identifiable in any reports of this study. Information containing personal identifiers (e.g., consent forms and assent forms) would be destroyed as soon as it was no longer necessary for scientific purposes, approximately 04/22. The recordings and electronic and hardcopies of transcriptions and hardcopies and electronic databases of observational checklists and surveys would be deleted/destroyed once the project reaches its conclusion, approximately 04/22.

Section 6: Measurements and Tools

A. Variables

A total of 18 variables have been used in this study. These include:

1. Children and youth social-emotional wellbeing
2. Children and youth peer relationships
3. Children and youth prosocial skills
4. Youth school connectedness
5. Youth school performance
6. Youth sense of belonging
7. Youth problem-solving skills
8. Youth coping skills
9. Children and youth attachment to parents/guardians
10. Youth protective factors for mental health
11. Youth risk factors for mental health
12. Children's psychological wellbeing
13. Youth social wellbeing
14. Parents'/guardians' parenting skills
15. Parents'/guardians' social support
16. Parents'/guardians' reflexive capacity
17. Parents'/guardians' confidence in parenting
18. Service providers' knowledge and skills in refugee children and youth protective factors

for mental health

Measurements of the variables were as follows:

1. **Children and youth social-emotional wellbeing**

Children and youth social-emotional wellbeing was a composite measure that included five items[1]:

1. I get a lot of headaches, stomach-aches or sickness
2. I worry a lot
3. I am often unhappy, depressed or tearful
4. I am nervous in new places. I easily lose confidence
5. I have many fears, I am easily scared
6. I would rather be alone than with people of my age

These items had a 3-point scale ranging from Not true (1), Somewhat true (2) and certainly true (3). The variable ranged from 6 to 15 in the pretest and from 8 to 15 in the post-test.

2. Children and youth peer relationship

Children and youth peer relationship was a composite measure based on five times[2]:

1. I would rather be alone than with people of my age
2. I have one good friend or more
3. Other people of my age generally like me
4. Other children or young people pick me on and bully me
5. I get along better with adults than with other children

These items had a 3-point scale ranging from Not true (1), Somewhat true (2) and certainly true (3). The variable ranged from 6 to 9 in both pretest post-test.

3. Children and youth prosocial skills

This variable was a composite measure consisting of five items which included:

1. I try to be nice to other people, I care about their feelings
2. I usually share with others, for example food, games, books
3. I am helpful if someone is hurt, upset or feeling ill

[1] In the observation checklist for children ages 6-12, the items read: 1) Often complains of headaches, stomach-aches or sickness; 2) Many worries or often seems worried; 3) Often unhappy, depressed or tearful; 4) Nervous or clingy in new situations, easily loses confidence; 5) Many fears, easily scared.

[2] In the observation checklist for children ages 6-12, the items read: 1) Rather solitary, prefers to play alone; 2) Has at least one good friend; 3) Generally liked by other children; 4) Picked on or bullied by other children; 5) Gets along better with adults than with other children.

4. I am kind to younger children
5. I often offer to help others (parents, teachers, children)

These items had a 3-point scale ranging from Not true (1), Somewhat true (2) and certainly true (3). The variable ranged from 4 to 15 in pretest and from 7 to 15 in post-test.

The items in children and youth social-emotional wellbeing, children and youth peer relationship, and children and youth prosocial skills variables were adopted from strength and difficulty questionnaires (SDQ) to measure socio-psychological and emotional well-being of the children and youth (that included observational tool for children ages 6-12 to be completed by facilitators and self-reported questionnaires for children and youth ages 13-21). This is the most widely used to tool used all over the world to measure the social and emotional wellbeing of children and youth. The validity and reliability of the tools are established in the literature. One systematic review rated it A (for predictive validity), A (for internal consistency), B (for reliability) and B (for construct validity). These tools are available in 89 languages, including Arabic. More information about this tool is available at: www.sdqinfo.com. This site also includes published articles that examined the validity and reliability of the tool.

4. **Youth school connectedness**

This variable was measured by a composite measure based on six items of a five-point Likert scale which were derived from the Hemingway Measure of Adolescent School Connectedness. These items ranged from not at all (1) to very true (5). The validity and reliability of the scale have been confirmed by studies such as Karcher, M. J., & Sass, D. (2010).[3] The items included:

1. I work hard at school
2. I enjoy being at school
3. I do not find fun in school
4. I do well in school
5. I feel good about myself when I am at school
6. Doing well in school is important to me

The school connectedness variable ranged from 18 to 30 in pretest and from 19 to 30 in the post-test.

