

Using Participatory Video to Explore the
Perceptions and Understandings of
Health and Well-being
Among Refugee Background Youth
in Aotearoa New Zealand

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Abstract

Young people from refugee backgrounds who have resettled in Aotearoa New Zealand represent a population with complex healthcare needs. In addition to navigating the developmental challenges of adolescence, young people from refugee backgrounds may have experienced multiple traumatic stressors that can lead to physical, mental, and behavioural health issues. The health behaviours young people acquire as they transition through adolescence into adulthood play a crucial role in the development of a healthy lifestyle that can affect lifelong health outcomes. Research to date is limited in engaging and presenting the perspectives of young people with refugee backgrounds living in Aotearoa New Zealand about how they perceive and understand health and well-being. Children and young people from refugee backgrounds are often seen as vulnerable and dependent on adult decisions about their health and well-being; but, as they transition through adolescence, their knowledge and understanding about health and well-being will play a crucial role in the development of a healthy lifestyle which can affect lifelong health outcomes. Engaging young people in research can support the development of appropriate health policies and interventions and involve them in decisions that look to improve health outcomes.

This study used participatory video to engage eight young people from refugee backgrounds in co-producing videos that present their perceptions and understandings of health and well-being. The following questions guided the research: What are the perceptions and conceptual understandings of health and well-being among refugee background youth? How does participatory video engage refugee background youth in co-creating conceptual understandings of health and well-being?

In April 2021, eight youth with a refugee background from Auckland, Aotearoa New Zealand, participated in a series of five participatory video workshops. During these workshops they engaged in group-based activities focused on learning to use video creatively. The purpose was to help them record and express their ideas, perceptions, and understanding about health and well-being. Through the analytical approach of critical framing, two central topics of communication and safety were constructed from the collaborative process of video production. Participants presented their ideas through two video narratives. Key ideas about communication that were conceptualised through the participatory video workshops included language proficiency, the use of interpreters, the importance of social media and being socially connected, intergenerational communication and the challenges young people face

communicating with adults, and the significance of sport. Key ideas about safety included physical safety, road safety, gender, and cultural differences. The workshops were followed by focus group discussions in order to understand the participants' experiences of the participatory video workshops and to critically reflect on and analyse their video artefacts to ensure they accurately represented their perspectives.

There is growing demand for research with children and young people that explores their views about health and well-being, and increased requirements for their participation in research that can inform policy and service delivery. While the two videos were an important outcome of the project, it is the potential of participatory video as an empowering and transformative process that bears significance in this study. To ensure health services and government health policies meet the needs of refugee youth in Aotearoa New Zealand, research must include their knowledge and perspectives about health and well-being. While participatory demonstrated congruence as a research approach with young people, there were challenges; therefore, it is recommended that practitioners maintain a reflexive and open approach when using this research methodology with young people. Greater engagement of refugee young people, whether as consumers of health services or recipients of preventive intervention programmes, will help to ensure that interventions that set out to target this diverse population are relevant and culturally appropriate, and contribute to future research and community impact by influencing policy and practice to improve health outcomes.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

Date: 10 June 2024

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A parting thought – *“there are no perfect words, but some words are better than others – it takes time to find the better words and write them.”*

Ethics Approval

Ethics approval was obtained from Auckland University of Technology Ethics Committee:

Reference number 20/158: 2 September 2020 (Appendix A).

Prologue

In September 2015, images of a lifeless little boy lying face down in the sand on a beach on the Turkish coast made global headlines. The boy was later identified as Alan Kurdi, a 3-year-old Syrian refugee, who, along with his mother and brother, drowned after their small inflatable boat capsized just off the coast of Turkey. Like thousands of other refugees fleeing civil war in Syria, they were attempting to cross the Mediterranean Sea to Greece in the hope of finding a safe passage to Europe and a better life. The image of Alan's lifeless body is forever etched on my mind. At the time, Alan's death caused public outrage within the international community about the escalating refugee crisis. Despite the rhetoric from those in power to find a solution, it is difficult to see a durable solution for the millions of displaced men, women, and children who continue to flee war, conflict, and persecution, resulting in displacement either within or outside their home country.

