COVID-19 and Refugee Families in Montreal: Strategies for reaching hard-to-reach populations in health emergencies

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Introduction

Communication between government and immigrant newcomer communities is challenging. Research shows that accessing accurate information and resources among newcomer groups is often difficult due to limited access to media; lack of internet access; low levels of fluency in official languages; less knowledge of official sources of information; and fewer resources to navigate between accurate and inaccurate information sources (e.g., Caidi & Allard, 2005; Kalich, Heinemann, & Ghahari, 2016). These issues can reduce the success of the COVID-19 response, particularly in Quebec where 14.6% of the population are immigrants (Statistics Canada, 2021), with that number rising to 34% in the city of Montreal (City of Montreal, 2020).

Among migrant populations, refugees may face even steeper hurdles to getting information. Challenges can include lower rates of knowledge of English or French, lower literacy rates, and less extensive social networks. Moreover, evidence shows that refugees often have lower incomes, live in high-density housing, have mental health needs, work in precarious jobs and are more likely to experience homelessness and use shelters (e.g., Hanley et al., 2019; Hynie, 2018). These factors can greatly hinder their ability to access accurate information, necessary healthcare and the resources required to sustain pandemic response strategies (cf. Oda et al., 2017), including social isolation, underlining the importance of effectively reaching this population. Even more challenging is rapidly assessing the gaps and barriers, as in a public health pandemic context. Newcomers who are not fluent in English, have limited internet access and social media usage, and who do not know and trust local information sources are the most difficult to access through surveys and interviews. Thus, the most vulnerable among immigrant and refugee communities may not only be missed in efforts to convey the health warnings and recommendations regarding public health safety but may also be missed in efforts to identify gaps in information dissemination and resources required.

The Syrian refugee resettlement initiative represents one of the largest refugee resettlement programs in Canada's history, with over 50,000 newcomers arriving over approximately 18 months. This Syrian newcomer community is diverse in ethnicity, religion, and socioeconomic background; the community includes a wide range of English/French language fluency, education and literacy levels, health needs, and comfort with social and traditional media (Hynie et al., 2019). A disproportionately high number of Syrians were resettled in Quebec between November 2015 and July 2017. A total 9805 people were resettled in the province with most (66 %) establishing their households in the Montreal region. Smaller groups were resettled in other regions of the province: Sherbrooke (380), Gatineau (440), Quebec City (445) and Trois-Rivières (1605) (IRCC 2017a). Churches, community groups and groups of individuals were heavily involved in privately sponsoring Syrians to resettle in Quebec, being responsible for 79 percent of cases (89 % in Montreal) (IRCC 2017a). Government-assisted Syrian refugees (GARs) were the majority in the rest of

the country (65 %), compared to 13 percent resettled under the Blended-Visa Overseas Refugees program (BVOR[1]) and 22 percent privately sponsored (PSRs) (IRCC 2017a, 2017b).

This study built upon the Quebec segment of a Canadian Institutes of Health Research-funded, 4-year longitudinal study, Syrian Refugee Integration and Long-Term Health (SyRIA.lth), which explored the impact of pre- and post-migration conditions, sociodemographic characteristics, and migration pathway on integration trajectories and long-term health and mental health outcomes for Syrian refugees. SyRIA.lth conducted annual face-to-face surveys, in Arabic, with over 1700 Syrian newcomers, in 750 households, in British Columbia, Ontario and Quebec starting in 2017. These were refugees who arrived in Canada between 2015 and 2017. The SyRIA.lth team included a network of 22 community health and settlement sector members as well as academics from several different disciplines. In annual surveys over 4 years, participants provided socio-demographic information (age, education, gender, family make-up, language fluency); premigration characteristics (employment, SES, rural versus urban residence, length of time displaced) and post-migration experiences (employment, sponsorship, social network size and strength, presence of family members in Canada, housing characteristics, etc.). The sample was diverse in ethnicity, education, socioeconomic status and English/French language fluency characteristics.

This study aimed to identify the needs, vulnerabilities, and strengths of Syrian newcomers in the face of the pandemic. This included access to information through public health messaging and other barriers that community members faced in the context of COVID-19, impacts of COVID-19-related social isolation on refugee families as well as strategies that families used to cope with the COVID-19 pandemic. Study research questions were:

1. To what extent is public health messaging about COVID-19 by government and not-for-profit entities reaching refugee families?
2. What does effective disseminating COVID-19 information to refugee families look like?
3. What are the barriers and facilitators to acting on public health messaging?
4. What have been the impacts of COVID-19-related social isolation on refugee families?
5. What strategies have families used to cope?

Objectives and Methods

This study utilized a quantitative approach, administering a phone survey with refugees who were part of the SyRIA.lth study in Quebec. At the end of the Year 4 data collection for the larger SyRIA.lth study, interviewers asked if participants would be interested in participating in an additional short survey on the needs, vulnerabilities, and strengths of Syrian newcomers in the face of the pandemic. The survey included questions about access to information through public health messaging and other barriers that community members are facing in the context of COVID-19, impacts of COVID-19-related social isolation on refugee families as well as

[1] The Blended Visa Overseas Refugee (BVOR) program does not apply within Quebec. Any BVOR refugees in the province would have landed elsewhere and subsequently moved to Quebec.

strategies that families used to cope during the pandemic. Research team members contacted SyRIA.lth participants who indicated that they were willing to be contacted for this study.

Our team contacted participants in our Quebec cohort by phone in Arabic. Out of a total sample of 267 SyRIA.lth participants, 228 agreed to participate in the present study (a 85% response rate). In the consent form, we asked for permission to link their responses to their existing household information in our database, including housing conditions, highest education level, language fluency and income. All participants received links to government-sponsored COVID information in Arabic. The study survey consisted of 24 closed-ended questions with opportunities to provide specificity in "Other" categories that were open ended. Questions covered topics such as:

1. Current sources of information (and quality) about the COVID-19 response;
2. Perceived reliability of the different sources of information;
3. Preferred methods for receiving information;
4. Current household income and health status;
5. Challenges to following social distancing guidelines;
6. Challenges related to online education in household (for children, youth, adults attending language classes);
7. Coping strategies to COVID-related isolation;
8. Perceived access to health services within the household; and
9. Barriers to seeking care, if COVID-related health care was sought.

Syrian newcomers differ from one another in terms of sponsorship pathways, with some privately sponsored by family members, some by sponsors who were strangers and community groups, and others arriving as government-assisted refugees (Hyndman & Hynie, 2016; Hynie et al., 2019). Thus, this cohort bridged a range of settlement conditions that provided greater or lesser access to more formal information sources (e.g., through settlement agencies) and informal networks (other newcomers, sponsorship groups). The diversity in the sample allowed us to explore how perceptions of COVID and responses to public messages were shaped by factors such as language fluency, education, social networks, family make up, employment status, housing circumstances and income. Study objectives were to: (1) understand how participants accessed information; (2) explore barriers to social distancing and isolation; (3) learn how participants accessed health care; (4) assess which information sources were most trusted; and (6) propose strategies to ameliorate gaps in the strategies for reaching newcomer communities in the Greater Montreal region and across the country in the event of a future health crisis.

Data were collected over a period of several months (August 2020 to January 2021). The survey included 105 items, 102 of which were closed-ended questions that were analyzed statistically. The three open-ended questions allowed respondents to comment on issues in their own words.