5. Youth school performance

Youth school performance was measured by self-reported academic performance scale consisting of four items. These items measure youth's self-reported performance in math, English or Language Arts, social studies/history, and science using a five-point scale ranging from Not Good At All (1) to Excellent (5).[4] The variable ranged from 8 to 18 in pretest and from 13 to 20 in the post-test.

[3] School connectedness measures vary widely in content. Many contain items that address feelings about safety while at school as well as rule fairness and teacher support. The Hemingway scale focuses more on aspects of school liking, engagement in school work, and feelings of success in the school context. These latter facets of school connectedness appear to be more amenable to change through mentoring because they focus more on youths' perceptions and behaviors as opposed to more "objective" features of their school environment.

[4] Variations of this scale have been used in several large-scale mentoring studies and in the Youth Outcomes Survey administered by Big Brothers Big Sisters agencies nationwide. This scale is generally used when easy access to

Table 2 Frequency Distributions of the Variables		
Variable	*Pretest*	*Posttest*
Children and youth social-emotional wellbeing	Range: 6-15 Mean:13.72 Standard Deviation: 2.03	Range: 1-15 Mean: 14.50 Standard Deviation: 3.15
Children and youth peer relationship	Range:6-9 Mean:11.88 Standard Deviation: 1.21	Range: 6-9 Mean: 12.33 Standard Deviation: 1.31
Children and youth prosocial skills	Range: 4-15 Mean: 9.87 Standard Deviation: 3.65	Range: 7-15 Mean: 11. 07 Standard Deviation: 2.72
Youth school connectedness	Range:18-30 Mean: 24.44 Standard Deviation: 3.22	Range:19-30 Mean: 24.84 Standard Deviation: 2.93
Youth school performance	Range: 8-18 Mean: 14.58 Standard Deviation: 2.63	Range: 13-20 Mean: 15.84 Standard Deviation: 1.98
Youth sense of belonging	Range: 22-28 Mean:24.89 Standard Deviation: 1.7	Range: 20-29 Mean: 25.58 Standard Deviation: 2.9
Youth problem-solving skills	Range: 10-20 Mean:15.47 Standard Deviation: 2.75	Range: 13-20 Mean: 16.47 Standard Deviation: 2.01
Youth coping skills	Range: 37-46 Mean: 40.84 Standard Deviation: 2.67	Range: 36-49 Mean: 43.0 Standard Deviation: 3.83
Children and youth attachment to parents/guardians	Range: 9-12 Mean: 11.26 Standard Deviation: .93	Range: 8-12 Mean: 11.53 Standard Deviation: 1.02
Youth protective factors for mental health	Range:69-87 Mean:77.72 Standard Deviation: 5.2	Range:71-90 Mean: 79.47 Standard Deviation: 6.06
Youth risk factors for mental health	Range: 32-46 Mean:39.47 Standard Deviation: 3.30	Range: 36-47 Mean: 41.42 Standard Deviation: 3.73
Children's psychological wellbeing	Range: 14-27 Mean: 22.93 Standard Deviation: 3.27	Range: 16-27 Mean: 25.44 Standard Deviation: 2.43
Youth social wellbeing	Range: 35-41 Mean: 37.37 Standard Deviation: 2.08	Range: 31-41 Mean: 37.21 Standard Deviation: 2.97
Parents'/guardians' parenting skills	Range: 9-20 Mean:15.06 Standard Deviation: 3.32	Range: 6-20 Mean: 15.25 Standard Deviation: 3.75
Parents'/guardians' social support	Range: 1-5 Mean:3.69 Standard Deviation: 1.42	Range: 1-5 Mean:3.71 Standard Deviation: 1.46
Parents'/guardians' reflexive capacity	Range: 2-5 Mean: 4.38 Standard Deviation: .87	Range: 2-5 Mean:4.69 Standard Deviation: .69
Parents'/guardians' confidence in parenting	Range:2-5 Mean: 4.56 Standard Deviation: .78	Range: 2-5 Mean: 4.38 Standard Deviation: .83
Service providers' knowledge and skills in refugee children and youth protective factors for mental health	Range: Mean: Standard Deviation:	Range: 6-18 Mean:14.68 Standard Deviation: 3.18

report cards is not available. In our case, if we find this scale useful, it can be an alternative to using report card. One study (Herrera, C., DuBois, D. L., & Grossman, J. B., 2013) of course has reported that the results of this scale have modest association with actual report card data.