The images of Alan Kurdi impressed on me both the humanitarian call to uphold the rights of the child, and a personal call to practice my faith. A verse from the Book of Psalms (*Holy Bible, New Living Translation*, 2013) provides me with just cause: "Give justice to the poor and the orphan; uphold the rights of the oppressed and the destitute. Rescue the poor and helpless; deliver them from the grasp of evil people" (Psalm 82:3-4).

Chapter One: Introduction

This thesis presents a participatory video (PV) study with eight young people from refugee backgrounds living in Auckland, Aotearoa New Zealand. The purpose of this study was to explore the perceptions and understandings of health and well-being among refugee background youth. The current chapter provides an overview of my doctoral work including background information about refugee youth, rationale for the study, the research question, an overview of PV as a methodology, and my position in the research. The chapter concludes with an overview of the structure of the thesis.

Background to this Study

Refugee youth resettled to Aotearoa New Zealand face significant challenges in establishing life in a new country, as well as navigating a new and often more complex health care system. Within this diverse population group the concept of health can be interpreted differently depending on cultural background, personal values, education, and literacy. Young people from refugee backgrounds are particularly vulnerable where the complex tasks of settling in a new country are compounded by the developmental tasks of adolescence (Correa-Velez et al., 2015; Hirani et al., 2016; Liddy, 2017). In addition to developmental challenges, refugee background youth can also experience multiple traumatic stressors which can lead to the development of physical, mental, and behavioural health problems (Hirani et al., 2016). However, despite the adversity they have experienced, young people are resilient and the challenges they face should be balanced with the resilience and resourcefulness they demonstrate. Research often focusses on the risk factors for refugees but there is a growing interest among researchers on the importance of viewing children and young people's experience through a lens of recovery and resilience. As young people transition through adolescence their knowledge and understanding about health and well-being can play a crucial role in the development of a healthy lifestyle which can affect lifelong health outcomes.

There has been growing demand for research about children and young people's lives, and increased requirements for their participation in research that can inform policy and service delivery (Wilkinson & Wilkinson, 2018). Involving children and young people in research that enquires about their understanding of health and well-being can enhance knowledge of the health issues important to them. However, little is known about how young people from refugee backgrounds living in Aotearoa New Zealand perceive and understand health and well-being, and the issues that are important to them. The absence of youth voice in the research has implications for the future development of appropriate health information and health

services for this culturally diverse group. Young people with refugee backgrounds represent the growing cultural and linguistic diversity in the New Zealand population. Young people with refugee backgrounds are resettled in NZ through various pathways, including the UNHCR quota system, which is limited to 1500 places annually, family reunification, asylum-seeking, and community organisation refugee sponsorship pathways (MBIE, 2023). There are eight regions in NZ where young people, along with their families are resettled through the quota refugee programme. From 2011-2016, 27% of the quota refugees approved for residence were youth (MBIE, 2017). From a health perspective, it is important that services meet the needs of refugee youth. Recent studies have shown that provision of safe, high quality youth focused health care relies on health services responding appropriately to the cultural and linguistic diversity of this population group (Zwi et al., 2017).

My professional career as a nurse has taken me on a journey where I have worked in different environments caring for people from a diversity of cultures. While working as a nurse at the Māngere Refugee Resettlement Centre (MRRC), Aotearoa New Zealand, I was told many stories by refugee youth about how their experiences as refugees impacted on their health and well-being. Their stories impressed upon me the importance of youth voice and listening to what young people have to say about their health and well-being. My interest in pursuing health research with refugee background youth began in 2015 during my role as a nurse with the Refugee Health Screening Service (RHSS)¹, a medical service provided by the Auckland Regional Public Health Service (ARPHS) in Aotearoa New Zealand. The RHSS was based at Te Āhuru Mōwai o Aotearoa – MRRC, Auckland. My role as a nurse within the RHSS was to carry out health assessments on newly arrived refugee children resettled to Aotearoa New Zealand under the United Nations High Commissioner for Refugees (UNHCR) refugee quota system². In completing health assessments with refugee children and young people, I became increasingly concerned about their understanding of health and well-being and how they navigated healthcare within the context of living in a new country and adapting to a new culture. I also believed there should be a way for children and young people to share their perceptions of what health and well-being meant to them in the context of a new country and culture. This

¹ The Auckland Regional Public Health Service ceased being the RHSS provider in 2020. The Māngere Refugee Health Service now provide primary care and health screening to UNHCR quota refugees.