Results

Concerns about Coronavirus: for self, family in Canada, family abroad

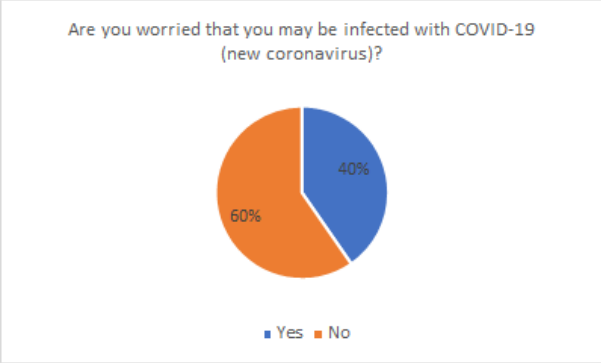

Figure 1

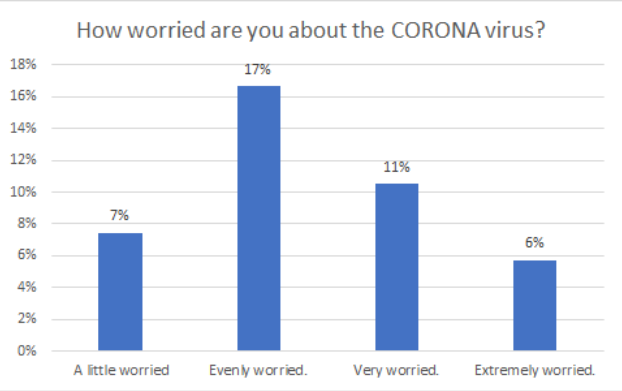

Figure 2

More than half of the sample (60%) of Syrian newcomers were concerned with contracting the Coronavirus. Among those who were worried, only 6% were extremely worried and 11% were very worried. Additionally, when we asked the participants about their current concerns, being infected by the Coronavirus came as the main concern (55%), followed by the inability to obtain medical care (46%) and inability to work as well as the inability to take care of family members equally (40%). These results show that the pandemic has created some insecurity among the Syrians mainly in relation to work, access to healthcare and capacity to take care of the family. Participants were concerned about getting infected by the Coronavirus but also by the repercussions of the Coronavirus on the job market and the healthcare system which affected them directly.

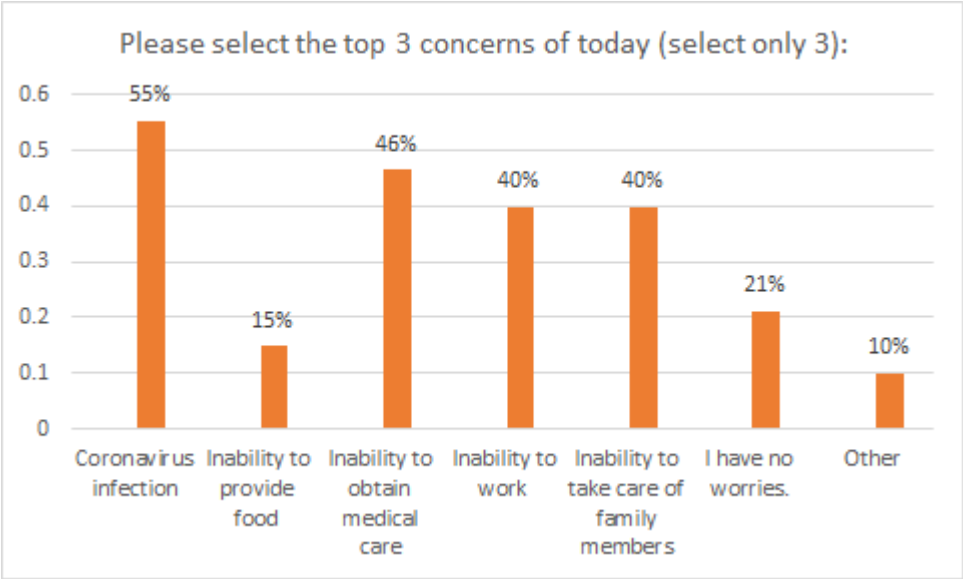

Figure 3

However, if we compare with their level of concern that someone else would contract the virus, the figures show a higher level of anxiety. Among participants, 23% were extremely worried that someone else would contract the Coronavirus and 29% were very worried. It is important to note that many Syrian newcomers still have family members outside of Canada, either in Syria or in neighbouring countries in the Middle East, and that the healthcare systems of these countries were not well equipped to deal with healthcare crises such as the Coronavirus pandemic. Additionally, healthcare is not free and accessible for everyone; refugees in these countries had sometimes difficulty affording or accessing the care needed (Assi, Özger-İlhan & İlhan, 2019; Dator, Abunab & Dao-Ayen, 2018; El-Khatib et al., 2013).

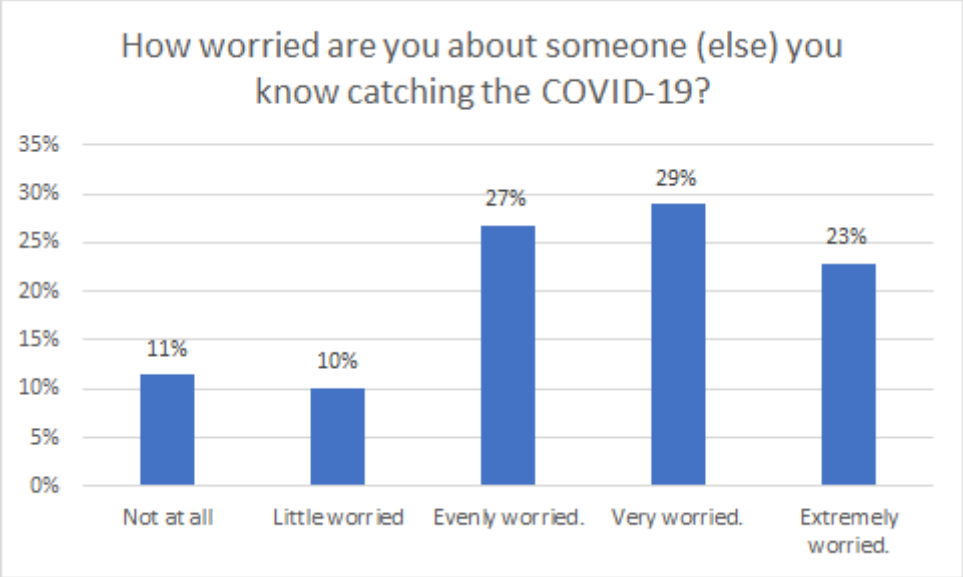

Figure 4

Comparing the Syrian sample with the general Quebec population, we found that Syrians had a lower level of anxiety of being infected with the Coronavirus. A CROP study[2], which collected data from 1,000 Quebecers, showed that 28% of survey respondents were very worried about being infected with the Coronavirus in comparison with 11% of Syrians who felt very worried.