6. Youth sense of belonging

This variable was measured by a composite measure consisting of seven, four-point scale items ranging from strongly disagree (1) to strongly agree (4). The items include:

1. I feel comfortable around my family
2. My family members like to spend time with me
3. Someone in my family accepts me for who I am
4. I get along well with people my age
5. I enjoy spending time with people my age
6. The adults at my school like me as much as they like other students
7. There is an adult at my school that cares about me

These items were derived from Milwaukee Youth Belongingness Scale (MYBS) which covers the most salient domains in a youth's life: family, school, and peers (most scales focus on sense of belongingness in school). This scale is frequently used in studies on the youth and the validity and reliability of the scale is empirically evident (Slaten, C. D., Rose, C. A., Bonifay, W., & Ferguson, J. K., 2018). The variable ranged from 22 to 28 in the pretest and from 20 to 29 in the post-test.

7. Youth problem-solving skills

This variable was measured by a composite scale created from four, five-point Likert scales ranging from strongly disagree (1) to strongly agree (5). These items were derived from National Longitudinal Study of Adolescent to Adult Health (Add Health), which include:

1. When I have a problem to solve, one of the first things I do is get as many facts about the problem as possible.
2. When I am attempting to find a solution to a problem, I usually try to think of as many different ways to approach the problem as possible.
3. When making decisions, I generally use systematic methods for judging and comparing alternatives.
4. After carrying out a solution to a problem, I usually try to think what went right and what went wrong.

The validity and reliability of the measure is evident in literature (Harris, K. M. et al., 2009; Brown, J. S., Meadows, S. O., & Elder, G. J., 2007). The variable ranged from 10 to 20 in pretest and from 13 to 20 in posttest.

8. Youth coping skills

This variable was created by combining three composite measures: socio-emotional skills, pro-social skills, and problem-solving skills, as the program theory (logic model) suggested that this outcome (coping skills) will be achieved through these three outcome indicators (which provides the theoretical

validity of the construct). The variable ranged from 37 to 46 in the pretest and from 36 to 49 in the post-test.

9. Children and youth attachment to parents/guardians

This variable was created using a subscale to the sense of variable measure which included three items: (1) I feel comfortable around my family; (2) My family members like to spend time with me; (3) Someone in my family accepts me for who I am. The variable ranged from 9 to 12 in the pretest and from 8 to 12 in the post-test.

10. Youth protective factors for mental health

Youth protective factors for mental health was measured by creating a composite measure by combining five variables: social-emotional skills, prosocial behavior, problem-solving skills, school connectedness, and peer relationship (as according to the program theory, these five factors are assumed to define protective factors for the refugee children and youth). The variable ranged from 69 to 87 in the pretest and from 71 to 90 in the post-test.

11. Youth risk factors for mental health

This is a composite measure created by combining school performance and sense of belonging. According to the program theory, by enhancing school performance (thus by addressing the risk factor of poor school performance) and promoting sense of belonging (thus by addressing social isolation), the project expects to reduce risk factors. This is why this variable has been created by combining these two factors. The variable ranged from 32 to 46 in the pretest and from 36 to 47 in the post-test.

12. Children's psychological wellbeing

Children's psychological wellbeing was measured by combining two sub-scales of the SDQ socio-psychological and emotional wellbeing scale – conduct problem and hyperactivity and inattention. The measure included nine (9) items – 4 from conduct problems and 5 from hyperactivity and inattention. The items were:

<u>Conduct Problem</u>

1. Generally, well behaved, usually does what adults request
2. Thinks things out before acting
3. Often fights with other children or bullies them
4. Often lies or cheats

<u>Hyperactivity and Inattention</u>

1. Restless, overactive, cannot stay still for long
2. Often loses temper

3. Constantly fidgeting or squirming
4. Easily distracted, concentration wanders
5. Good attention span, sees work through to the end

The variable ranged from 32 to 46 in the pretest and from 36 to 47 in the post-test.

13. Youth social wellbeing

This was a composite measure created by combining youth peer relationship and sense of belonging. The variable had a range from 35 to 41 in the pretest and from 31 to 41 in the post-test.

The initial intention to measure the variables related to study objective 2 (COS training and changes in parents'/guardians' parenting skills, attachment, and social support) using the scales from *Friends Protective Factors Survey*[5] and Gibaud-Wallston & Wandersman (1978) *Parenting Sense of Competence Scale*.[6] However, while piloting these tools with refugee parents/guardians it was revealed that parents/guardians require heavy interpretation support, and therefore it was decided to measure the variables with fewer and simplified items. The variables related to study objective 2 were, therefore, measured as follows:

14. Parents'/guardians' parenting skills

This variable was measured by four, five-point Likert scale items (ranging from strongly disagree to strongly agree) adopted from *Friends Protective Factors Survey* and Gibaud-Wallston & Wandersman (1978) *Parenting Sense of Competence Scale*. These include:

1. I know how to help my children to learn
2. I frequently become angry with my children
3. Parenting is very stressful for me
4. Sometime I do not know what to do as a parent

The variable ranged from 9 to 20 in the pretest and from 6 to 20 in the post-test.