² There are other ways refugees enter Aotearoa New Zealand. The youth who participated in this study were from refugee backgrounds but had not necessarily been resettled in Aotearoa New Zealand as part of the refugee quota.

resulted in undertaking a study that used PV to explore the perceptions and understandings of health and well-being among refugee background youth living in Aotearoa New Zealand.

This study originally set out to explore the topic of health literacy and the experiences, perceptions, and understanding among refugee youth living in New Zealand. However, after discussing the topic with the advisory group their advice was to ask the young people themselves about what they wanted to explore regarding their health and well-being. It would be challenging to explain the concept of health literacy to research participants as definitions are heterogeneous depicting health literacy as a multidimensional, complex construct (Bröder et al., 2017). Thus, it would have been difficult to explore health literacy with a focus on the goals of health literacy rather than specific skills required to achieve those goals.

In considering the various definitions of health literacy, most refer to a person's capacity to understand basic health information so that they can make appropriate and informed decisions about their health. However, health literacy is not only about an individual's capacity to understand information but also how information is presented, something that is not always acknowledged in health care systems. Understanding is also influenced by an individual's prior experiences and knowledge of health. Therefore, to investigate health literacy there are several aspects to consider such as how to determine a person's 'capacity' to understand health information; what constitutes 'basic' health information; what does this mean to the person receiving the information, and how do people make 'informed' decisions about their health and health care? These questions, and the complexity of investigating health literacy with young people from refugee backgrounds, persuaded me to seek the advice of the advisory group. In consultation with the advisory group, and after discussing a suitable topic with the participants, the decision was made to change the focus of the study to explore the perceptions and understandings of health and well-being among refugee background youth living in New Zealand.

Rationale for the Study

My interest in conducting participatory research with refugee background youth in Aotearoa New Zealand was to invite them to collaborate in research about their experiences of health and well-being. The existing health research on refugee background youth primarily focuses on contexts outside of Aotearoa New Zealand and fails to recognise their active role as co-producers of knowledge. Rooyen et al. (2015) argued that respecting children's involvement in healthcare decision-making contributes to the improvement in their health status. However,

Rooyen et al. also raised concerns about a lack of research regarding the views of children on health care, and that research is often from an adult's perspective as proxy decision-makers. It is argued that health professionals may gain a more trustworthy representation of children [and young people's] needs by directly seeking their feedback (Wilkinson & Wilkinson, 2018).

I was also concerned about how researchers position children and young people as subjects of research who are assumed to be unreliable, difficult to access, and lack agency or capacity. For example, concerns have been raised in the literature about the under-representation of refugee young people in research due to inherent difficulties in accessing this population (Majumder et al., 2015). Instead, researchers should employ participatory methods to engage refugee young people in research and acknowledge they are the experts when it comes to their own health and well-being (Coyne & Carter, 2018). Water (2018) claimed that participatory research methods with children and young people who lead the research process can overcome issues of diminished agency, lack of voice, and unequal power relations between adult researchers and children and young people.

Despite the support of different health agencies in New Zealand, and the government's health strategies in promoting health and well-being for refugees, there is a lack of engagement with refugee background youth regarding their perceptions and understanding of health and well-being. The existing literature often reflects traditional research approaches where refugee youth are studied 'on' and information is extracted about health issues that are often pre-determined by adults based on commonly reported health conditions among refugees. This may lead to a mismatch between what young people experience and what is chosen to be researched. The starting point for this study is research 'with' and 'by' young people, using a participatory research approach that acknowledges and values their perceptions and understanding about health and well-being. As such, this practice-led doctorate was an opportunity to explore how healthcare professionals can employ participatory approaches, in this case PV, to support change.

Why Participatory Research?