[2] Details available in the full study published during April 2020
https://static.lpcdn.ca/fichiers/html/4165/CROP_La_Presse_COVID19_-_7_AVRIL_2020_-_20-9677_1_2_.pdf

Access to Coronavirus information: Variety and trust in sources

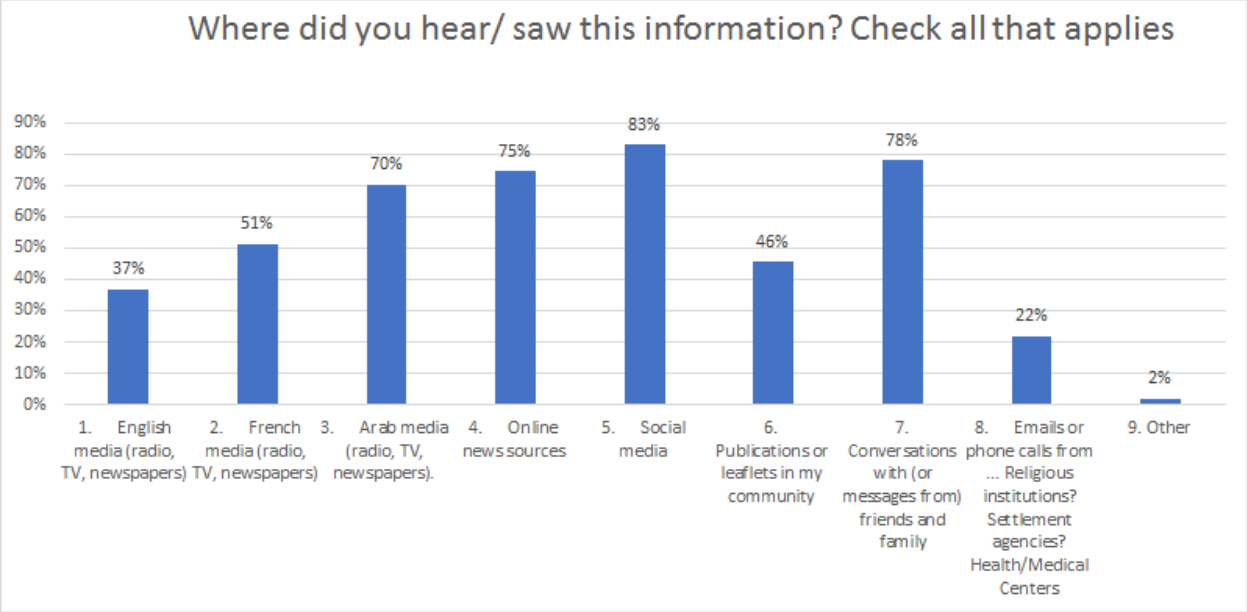

Figure 5

The majority of Syrians in the study heard about the Coronavirus and were well informed about its dangers and health repercussions. Their source of information was mainly from social media (83%), conversations with family and friends (78%) and online news sources (75%). It was evident that participants were following the international and local news as many were following news in French (51%) and English (37%) as well, which showed their desire to know the realities around them and the governmental policies that would be affecting their daily lives. Participants did not rely on settlement agencies to get informed about the Coronavirus. Study participants had lived in Canada for more than 4 years, and it is likely that they had lost contact with the settlement agencies as their needs changed with time.

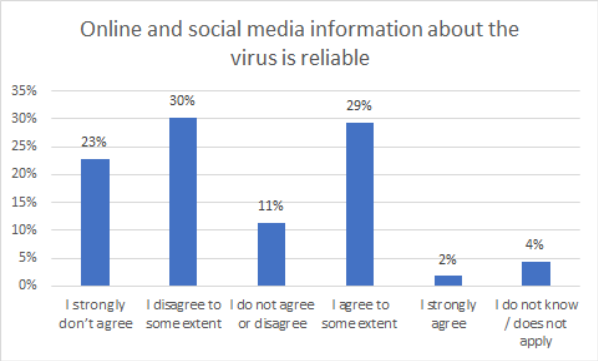

Figure 6

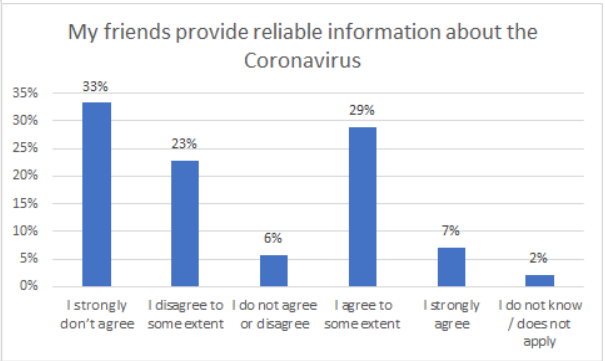

Figure 7

Regarding the level of trust participants had in the information provided, they were critical of their information sources and were aware of what sources were more reliable. They

did not fully trust online and social media and did not rely fully on the information provided by their friends. In terms of the trust of governmental sources, participants showed more trust; 52% of the participants strongly agreed that the information provided by the government and public health officials was reliable, and 39% agreed to some extent.

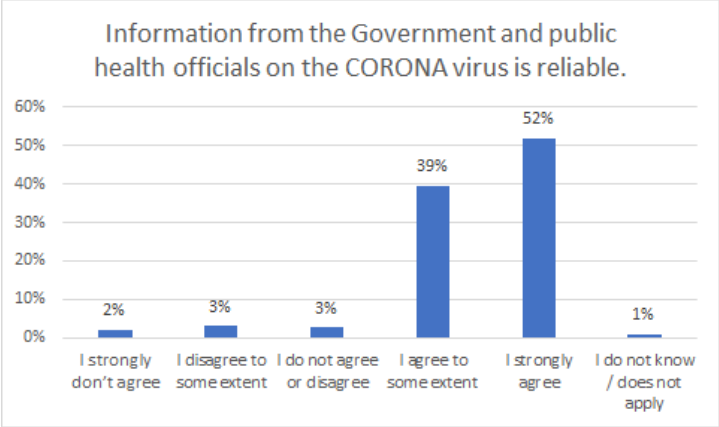

Figure 8

<u>Adherence to public health guidelines and confidence in government efforts</u>

There was very strong adherence to public health guidelines by participants. A significant majority (94%) indicated that they had made changes to their lifestyle and daily activities. They were asked to indicate what changes they had made.

Figure 9

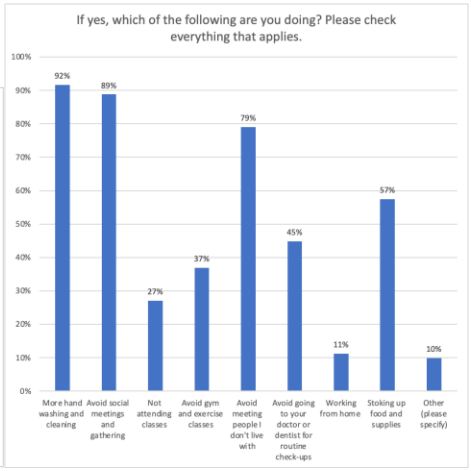

Figure 10

The vast majority indicated increasing levels of hand washing and cleaning (93%), avoiding social meetings and gatherings (89%), and avoiding people they did not live with (79%). Over half (57%) indicated that they had stocked up on food and supplies. Interestingly, only a small percentage (11%) noted that they were working from home in order to reduce exposure. For those who were employed, it may have been that they were in jobs that did not offer an at-home option or working from home was not feasible/possible.

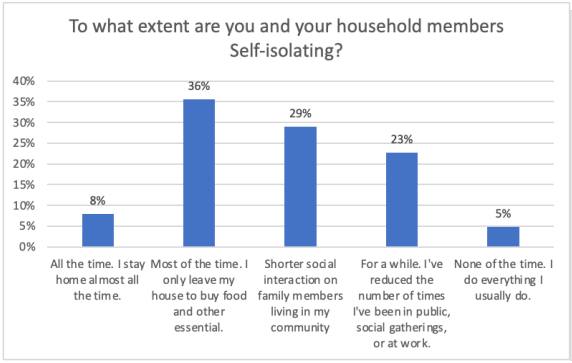

Figure 11

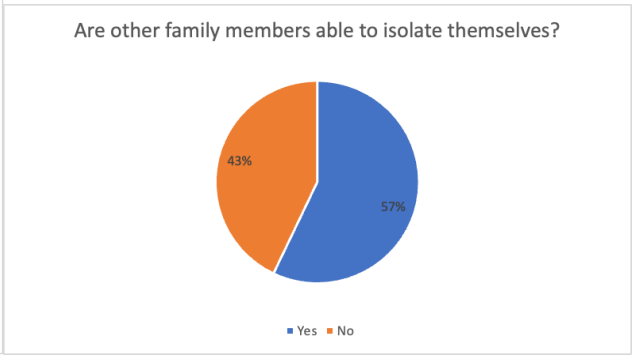

Figure 12

The majority of participants responded that they engaged in some form of self-isolation; only 5% indicated that they had changed their typical routines. On the other end of the spectrum, 8% indicated that they stayed at home nearly all the time. The implications of this isolation are discussed below with regard to mental health.

