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Challenges of developing and conducting an international study of resilience in migrant adolescents

At 244 million people (3.3% of the world's population), the number of international migrants is at its highest point in historyⁱ. Migration is known to stress children and youth in ways different from adultsⁱⁱ and may lead to worse mental and physical health outcomes.^{iii;iv} Given that one in six migrants is under the age of 20ⁱ, it is critical to examine how child and adolescent health can be improved during and after migration with sensitivity to within- and between-country differences.

We know, for example, that the cultural and political context of the host country is critical to post-settlement wellbeing.^v International studies which incorporate in-depth examinations within context as well as broader comparisons across social and political structures are particularly well-suited for understanding the predictors and correlates of migrant child and adolescent health outcomes. However, there are a number of practical challenges to conducting cross-national research on a vulnerable youth population. In this paper, we will provide practical advice for researchers attempting this work based on our experiences developing and conducting a pilot study of resilience in migrant youth in six countries.

Our Study

We are a team of researchers from six countries (Australia, Canada, China, New Zealand, South Africa, and the United Kingdom) who make up the Resilience and Youth Working Group of the Worldwide Universities Network. To better understand protective factors and processes during migration and resettlement, we conducted a pilot study of adolescents, with local data collected in each country. Each research site was supervised by the team member(s) from that country.

Together, through face-to-face and electronic communication, we developed a common questionnaire appropriate for youth in each country, which included measures of acculturation, drug and alcohol use, mental health, resilience, and wellbeing. We then invited schools or community organizations to recruit participants for a pilot study. Ultimately, we recruited 194 10-17-year-olds: 25 from Australia, 21 from Canada, 77 from China, 33 from New Zealand, 28 from South Africa, and 10 from the United Kingdom.

Benefits and Challenges

Working together as a team across borders has many practical benefits for conducting research. (1) Once an ethics application or grant submission is drafted by a member of the team, the other members of the team can use it as a template for their own ethics or grant submissions. This makes applications in each country much simpler and quicker. (2) It is easier to achieve a large and more heterogeneous sample by collaborating. (3) Working as a multidisciplinary group expands the range of theoretical explanations, avenues of measurement, and data analysis techniques from which we can draw. (4) Incorporating data on the same population but in multiple countries allows for comparisons of the effectiveness of different settlement and post-settlement policies on migrant youth wellbeing. Since each country has different social welfare and integration policies/goals, collecting international data enables direct comparisons of policy effectiveness.

Working as an international group did, however, also entail many challenges which should be anticipated by those planning this type of work. (1) It was difficult to find questionnaires which have been validated for use with young migrants from a range of cultures – and particularly those which are valid for use with a wide range of young people who speak languages other than English. (2) Although we chose measures which have been validated in many contexts, some questions were culturally inappropriate or the meaning of

the questions differed in each site. (3) The ethics process was speedier in some locations than others, meaning the project did not proceed at the same pace in every country. (4) The definition of migrant differs widely between countries, leading to differences in the inclusion criteria for the pilot sample. For example, in China and South Africa, internal migrants are considered migrants, whereas internal migrants are relatively unstudied in Canada and the United Kingdom. (5) Sampling through schools is prohibitively challenging in some countries due to the necessity of going through multiple review boards. We did not, for example, attempt this in Canada or South Africa. In these contexts, sampling through community organizations who work with migrants was preferable. By contrast, schools were the easiest and most practical way to sample in other countries (e.g., China and Australia). (6) Many of our participants – particularly those coming from low- and middle-income countries and those who had interrupted schooling – were not accustomed to filling out questionnaires and found completing our study to be a significant challenge.

Advice

Below are pieces of advice for researchers attempting team science on migrant youth.

- Videoconference monthly: this keeps everyone focused and allows for country-level issues to be addressed by the broader team. If possible, meet in-person yearly to develop and maintain team cohesion.
- Team members at each site should have a strong understanding of the local culture *and* the culture of the migrant participants. Locally-embedded researchers are better able to flag potential issues with sampling, language and definitions of key constructs. If a team member is unfamiliar with the local migrant youths' cultures, the use of advisory committees can help to ensure the research is conducted sensitively.

- Carefully decide as a team what constitutes a migrant and how that would translate across study sites. Specificity about the type of migrant that the team is interested in is critical.
- In some countries, collecting data for the purposes of international comparison may be difficult. An international group project may meet more barriers than the same size of study would if carried out solely in one country. This should be accounted for in the length of time allotted for ethics and data collection.
- It may be necessary to make changes to measures to suit the local context. Making these changes leads to greater confidence in the validity of within-country findings, but researchers should be cognizant of how differences in the questionnaire between sites might impact between-country comparisons.
- The removal of questions or measures which are considered more sensitive in some countries (for example, drug use in China or the countries in the middle east) may speed up the ethics approval process.
- Sampling methods that are preferred in one country (such as going through schools) may be very difficult in other countries, contributing to sampling bias.
- Many migrants are not fluent in the local language. If the questionnaire is only in the local language, then ideally participants' skills in that language should be assessed and only those who meet certain criteria should be sampled. Alternately, the questionnaire should be translated (and then back-translated) into the languages which potential participants are likely to speak. This ensures that participants are able to respond accurately to the questions. Another alternative is for local researchers to read the English version of the questionnaire to participants and use pre-determined synonyms in the local language to facilitate comprehension of more difficult terms.^{vi}

- Youth who are not used to completing surveys may find Likert scales confusing. A solution is to explain the scales visually with bottles filled with sand (as we did for the South African participants) or with a drawing of cups which are progressively fuller^{vii}.
- It is optimal to apply to funding schemes which fund all sites to conduct the research at the same time (once ethics processes have been concluded). Applying within each participating country may increase the chance of getting funding in some of the locations, but all sites are unlikely to be funded at once.

Overall, the experience of multi-country research on migrant youth brings with it many benefits. Our team is now moving to Phase two of our research program, integrating lessons learned to develop a larger, longitudinal multisite investigation.

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- ⁱ United Nations. International migrant stock 2015; 2015. Available from:
<http://www.un.org/en/development/desa/population/migration/data/estimates2/estimates15.shtml>
- ⁱⁱ Pumariaga AJ, Rothe E. (2010). Leaving no children or families outside: the challenges of immigration. *Am J Orthopsychiatry*, 2010;80,505-15.
- ⁱⁱⁱ Fazel M, Reed RV, Panter-Brick C, Stein A (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The lancet*, 2012;379;266-82.
- ^{iv} Spears W. Health status. In: Loue S, Sajatovic M, editors. *Encyclopedia of immigrant health*. New York: Springer; 2012. p. 806-810.
- ^v Castañeda H, Holmes SM, Madrigal DS, Young MED, Beyeler N, Quesada J. Immigration as a social determinant of health. *Ann Rev Public Health*. 2015;36,375-92.
- ^{vi} Van Rensburg, A., Theron, L.C., & Rothmann, S. (2017). Adolescent perceptions of resilience-promoting resources: The South African Pathways to Resilience Study. *S Afr J Psychol*. Advanced online version. doi: 10.1177/0081246317700757
- ^{vii} Panter-Brick C, Hadfield K, Dajani R, Eggerman M, Ager A, Ungar M. Resilience in context: a brief and culturally-grounded measure for Syrian refugee and Jordanian host-community adolescents. *Child Dev*. In press.