Throughout my years working as a nurse, I have become increasingly concerned about the impact of the social and health inequities that exist within the child and youth population, and particularly the impact on refugee background young people. The forced movement and displacement of refugees is fraught with economic, social, and historical difficulties that impact on many levels of refugees' lives, including their health and well-being. Of particular interest,

regarding research and the health and well-being of refugee background young people, are the World Health Organization's (WHO, 2023b) social determinants of health and how these impact children and young people. The social determinants of youth health disparities include poverty, educational inequities, unequal access to health care, and poor environmental conditions.

Social environments also impact on biological outcomes. According to Clendon and Munns (2019), from birth individuals are programmed through experiences to develop certain biologically pre-set behaviours at critical and sensitive developmental periods. Such 'biological embedding' is influenced by how people interact with the genetic, social, and economic contexts of their lives. Significantly, early life adversity within this environment increases the risk for a range of physical and psychosocial health problems later in life (Clendon & Munns, 2019). In view of these risks, it is imperative that the health and well-being needs of refugee children and young people are more equitably addressed in the government's health and social policies; and the starting point for understanding the needs of children and young people includes their perspectives and voices.

The participation of young people from refugee backgrounds in the co-construction of knowledge is critical to this study. Although it was my decision to use PV as research method, I had discussed this with the community advisory group (CAG) and with the participants prior to commencing the PV workshops. My choice to use PV was based on my experience and learning from attending a PV facilitators workshop in Oxford, UK (Insightshare, 2018) and the evidence from the literature this methodological approach can support engagement of young people from marginalised backgrounds in research. The aim of this PV study was to engage refugee youth in research and the co-creation of knowledge about their perceptions and understanding of health and well-being. The underlying philosophy of PV is that participants are experts in their own situations, and do not need 'others' to represent their experiences (Lunch & Lunch, 2006). This approach supports the United Nations Convention on the Rights of the Child (UNCRC). The four principles which guide interpretation of the UNCRC are:

- 1) non-discrimination (Article 2)
- 2) that the best interests of the child must be a primary consideration in all decisions concerning children (Article 3)
- 3) the right to life survival and development (Article 6)
- 4) the development of and respect for the views of the child (Article 12)

It is these rights that outline the minimum standards necessary to ensure the well-being of children.

Article 12, specifically states

a child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. (UNCRC, 1989)

Although the Convention does not refer specifically to research, participation is a basic human right and the elimination of health disparities for all children and young people can be better achieved if they are fully engaged as partners and leaders in addressing social inequities.

However, in respect to Article 12, Lundy et al. (2011) pointed out that implementation of the article has been problematic because it depends on the cooperation of adults, “who may not be committed to it or who may have a vested interest in not complying with it” (p. 716).

Therefore, it cannot be assumed that children’s rights are always fully supported and require a level of adult advocacy.

Research Question

The study addressed the following research questions:

- 1) *What are the perceptions and conceptual understanding of health and well-being among refugee background youth?*
- 2) *How does PV engage refugee background youth in co-creating conceptual understandings of health and well-being?*

To answer these questions, I chose PV as a research methodology and method. Described by Lunn and Lunn (2006) as “a set of techniques to involve a group or community in shaping and creating their own film” (p. 10), the idea behind PV is that making a video is easy and accessible and brings people together to explore issues, voice concerns, or simply be creative and tell stories. My decision to use PV was influenced by its innovative approach and potential to engage young people in research activities. PV repositions research participants as co-producers of knowledge in partnership with the researcher and, therefore, can help lessen the power imbalance between the researcher and participant (Coyne & Carter, 2018; Fraser et al., 2022). This is important because it enables the participants to use video to document their ideas, stories, and opinions focusing on the issues that are important to them. The PV process creates a space that invites youth participation with the purpose of generating learning, agency, and contextual knowledge from the participants. The resulting video narratives can be

used by the participants, if they so wish, to communicate key messages about health and well-being to their community and offer a space for critical reflection on how this knowledge might contribute to future research and community impact by influencing policy and practice to improve health outcomes.