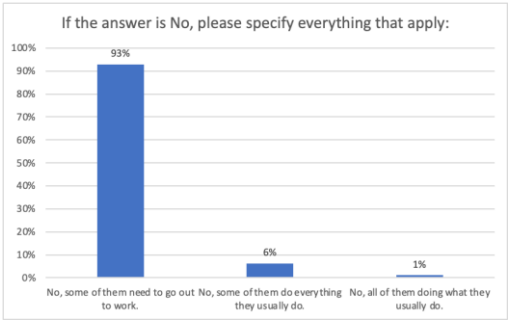

Figure 13

For those who had family members who were not able to isolate, 93% responded that this was due to family members needing to leave home for work.

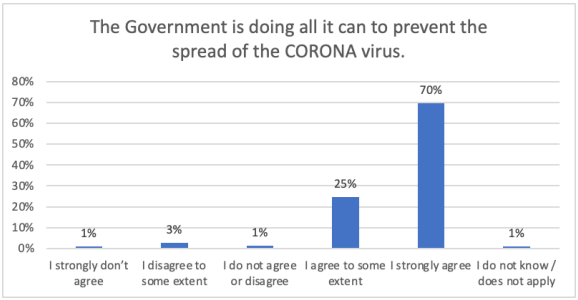

Figure 14

There was relatively high confidence in government efforts to prevent the spread of the COVID-19 in Summer 2021. The vast majority strongly agreed (70%) or agreed to some extent (25%) that the government was “doing all it [could] to prevent the spread of the Coronavirus”.

Economic issues: loss of income vs. employment outside the home

As for many Canadians, economic concerns featured highly for the Syrian refugees in our study. When asked whether they had any difficulties due to the Corona crisis, at least a quarter mentioned economic concerns. Reduced working hours and wages were mentioned by 15% of respondents and 25% reported losing their job because of the pandemic (see Figure 18 in the next section for a complete list of concerns). One participant described her situation, working in public events or with groups of people. She was very worried that her work hours would be reduced. Her organization tried to resume some of their activities in open areas and in parks, but this would be less feasible during the winter months. Her job was definitely at risk, making her worry and overthink about the coming future.

When asked about their top concerns on the day of the interview, 40% cited the inability to work (see Figure 15). It is worth noting that several of their other key concerns may also have been affected by economic problems, such as the inability to obtain food or inability to care for family members (e.g., by paying rent). Given the great uncertainty, one participant described her fears that the economy would crumble and that life would never return to normal.

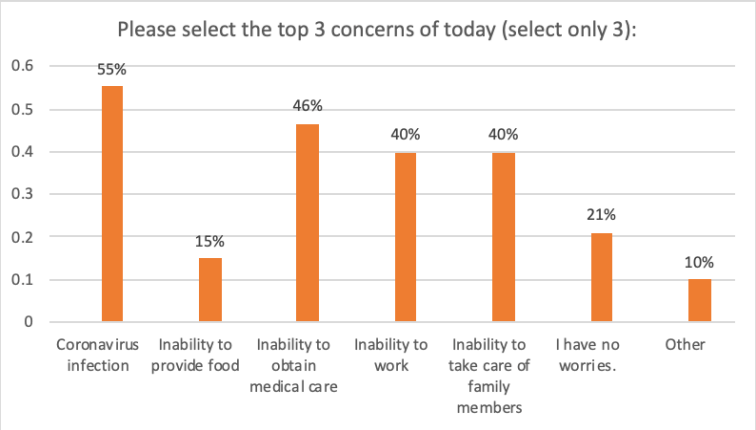

Figure 15

Fears about exposure to Coronavirus infection (55%; Figure 15) also had connections to employment. When asked about their ability to self-isolate at the height of the pandemic (Figure 16), 23% reported reducing time in public, social gatherings and work, while 5% reporting not making any changes, which could be related to being unable to limit work hours if they were employed in an "essential industry", something supported by many participants' sharing that members of their households were employed in the food and warehouse industries.

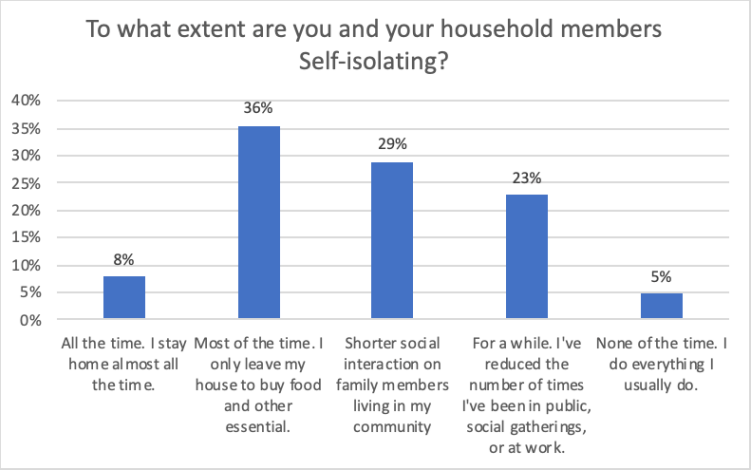

Figure 16

The role of work came out particularly strongly when participants were asked about the ability of other family members to self-isolate, with 43% reporting that some family members were not able to self-isolate. When asked why (Figure 17), the overwhelming response (93%) was that they needed to continue to work outside the home.

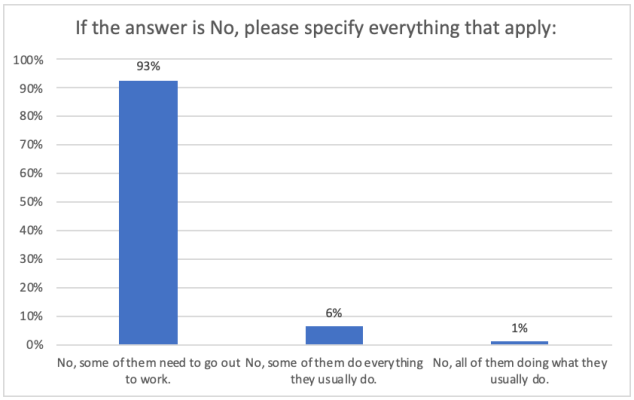

Figure 17

Participants' concerns about exposure through work were well-founded, with work outside the home being well-documented as a primary source of Corona infection (Cleveland et al., 2020).

Mental health and wellbeing: Social isolation and access to services

When participants were asked if they had had any difficulties during the pandemic, the most common answer was related to mental health, particularly depression and anxiety. More than half (51%) of participants responded that they had had difficulties with their mental health. This was approximately twice the rate of most other concerns, including losing jobs and getting food.

Another important concern that was recurring in the "Other" category was social isolation, which linked to mental health concerns. Participants reported the inability to connect with people as a particular challenge, especially at times of mental anguish. One participant

reported longer wait times for mental health services, increasing the sense of isolation and feeling alone. The unpredictability of the pandemic and not knowing when it might end was also reported to weigh heavily on participants' mental health.