[5] FRIENDS National Center in collaboration with the University of Kansas Institute for Educational Research and Public Service developed this tool which measures five areas of protective factors: includes scales on family functioning, social support, concrete support, nurturing and attachment and knowledge in parenting. The survey has undergone four national field tests for establishing reliability and validity. Materials from that testing can be seen through the following link:
https://friendsnrc.org/protective-factors-survey/pfs/

[6] These 13 items measure two subscales: parental satisfaction and parent's self-efficacy. We can use the parents' self-efficacy scale to measure parents' confidence in parenting.
Parenting Sense of Competence Scale has gone through extensive testing across the world and its reliability and validity is evident. This is why it is the most commonly used scale for measuring parental self-efficacy, and it is suitable for non-clinical samples of mothers and fathers. Studies regarding the strengths of this scale includes Gilmore, Linda A. and Cuskelly, Monica (2008).

15. Parents'/guardians' social support

This variable was measured by single item adopted from Friends Protective Factors Survey ("I have several people in Winnipeg who can help me when needed"). The variable ranged from 1 to 5 in both the pretest and post-test.

16. **Parents'/guardians' reflexive capacity**

Parents'/guardians' reflexive capacity was measured by a single item ("I am happy in the way my children are growing"). The variable ranged from 2 to 5 in both the pretest and post-test.

17. Parents'/guardians' confidence in parenting

Parents'/guardians' confidence in parenting was measured by a single item "I am confident that I can meet the needs of my children." The variable ranged from 2 to 5 in both the pretest and post-test.

18. Service providers' knowledge and skills in refugee children and youth protective factors for mental health

This variable was measured by six, four-point scales that were used to capture MSOT participants' opinion about the influence of the MSOT training on their knowledge and skills about trauma-informed treatment of refugee children and youth. The items were:

1. My knowledge of the principles of being trauma-informed has increased
2. I am more informed about the impact of trauma on children and youth
3. My knowledge about the forms of survival responses of trauma-affected children and youth has increased
4. My knowledge of the proper ways and steps for listening to trauma stories increased
5. I am more confident about how to support children or youth who have gone through trauma
6. My feel more committed to apply the trauma-informed perspective in dealing with my students/clients

The composite measure created from these items had a range from 6 to 18.

B. **Tool for focus group with COS participants**

The interview schedule for focus groups with COS participant refugee parents/guardians included 14 (fourteen) questions. The questions are as follows:

1. What were the sessions about? What was discussed or taught in the Circle of Security sessions?
2. Can you remember some of the lessons you learned from these sessions?
3. Were there discussions on children's needs in the sessions? Do you think that, as a result of attending the sessions, you have a better ability to identify your children's needs and address them? If yes, how? If not, why not?
4. Do you think that the sessions helped you to increase your knowledge about how to take

care of children and support them in Canada? If yes, how? If not, why not?

5. Have you made any changes in parenting based on what you learned in the Circle of Security sessions? If yes, what were these changes? Please share in detail [probe: why they made these changes and if they found these changes useful].
6. Do you think that, as a result of attending the sessions, you are more confident about how to guide your children and give them good directions? If yes, how? If not, why not?
7. Do you think that since attending the sessions your relationship with your children has improved? If yes, how? If not, why not?
8. Did the sessions help you make friends or find people who can help you? If yes, how? If not, could you explain why?
9. How would you describe yourself as a caregiver now that you have completed Circle of Security?
10. Would you recommend other newcomer parents to attend the program?
11. Was there anything in those sessions that you did not like, or was there anything that hurt you during the sessions?
12. Did you find anything in the sessions that you think was not appropriate according to your own culture?
13. Do you have any thoughts on how these sessions could be improved?
14. Do you want to share anything about the psychological sessions I have not asked about?

C. Tool for focus group with MSOT participants

The schedule for focus groups with MSOT participant refugee parents/guardians included seven (7) questions. The questions are as follows:

1. Could you please tell what you learned from the MSOT training that you still remember?
2. What did you find most interesting in the MSOT training? Why was that most interesting to you? Please explain.
3. Do you find the lessons relevant and useful in your profession? If yes, how?
4. Have you made any changes in your practice after attending the training? If yes, what were those changes? Do you find those changes useful? If yes, how? If not why? Please explain.
5. Do you think that people who work with children and youth will benefit from attending this training? If yes, how? If not why?
6. Do you think that this type of training should be available for practitioners working with children and youth? If yes, why? If not, why not? Could you please explain?
7. Do you want to add anything about the MSOT program that we have not discussed here?