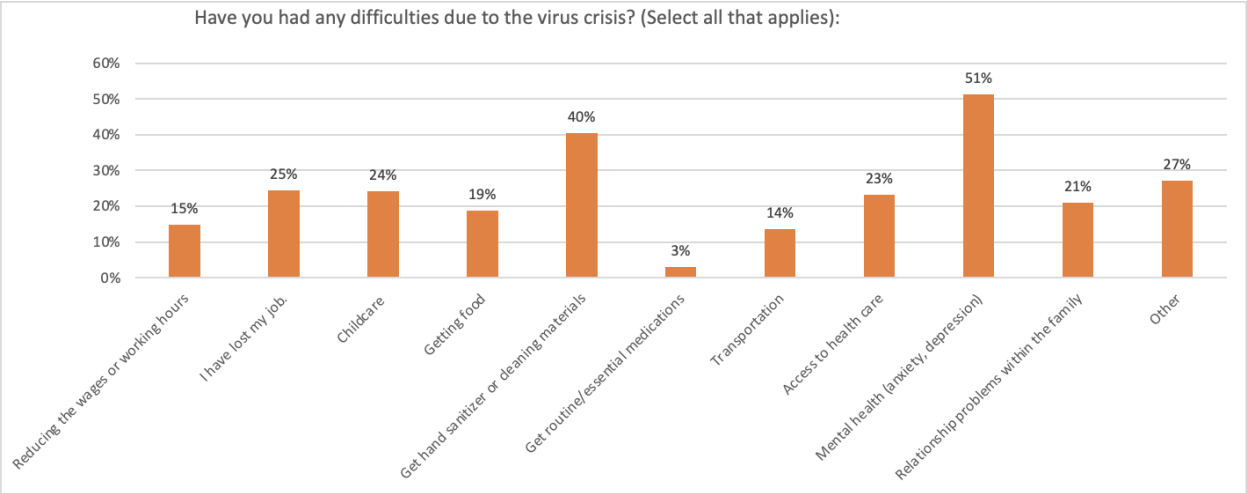

Figure 18

We provide a note of caution regarding the figure below. The inconsistency of the rate at which participants found they had difficulties due to the pandemic could be shaped by the timing of survey distribution as the pandemic continued. COVID case numbers and restrictions fluctuated in time and location, making it difficult to interpret. However, it is plausible that the number of cases at a given time and the length of restrictions would have had an impact on the mental health difficulties for participants. One participant reported that their main difficulty was the "lockdown" period being too long.

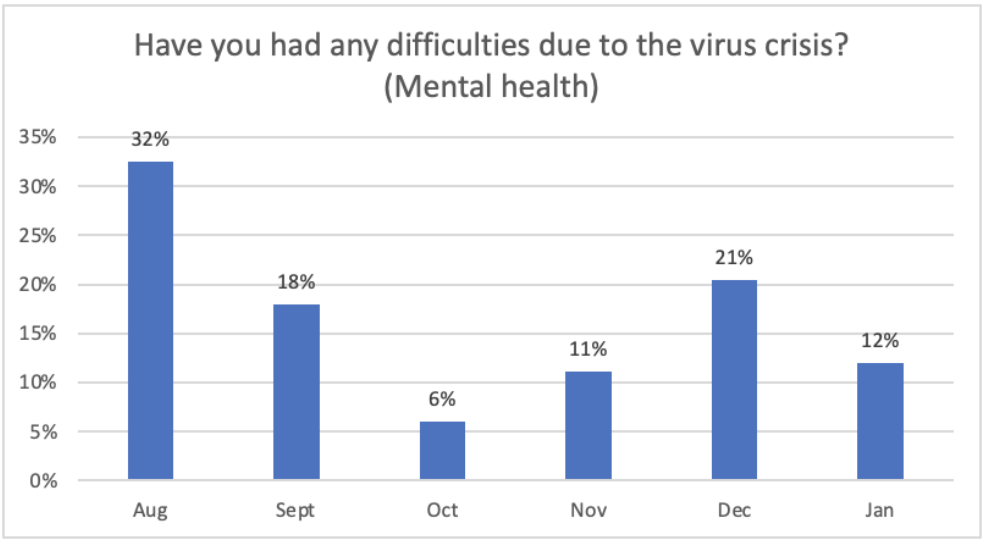

Figure 20

Family issues: Relationships, child supervision, and education

Figure 18 illustrates difficulties faced during the virus crisis. Another major concern for parents was childcare (24%), leaving parents in difficult situations. Some parents reported the even greater challenge of caring for differently abled children during the pandemic. Other parents voiced concerns about the lack of activities for children and their fears of their children becoming addicted to video games.

Relationship problems within the family (21%) was also a significant difficulty during the lockdown periods. Some participants reported on the inability or the difficulties of caring for extended family members who were sick or needed care.

When asked to select the three top concerns, the inability to care for family members was the third most cited concern with 40% of the participants citing it as one of their concerns. On the flip side, some participants reported on their fears of becoming dependent on their children. Issues about family members overseas was also a concern, worrying for their safety and worrying about the inability to travel and visit them.

Education experiences for children and adults

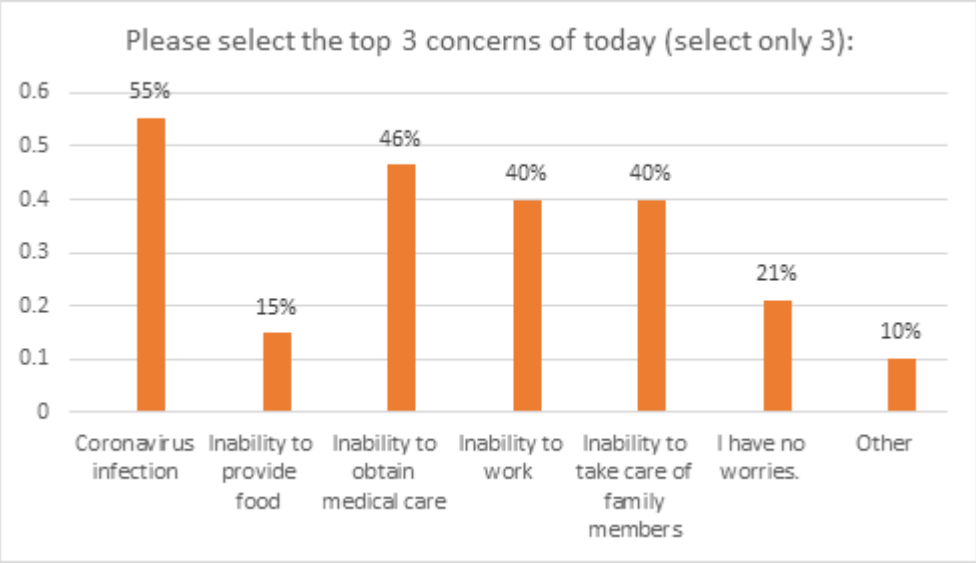

Figure 21

When Syrian newcomers were asked to name their top 3 current concerns, 40% were concerned about their inability to work and their inability to take care of family members. This demonstrates that the inability to work was a major concern for parents, which inevitably is linked to taking care of their families. Losing a source of income can impact the parents' ability to take care of the family, especially in situations where families may already have low incomes and/or precarious employment.

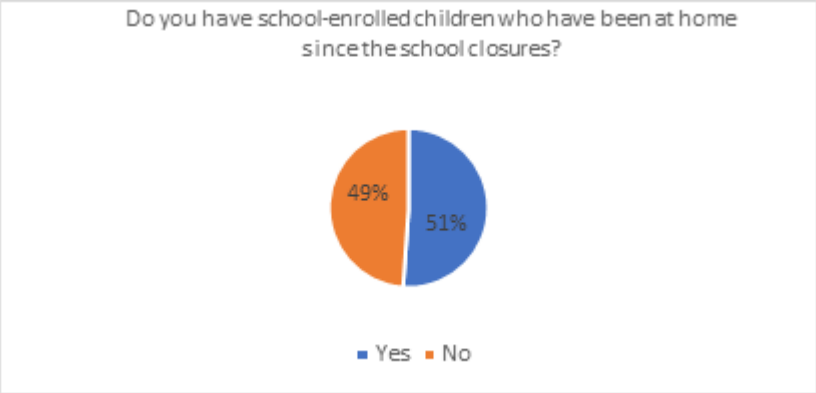

Figure 22

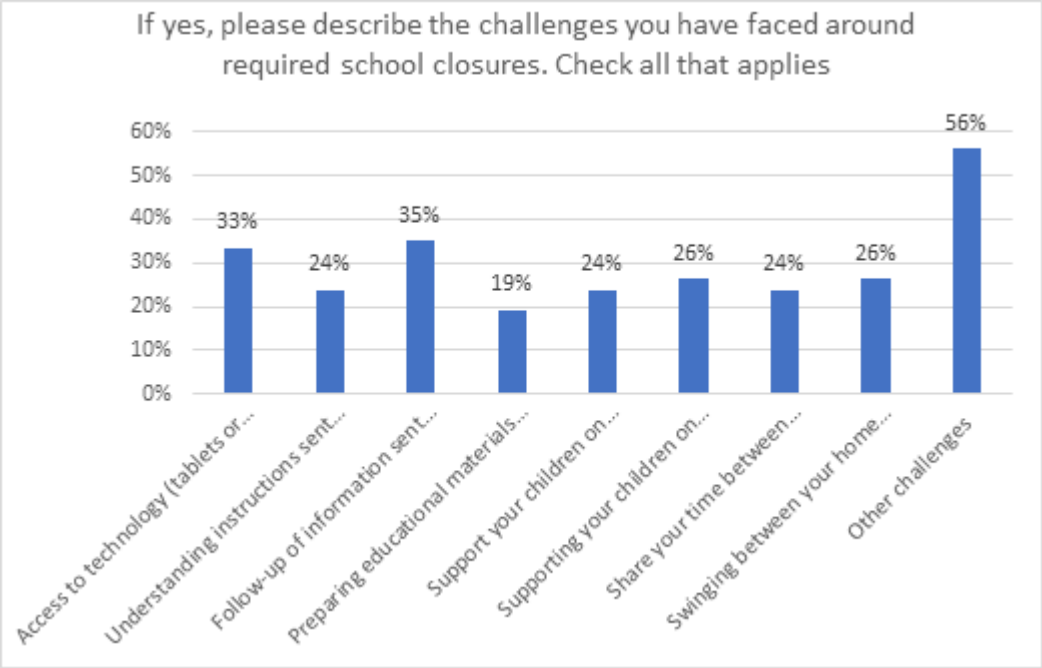

Figure 23

Syrian newcomers were asked to describe the challenges they faced around required school closures. Slightly more than half of participants had school-enrolled children who had been at home since the school closures. A clear majority expressed other challenges, not provided in the questions in the survey, with this consisting of 56% of the challenges faced, illustrating the multifaceted nature of the issues arising during the pandemic, in addition to pre-existing concerns now exacerbated by the pandemic.

Access to technology (tablets and computers) was also a considerable challenge for 33% of the participants. For the Syrian newcomers who have low incomes, the lack of access to technology affected their access not only to school materials for their children, but also their access to news and valuable information about the pandemic. In addition to technology access, participants were challenged when supporting their children on homework not specifically due to

language barriers (26%) and balancing home and work responsibilities with their children's school needs. Thus, the school closures added to other ongoing stressors related to the virus crisis. Other major challenges included understanding instructions sent by the school boards because of language barriers (24%), supporting their children on homework because of language barriers (24%), and sharing time between children (24%). Language barriers were a factor for limiting access to health services for only 2% of participants; however, it was a challenge for parents who had to assist with their children's schoolwork and be an educational advocate if necessary. As French and English were new languages to participants, having access to French language courses and educational material was critical to both children and their parents. This concern also brings to light the challenges parents faced with regard to effectively assisting their children academically, which was also further exacerbated by being overwhelmed with the constantly changing information sent out by school boards. A smaller but still significant percentage (19%) of Syrian newcomer participants felt that it was a challenge to prepare educational materials for their children during the required school closures.

Access to health services

When asked what their top three main concerns were during the pandemic, nearly half (46.5%) of participants chose medical care as one of them. This concern of inaccessibility of health care services was present throughout the entire study timeline.

When comparing the proportions of refugee families that expressed this difficulty over the course of our timeline, we see an important increase to 36% in November and to 39% in December 2020. This corresponds to the same time-period of the beginning of the second wave of the virus in Quebec (Gouvernement du Québec, 2022). Nevertheless, when assessing these numbers, we must keep in mind that the rate of participation was lower during the months of November and December.

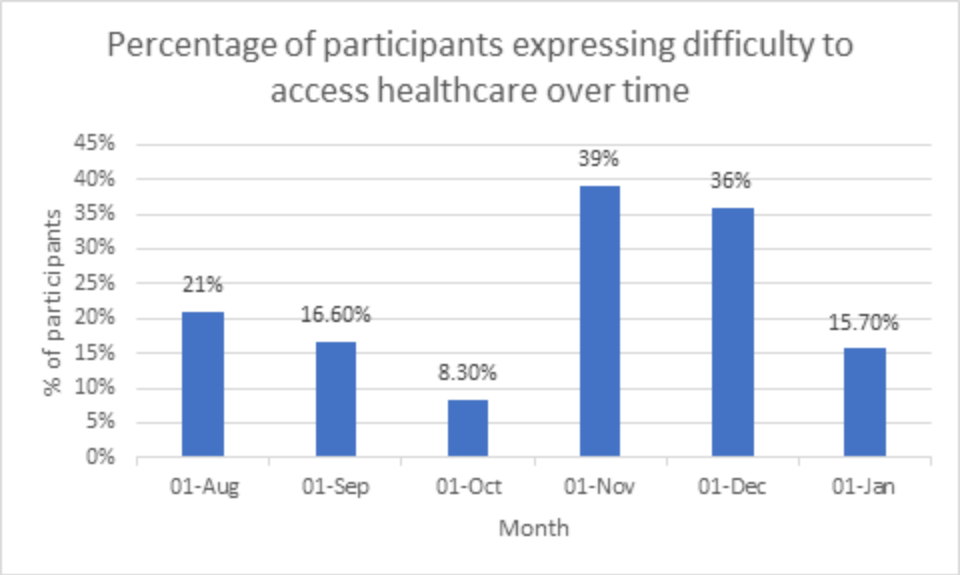

Figure 24

When participants were asked if they or a family member had any difficulty in accessing health care in the past 3 months, 27% responded that the services they needed were not available.