D. Tool for interviewing Enhance Wellness project staff

The schedule for one-on-one interviews with the program facilitators included eleven (11) questions. These questions include:

1. How long had you been involved with the program?
2. To your best understanding, was the program implemented as plan? Was there a component not fully implemented? Why?
3. Based on your own observations, to what extent has the program been able to achieve its

intended outcomes in Phase 1? Please explain.

4. Do you think that the organizational and management structures of the program were appropriate to deliver it properly? If yes, how? If not, why? Could you please explain?
5. Do you think that the program had sufficient resources to achieve its objectives? Why do you think that? Could you please tell in detail?
6. According to your best observation, were there any issues in delivering the program, which might have limited its ability to achieve its intended outcomes? If yes, which were those issues? Could you please share in detail?
7. Were there challenges around reaching, recruitment or retention of participants? If there were, what type of challenges were these? How did you address them? Did these challenges affect the implementation of the program and how?
8. According to your understanding, what were the most important challenges in implementing the program? Could you please describe them in detail?
9. According to your understanding, what were the most important lessons you learned in facilitating the program? Could you please describe them in detail?
10. If the program were to be implemented in future, what changes would you recommend? Could you please justify your recommendations?
11. Would you like to add anything that you have not been asked about? Please feel free to share.

Section 7: Findings

A. Quantitative Findings

The table below presents the quantitative findings in light of the indicators' expected changes outlined in the PME plan of the project.

Outcome Indicators	**Number of participants**	**Result**
# of refugee children and youth receiving trauma-informed psychosocial programming	N/A	348
# of refugee children and youth with healthy coping strategies	19	12
# of refugee children and youth increased sense of belonging	19	10
# of refugee children and youth with strengthened social and emotional skills	127	40
# of refugee children and youth with increased positive relationships with peers	67	36
# of refugee children and youth with increased pro-social behaviour	45	29
# of refugee children and youth with increased protective factors	18	9
# of refugee children and youth with increased connections to school and higher engagements in learning activities	18	10
# of refugee children and youth with reduced risk factors	19	11
# of refugee parents/guardians with strengthened parenting skills	32	16
# of refugee parents/guardians with increased reflective capacity	32	12
# of refugee children and youth with increased attachment to their parent/guardian	19	7
# of refugee parents/guardians with increased social support systems	32	9
# of refugee parents/guardians with increased confidence in their parenting skills and ability to meet needs of children	32	3
# of service providers/education staff attending training	N/A	207
# of service providers/education staff with increased knowledge and skills related to protective factors for mental health	72	72
# of program participants with increased emotional/subjective wellbeing	127	40
# of program participants with increased psychological wellbeing	107	48
# of program participants with increased social wellbeing	19	9
# of evidence-based psychosocial products created (curriculum, supporting statistics, research findings, reports, etc.)	N/A	3[7]
Nature of evidence generated through project to inform policy, practice or programming	N/A	Evaluation Report
# and duration of multi-sectorial collaborations	N/A	5[8]

[7]

1. a psychosocial educational curriculum for refugee children and youth
2. 18 second stage workshop series (including adaptations for different age categories)
3. *Big Feelings Come and Go* (*Big Feelings*) published by Canadian Centre for Child Protection (CCCP) has been translated into four different languages

[8] Collaborations include formal partnerships with Louis Riel School Division, Pembina Trails School Division, Winnipeg School Division, New Directions, and Canadian Centre for Child Protection.

B. Qualitative Findings:

1. Perspectives of COS Participants

The Circle of Security focus groups gathered feedback from parent participants on the eight sessions of the program and yielded several interesting insights for future programming.

The most striking trend in the feedback was an unanimous call for similar programming focused on parenting teenagers. All of the participants related their fears around raising teens in a new country without the community supports and cultural norms and mores they were accustomed to. One parent used imagery from the sessions, saying that she had "shark music" playing in her mind when she considers how to raise her teenagers in Canada. The participants explained how they are looking for ways their teenagers can volunteer or work to keep them from getting into "trouble" in Canada. Another participant noted how in her country, if the teenagers left the house, they would go to other family members' homes or to see their grandparents and she knew her children were safe. But in Canada, when her teen leaves the house, she doesn't know where he goes or if he is safe. These differences were part of the background to the calls for workshops on parenting teens.

"I am afraid to raise my teenagers in Canada. The shark music plays in my head". Participant 1

"We have to deal with our kids differently depending on their ages". Participant 2

The second major trend in the feedback was the participants' felt need for information or strategies to bridge their own current parenting skills to additional skills needed for parenting in Canada. Several participants mentioned that in their country of origin, "rules and regulations" or "laws" about children and families are very different than Canada's laws. The participants expressed that they were used to allowing their young children to wander or play unsupervised but had found that in Canada this is unacceptable. The difference or lack of laws regarding children in their countries and Canada produced an unspoken feeling of confusion or fear among the participants.