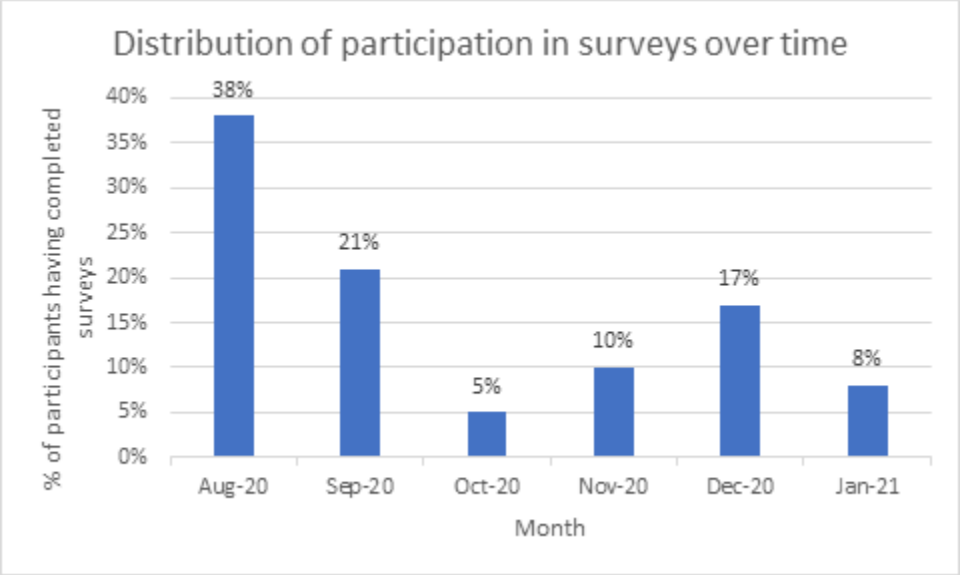

Figure 25

When looking into the reasons for the inaccessibility of health care services, clinic closures were the main obstacle (47%), followed by services being unavailable (27%) and a lack of referral to the needed service (23%). As for services that remained open during the pandemic, 15% of participants could not access them due to changes in how they were offered such as by phone or virtually (i.e., the platform on which they were offered changed). Another issue was the lack of knowledge of how to access the services they needed. This concern was expressed by

13% of participants. An additional 2% of participants could not receive medical care due to the language barrier and the lack of interpretation services. On the other hand, fear of going out during the pandemic was a minor issue, expressed by only 10% of participants.

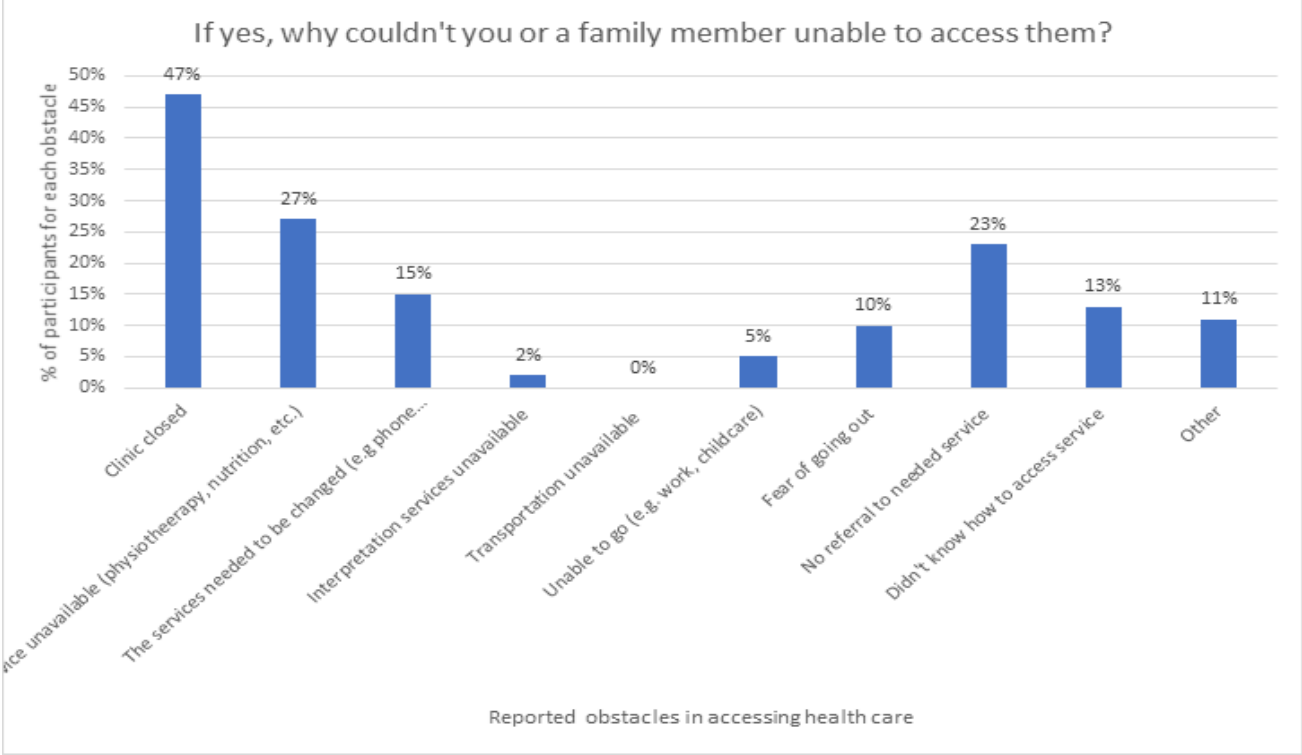

Figure 26

In contrast, transportation and access to medication had the lowest prevalence of reported difficulty among participants: From September 2020 to January 2021, no participants reported having difficulties with transportation.

Some participants provided greater detail with regard to their experiences accessing health care services. While some complained of a lesser quality of services, from being redirected to new locations or from receiving medical consultations by phone or virtually, many other participants suffered drastic consequences due to the inaccessibility of healthcare services. For example, one participant lost her mother who was waiting for surgery; her mother's surgery had multiple delays and was finally canceled because hospitals were overwhelmed treating COVID patients. Another participant's gynecologist stopped working in order to avoid exposure to COVID, which caused her to have an inadequate follow-up and lose her only remaining fallopian tube. Indeed, the physician who replaced her doctor was not as familiar with her file and dismissed her too quickly. As a result, she lost her fertility permanently. Additionally, some participants noted that they willingly limited their access to medical care because they were scared of exposure to COVID in health care settings.

Citizenship and immigration concerns

A small but interesting concern shared by 2% of participants was citizenship and immigration. Indeed, government offices were inaccessible, and consequently they faced unexpected delays regarding their citizenship or immigration status. For example, one participant explained that her husband was supposed to join her in Canada in March 2020, after 3 years being separated. However, because of the pandemic, his immigration papers were delayed, and he could not join her. This created a new challenge–childcare–since she could not rely on his support with the children.

Discussion and Recommendations

The research questions originally shaping this project explored Syrian newcomers' needs, vulnerabilities, and strengths in the face of the COVID-19 pandemic. The primary focus was access to information through public health messaging and other barriers faced and impacts felt in the context of the pandemic.

What does effective disseminating COVID-19 information to refugee families look like? In the Institute Digital News Report 2020 published by Reuters Institute in collaboration with the University of Oxford[3], internationally, 40% of participants did not trust social media and 21% of participants did not trust ordinary people that they knew personally for information about the Coronavirus as noted above. The Reuters/Oxford study was conducted during April 2020 and data were gathered based on a sample from six countries: USA, UK, Germany, Spain, Argentina and South Korea (Nielsen et al., 2020). These figures are similar to the results from our study, with a slightly higher level of trust among Syrian participants in online and social media to be informed about the Coronavirus (only 23% reporting not trusting online and social media) and 33% considering information provided by their friends about the Coronavirus to be unreliable). Overall, our participants were trusting of government information and made cautious use of social media to access information. Since they were trusting of government information and social media use was so pervasive, sharing official public health information via social media could be an effective way to reach out and to provide links to government websites. However, it is critical to note the potential impact of Law 21 in Quebec, which would limit access to government communications in languages other than French for anyone in Quebec for longer than 6 months. Research has documented the problem of newcomers being unable to obtain Covid-19-related health information "in their preferred language" (Leung, Lee, Wang, and Guruge, 2022, p.5; Cleveland et al., 2020). While sharing government information online and via social media seems an effective way to reach Syrian refugees, if Law 96 discourages the

[3] **Q10/11.** (Apr. 2020). How trustworthy would you say news and information about coronavirus (COVID-19) from the following is? Please use the scale below, where 0 is 'not at all trustworthy' and 10 is 'completely trustworthy'. *Base: Total sample: USA, UK, Germany, Spain, Argentina, South Korea = 8522. Note. Trust = 6–10, Don't trust = 0–4.*

translation of government materials to Arabic or other languages, the potential benefits for newcomers may be lost.

Settlement organizations were not significant sources of information and resources for participants in relation to the pandemic. This is not surprising as all of the Syrian refugee participants had been in Canada for more than one year, beyond the period of intense support services offered to resettled refugees. However, as Clarke et al. (2021) also found, it does highlight that this group may be more likely to fall through the cracks. While they are "newcomers", they have been here too long to still be actively connected with settlement services and are no longer included in settlement service outreach. Thus, it is critical for settlement services to partner with health-, migration-, or faith-focused community entities to ensure that the demographic populations they serve are covered. This is not discounting refugees' resilience; however, there needs to be an acknowledgement of the differing rates of newcomers' health literacy. The 1-year limit of specialized resettlement services does not equate with the achievement of environmental mastery in a new country for a group - resettled refugees - whose migration trajectories pose particular challenges (Ives & Witmer Sinha, 2010).

Regarding barriers and facilitators to acting on public health messaging, study participants reported a high level of trust in public health messaging and a strong willingness to adopt protective behaviours. A Toronto study also found refugees able to "conform to public health guidelines and/or to build capacity and resources to mitigate the threat of COVID-19" (Leung, et al., 2022, p. 4). However, in spite of trust and willingness, the main impediment for most families' ability to follow one of the most effective protective behaviours, self-isolation, was not possible. Giving up paid employment outside the home was not an option; working outside the home was a necessity to maintain household income, potentially exposing all household members to the virus. Thus, some public health messaging such as social distancing presupposes a certain degree of privilege, that is, people having the option of working from home to limit exposure. This challenge is in addition to insecure or overcrowded housing for newcomers due to high housing costs, limited accessibility to social housing and exploitation of newcomers' lack of knowledge of Canadian urban housing markets (Preston, Shields, & Akbar, 2022; Walsh, Hanley, Ives & Hordyk, 2016).

Economic concerns also aggravate health conditions. Income tends to have the greatest impacts because it directly affects other socio-economic determinants such as housing and dietary options (Edmonds & Flahault, 2021;Tuck et al., 2019). Families where jobs were lost or hours were reduced experienced financial stress, and concerns about being able to buy food, pay rent and other household costs. Conversely, families where household members continued working were most often required to work outside the home, maintaining financial security while simultaneously exposing the family to higher risk of Coronavirus infection in the workplace and while using public transportation. Worries on either of these fronts - lack of work creating financial stress or requirement to work outside the home increasing Corona risk - would have a negative effect on mental health, helping to explain the high rate of reporting mental health concerns, mentioned above.

With regard to income, study findings confirm that populations already in precarious positions find themselves even more vulnerable, particularly for participants with infants, toddlers and school-age children. The intersectional nature of their precarity put Syrian refugees families in a difficult situation, coupled with the shifting needs of the household due to the pandemic. The loss of employment or reduced hours of work greatly reduces the ability of the parents to provide for their families and increases the challenges refugees encounter to attain good health care (Edmonds & Flahault, 2021). Parents already facing financial strain had more hardship meeting the additional needs of their children who were home during the pandemic causing some to spend beyond their income, such as extra expenditure on groceries and means of home entertainment for the children (Rabiah-Mohammed, 2022). It is critically important that refugees who must continue to work outside the home in such situations have access to services that facilitate childcare and make homeschooling more feasible for parents.

Relationship problems within the family was also another difficulty experienced by 21% of the participants. These results portray that relationship problems within the family can be exacerbated due to being confined to the same space, in respect to Covid-19 restrictions put in place. The pandemic greatly affected participants with children, who depended on childcare or school to be able to leave the home to work or engage in other activities. Employment problems were closely linked with difficulties with obtaining child care, with 24% of the participants expressing this concern.

Social factors also tend to influence people's health, such as ethnicity, gender, education. Participants voiced facing numerous difficulties due to the virus. Access to healthcare during the crisis was one of the top five problems reported by participants, with 23% of them articulating this concern. This lays emphasis on the importance of accessibility to health care for newcomers, especially during a pandemic. Fewer people stated that getting routine/essential medications was an issue; only 3% of the participants expressed this as a difficulty due to the virus. The other concern that followed was getting hand sanitizer or cleaning materials; 40% of the participants raised this issue. These results show that most participants had health-related difficulties, which highlights the need for medical attention for newcomers, especially during a pandemic.

However, the most important concern of Syrian refugee families during the pandemic, at 51%, was mental health, primarily depression and anxiety. While mental health concerns are often downplayed by newcomer populations, it came out very strongly in our study. Therefore, accessibility to mental health service needs to be an important priority. It is also important that mental health services be socio-culturally attuned to the needs of refugee families (Knudson-Martin, McDowell, & Bermudez, 2019; McDowell, Knudson-Martin, & Bermudez, 2019). It involves not only addressing language barriers, but also cultural barriers. Through using an intersectional lens, Grzanka (2020) discusses the importance for service provision to address multiple points of potential marginalization through adopting a stance of cultural humility and multicultural orientation in order to honor the complex multifaceted lived experiences of individuals and families. Grzanka (2020) also highlights the structural barriers to accessing mental health services and suggests the need to also develop structural humility.

Social isolation was closely linked to mental health difficulties in the pandemic. Finding ways to reduce social isolation is therefore key to help prevent and alleviate mental health difficulties. For populations in the process of rebuilding a sense of community and belonging, social isolation exacerbated by confinement can be particularly difficult on the mental health of individuals and families. Specific culturally-attuned strategies for refugee populations should be developed to address social isolation. These strategies should be developed in collaboration with refugee populations in order to address their expressed needs. There were several important initiatives during the pandemic that sought to both reduce social isolation during the lockdowns and offer mental health support for those in need. For example, virtual psychosocial support was made available for refugee claimant families and virtual play-based workshops were organized for refugee children to provide them and their caregivers opportunities to explore and express their feelings in relation to the pandemic.[4]

To summarize, our study underscored that Syrian refugees shared many of the COVID challenges faced by the general population - access to accurate information, family challenges, financial challenges, social isolation and mental health - but with specific barriers specific to their status as refugee newcomers. The sense of danger and urgency generated by the COVID pandemic could be triggering for individuals with experiences of war and persecution, but other barriers such as language, lack of familiarity with public resources and inaccessibility of physical and mental health services were also important. Our participants showed high confidence in government information about the pandemic and willingness to comply with health measures, but faced structural barriers in implementing them. These included (a) the need to work outside the home, (b) living in crowded housing, and (c) a lack of information available in a language they easily understood. Our recommendations focus on addressing these structural barriers to improve the social determinants of health in general for refugees and more effectively respond to urgent health needs in times of crisis.

[4]Virtual psychosocial support for refugee claimant families in the time of COVID: A participatory research-action implementation project https://sherpa-recherche.com/expertises/covid-19/

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