Attending the training produced an increase in confidence and a new awareness of their parenting practices among the participants. One mother said "We are more confident in our parenting now because in our country no one teaches us, only we learn by experience. But now, someone teaches us." Another parent relayed that he noticed a difference in his actions; now, when his child asked him to play, he went outside to play with him, having learned about the importance of "with-ness" from the training. Another parent mentioned that she had learned how to create a safe and healthy atmosphere even when doing "nothing" at home, and that happiness can be created inside the home, and is not limited to special events or outings. Another participant told a significant story about how her daughter came home and wanted to tell her something, but she continued doing what she was doing while listening to her child. Finally, after

several attempts, the daughter became angry at the apparent inattentiveness of her mother. It was then that the participant realised her mistake and remembered the program training. She said that she remembered how if she makes eye contact with her daughter and showed in other ways that she was listening to the daughter it would have made her daughter feel more heard. One participant summed up her experience in the program by saying that she is now more able to make good decisions for her children and that "My relationship with my children has improved since taking the course".

"I have learned how to make my children feel safe." Participant 1

"I mix good things from my culture and Canadian culture in my parenting." Participant 3

"We learned a lot from the program." Participant 4

"I learned how to work with my kids in a new culture and country. We must listen to the kids and enjoy time with them." Participant 2

Recommendations:

As mentioned above, all participants requested a similar course focusing on teens. Other suggestions included a change in program delivery timing – one participant said evening courses would be easier to attend. Another participant recommendation was to hold the classes in person because "Newcomers like in-person classes more than zoom". Program staff explained that the move to online programming was due to COVID-19 restrictions.

Participants mentioned that the training was not culturally offensive in anyway and that the learning was valuable to their daily lives.

2. Perspectives of MSOT Participants

The Making Sense of Trauma training focus group evaluation found an overwhelmingly positive reception amongst participants. The six-hour training provided frontline service delivery participants with practical tools and the theoretical framework to understand what trauma is and how it affects the every day lives of people. In describing the training, participants used words such as "very useful" and "practical" repeatedly. The evaluation consisted of seven discussion questions and participants shared their experiences of the training. Two key themes that emerged in the discussions were how the training provided a) a framework of knowledge on trauma and b) hands-on practices for their daily child and youth work and examples for identifying and regulating trauma responses.

Framework of trauma knowledge:

Participants frequently referenced a key phrase from the training when working with a child or youth with challenging behaviour: "It's not 'What's wrong with you?' but 'what's happened to you?'". This phrase entirely reframed participants' posture towards clients, removing blame and perceived conflicts with authority and instead creating a posture of "with-ness", allowing participants to focus on "being with" dysregulated clients, looking past the behaviour to the issue and thereby meeting the clients' need for connection and co-regulation. This shift in participant posture towards clients entirely changed the practice of participants and outcomes for clients from addressing the "symptoms" of an issue to addressing the cause of the issue itself.

Another outcome of this shift in perspective was described by a participant as "it teaches you not to take things personally", knowing that a client's dysregulated behaviour may not be caused by poor participants' facilitation, but by the client's internal struggle. Participants found that the trauma framework is "very useful in daily life and also [when] working with your coworkers as well…it gives you more resilience" and "it [the framework] improves your job and how you perform your job".

"I now have more strategies for keeping myself calm when a client is dysregulated. This training helps me help myself too." Participant 1

"The training supports staff in asking questions and seeing the child behind the behaviour." Participant 3

Practices for daily youth work:

Participants noted that the training taught them about the physiological and psychological intersection of trauma, and this provided hands-on strategies they could use in their daily work. Understanding how trauma physically impacts the brain and the body's responses (fight, flight or freeze responses), provided strategies to use with dysregulated clients, such as breathing exercises, doing full body movements or other grounding techniques to re-integrate the parts of the brain during a trauma response. Participants provided the following feedback on these strategies:

-supports participants in asking questions, seeing the child behind the behaviour and listening more and listening better to clients

-creating points of connection and the ability to stay connected with participants provides protective factors for the client against negative social behaviours

Participants also noted that the practices for dealing with trauma responses also helped keep themselves calm in stressful or overwhelming situations, benefiting not only the clients but the participants themselves.

“I’ve been given concrete tips to help with students behaviour issues.” Participant 2

“Sharing stories with clients helps me to create a connection with the client. It makes me more empathetic too.” Participant 4

Recommendations:

Participants made a few recommendations about the delivery of the training; some participants would have preferred to complete the training in person, rather than online (due to COVID -19 regulations), or as a live/”real time” training with other participants. Other participants requested handouts or take-home materials to make the training more interactive. Another option participants mentioned was to “chunk” the training into smaller modules completed over a longer time period or to create perpetual tutorials that could be used as refresher or “upkeep” coursework over time.

Overall, participants expressed how the training material was new and ground-breaking for them, transforming their practice in very significant, foundational ways. The participants unanimously recommended the training to their colleagues and anyone working with children and youth, especially others like them who work with refugees and newcomers.

The overwhelmingly positive participant response to the training suggests that the program consider an increase in MSOT training opportunities for a larger number of service delivery participants including education participants. The sense among participating participants of the uniqueness and freshness of the training also suggests that the MSOT training meets a significant participant need for trauma-informed professional development. While the valuable and general practices of child and youth work is necessary to N.E.E.D.S. Inc. work, the focus groups suggest that there is a hunger and need for continued trauma related training among participants.

“I would like to take further training like [MSOT] from them or others on the topic.” Participant 5
“This training changed my life. It helps me not only understand my clients but also myself and the others around me. It changes everything.” Participant 4

3. Perspectives of Program Facilitators

Analyzing staff interviews on the program's progress thus far yielded the following key findings.

Implementation and outcomes:

100% of staff reported that the program was implemented as planned and that program objectives were met. In fact, the program exceeded its objectives in regards to targeted clients; the original target demographic for the program was Syrian refugees and the program was able to meet this target and expand beyond it to include a wider variety of clientele. Being able to meet and exceed target clientele offerings demonstrates the effectiveness of the program processes and management.

Organizational and management structure:

All interviewees reported that the program is well staffed and that management support was highly effective. The strong relationship between frontline staff and managers was a clear theme in all interviews. Frequent contact with management and availability of managers meant that the service delivery team was able to draw on advice and support in a timely manner.

"The managers were always available to help me." Staff Member 1

"I was able to communicate with the managers very easily and often." Staff Member 2

Program Resources:

Program resources were found to be readily available; documentation and curriculum were easily accessible for service delivery staff, making program delivery efficient and consistent. A specific challenge experienced by service delivery staff was fluctuating interpretation needs. Generally, interpreters were available to support program delivery but a in a few cases a client with new language needs would attend program (for example, requiring Thai language interpretation) and the service delivery team would not have immediate access to Thai interpretation. Staff reported that this did not greatly affect the program delivery but having the ability to provide interpretation in every client's language, even to new clients, would have enhanced those clients' program experiences.

"Interpreters are so important to all our programs and especially one on emotional health." Staff Member 2

Service Delivery Issues:

Issues in delivering the program surrounded COVID-19 complications, particularly the need to move programming online to Zoom. While N.E.E.D.S. Inc. staff are equipped and experienced at providing programming online, the issues clients experienced attending online programming remain. Client engagement on the online platform was less consistent than comparable in-person programming N.E.E.D.S. Inc. has provided. Attending school online and the constant COVID-19 volatility affected clients' online fatigue. Some clients were hesitant to turn their cameras on during programming and this diminished the level of connection between clients and staff and other clients. Lack of client access to devices precluded or reduced some clients' participation, particularly when a family had only one device shared between all children. When clients had access to a device, low digital literacy among some clients presented challenges in attending or fully participating in the program. Additionally, some clients became distracted by family members or other things specific to their home environment while participating in the online program. Finally, collecting evaluation data proved to be more challenging in the online context and some clients were not keen or able to provide program evaluations online.

In the face of these challenges program staff did their best to provide clients with digital literacy coaching on the go and deliver the program with flexibility, including frequent movement breaks or adapting sessions to the particular interests of clients attending that day.

"Because of COVID, clients attending program in a room they shared with family members. They couldn't talk freely and sometimes were distracted. They didn't always have a device they could use to attend the program." Staff Member 2

"We did our best with the COVID restrictions. It wasn't easy but we adapted well and the program ran smoothly." Staff Member 3

"Being flexible is so important in delivering the program." Staff Member 5

Client Recruitment:

Client recruitment targets for the program were met. Staff reported that client recruitment was hampered by clients' lack of access to technology; some clients simply could not attend because they lacked devices. Some aspects of programming (especially those targeting high school students) were affected by client retention issues; clients would attend but report that they were tired afterschool and couldn't attend every time or for other reasons attended inconsistently. To counter this challenge, the program offered Certificates of Completion that clients could list on their resumes.

Client recruitment strategies were also adapted to include N.E.E.D.S. Inc. SWIS workers who already had strong relationships with clients and could effectively connect interested clients to program staff. One staff member reported that one family intended to participate in the program but then when asked to register with N.E.E.D.S. Inc. to enroll declined.

The challenges associated with recruitment did not ultimately reduce the effectiveness of the program but provided service delivery staff with opportunities to develop additional recruitment strategies.

"We superseded our recruitment targets. It feels good to be able to offer our programming more widely". Staff Member 1

"The recruitment process went more smoothly when we involved SWIS. They have strong relationships with clients and know who would be interested in participating in a program like this. Clients who are interested keep attending." Staff Member 2

Lessons learned and recommendations:

Several staff reported that flexibility was a key to program delivery success; flexibility in adapting programming on the go for the specific clients who attended that day as well as program delivery flexibility. Adapting programming on the go meant that staff would be ready for the unexpected, from differing language levels and interpretation needs from session to session as well as tailoring each session's delivery to the clients who were present that day, such as including more movement breaks or discussions. Program delivery flexibility meant that staff would provide parents in the COS programming with alternate times or make up sessions to accommodate the demands of changing parenting responsibilities or other factors affecting the clients' ability to attend.

Amongst the team, a key theme that emerged in the interviews was the strength of ongoing staff communication and collaboration, both with each other and management. This included the team process and approaches to brain storming and troubleshooting to deliver the program in the best ways possible.

Recommendations from the staff were concrete:

- Reduce session duration from 1.5 hours/session to 1 hour/session to address Zoom fatigue.
- If possible, provide clients with devices on loan for the duration of the program.
- If possible, run programming in person.
- Be prepared to adapt English language level used in programing from session to session, based on clients' needs and increase availability of interpreters.

"We are a flexible team. Running program during COVID made us an even more flexible team. We saw even more value in collaboration." Staff Member 3

"Being able to be constantly in touch with our managers made it possible to run the program flexibly and to respond to changing client needs quickly." Staff Member 4

Section 8: Observations and Recommendations

A. Observations

The overall outcomes of the intervention have been found positive. For all indicators, a good number of program participants who participated in this evaluation study demonstrated or reported changes in the intended directions. The qualitative part of the investigation has helped us to make clearer understanding of how the project produced positive changes among the participants and how they perceived the benefits of the intervention. Parents who participated in the focus groups informed that the Circle of Security training produced increases in confidence and new awareness in their parenting practices and that their relationship with children improved as a result of receiving this training. They have realised the importance of family attachment and safe, healthy, and caring environments for health growth of children. However, they, in general, emphasised the importance of the inclusion of lessons on parenting teenaged children in the COS curriculum. They also suggested combining their own cultural values with Canadian values in parenting training. Some COS participants preferred evening class and in-person sessions rather than remote meetings.

The MSOT training has been found very effective in increasing knowledge and skills about the protective factors among refugee children and youth and developing a trauma-informed perspective among service providers. MSOT participants found the training "very useful" and most of the participants (73% and another 22% said "to a great extent") reported that the training significantly increased their knowledge on trauma and its impact on the wellbeing of refugee children and youth. They found the training very useful in daily life and workplace and recommended continued opportunities for service providers to undertake this training. Some participants recommended in-person, rather than online delivery of the training and the distribution of handouts or take-home materials to make the training more interactive.

As per the opinions of the project staff, the program was well-staffed and well-managed. They, in general, appreciated the strong relationship between frontline staff and the managers for effective and efficient delivery of programming. However, they identified a number of challenges related to fluctuating interpretation needs, issues related to recruiting and retention of high school students, problems with consistent engagement of children and youth during remote programming. They suggested a number of adaptations for smoother and more effective implementation of the intervention such as emphasizing in-person programming, reducing group

sizes and session lengths (in cases of remote programming), and lending devices to clients who need.

Finally, the PME plan intended to measure outcome indicators terms of changes in numbers, which are unstandardized values. It would be more useful if more standardized values such as changes in percentage and differences in means (average scores) between pre-program and post-program are considered to measure the intended outcomes.

B. Recommendations

Based on the above analysis of study findings, the following measures are recommended for consideration in future implementation of the project:

1. Lessons on parenting teenage children are included in the COS curriculum.
2. The COS curriculum is revised to incorporate clients' perspectives in parenting values and practices.
3. COS sessions are scheduled in the evening, so its easier for clients to attend meetings.
4. In-person delivery of programming (PSE, COS, and MSOT) is prioritised whenever possible.
5. Short handouts on the key contents of the MSOT training are produced to be distributed among the participants.
6. When delivered remotely, PSE and COS group sizes and session length are reduced.
7. Devices are lent among clients who need them allowing for them to attend remote sessions.
8. Ensure flexibility in programming so that clients can complete all lessons
9. Take measures to provide incentives to clients to complete lessons, so retention can be enhanced.
10. More robust analytical approaches are adopted to measure project outcomes.

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