Positionality

In participatory research, the researcher is expected to maintain a reflexive approach which involves questioning and understanding the nature of reality and knowledge, as well as the purpose and practice of researchers (Whiting et al., 2018). Cunliffe (2003) discussed self-reflexivity which recognises the influence of the researcher's values and assumptions on the process of inquiry. Cunliffe asserted that "researchers need to confront themselves and make their assumptions explicit so that the reader is aware of their impact" (p. 995). In this PV study, I was both a facilitator of the PV workshops and the 'researcher;' thus, it was important to consider how I influenced the study. I acknowledge that my own background as a nurse and an adult researcher shapes my interpretation of what I observed and experienced in the study, and that this interpretation flows from personal, cultural, and historical experiences.

A defining experience in my nursing career occurred in 2005 when I was deployed as a New Zealand Red Cross health delegate to Pakistan. Following a major earthquake in the Pakistan administered Kashmir region, I was part of an international humanitarian relief effort with the International Federation of the Red Cross (IFRC) and worked as a nurse in a surgical field hospital providing care for children and adults injured from the earthquake. The earthquake struck on the morning of Saturday October 8, 2005, and claimed thousands of lives and displaced millions. Northern Pakistan, where the earthquake was centred, is a remote mountainous region. Living conditions were very basic and the local infrastructure did not include resources to ensure buildings were earthquake-proof or had adequate water and sanitation. Casualties among children were particularly high and many died because of the collapse of school buildings. Pakistan's population has a high proportion of children, along with low literacy levels particularly in rural areas. I witnessed first-hand the poor health conditions, lack of local health services, and the limited health education which disproportionately affected women and children. My experience in Pakistan inspired me to continue to support the work of international aid organisations and to consider future options for work as a nurse in the humanitarian aid sector, particularly with children from refugee backgrounds.

In my experience as a nurse working with young people it became evident that there was a pressing need to foster the involvement of children and young people in research, and to ascertain from them the factors that hold significance for their healthcare and overall well-being. Listening to children and young people share their stories about their life as a refugee and the negative impacts this has had on their well-being laid the foundation for this current project and the motivation to explore how they contextualise health and well-being. Using a participatory research approach supported participants to be agents, rather than objects, of research. The following words spoken by Dame Whina Cooper, a Māori, and woman of mana, who worked for the rights of Māori in Aotearoa New Zealand, are profound and enduring, and I believe in their essence, testimony to the rights of the child to ensure their well-being: “Take care of our children. Take care of what they hear, take care of what they see, take care of what they feel. For how the children grow, so will be the shape of Aotearoa/New Zealand” (Stephens, 2020).

Structure of the Thesis

This thesis is structured over six chapters as follows:

Chapter one provides the introduction, background, and rationale to the thesis.

Chapter two provides the background context and a review of the literature to support the need for this research.

Chapter three outlines the research design including methodology and the methods used along with details of data analysis.

Chapter four presents the findings from the PV workshops in relation to the research question: How does PV engage young people with refugee backgrounds in co-creating conceptual understandings of health and well-being?

Chapter five presents the findings from the video artefacts in relation to the research question: What are the perceptions and conceptual understandings of health and well-being among young people with refugee backgrounds?

Chapter six presents a discussion of the findings, methodological learnings, challenges and limitations of the study, the implications and recommendations for practice and future research, and a conclusion to the thesis.

Chapter Two: Background and Literature Review

Introduction

This chapter provides a background context to the research and reviews the existing literature on issues that impact refugee youth health and well-being to establish what is already known and the identified gaps in knowledge. The chapter is presented in two parts. To forefront the current literature surrounding refugee youth and health and well-being, part one begins with a background to the study and discusses the global refugee situation and refugee resettlement in Aotearoa New Zealand. The purpose of this discussion is to situate refugee youth within the context of the current global refugee crisis and how they are resettled to Aotearoa New Zealand. Part two will review the literature on the health and well-being of refugee young people, the specific issues and vulnerabilities affecting them, and identify the gaps in current knowledge.

Part 1: Background

Global Refugee Situation

According to the UNHCR (2022) statistics, there is an estimated 103 million people who are forcibly displaced worldwide; of these, 32.5 million are recognised as refugees. The situation for children and young people is urgent, where over half of the global refugee population are under the age of 18 years (Save the Children, 2023). The World Bank (2023) pointed to climate change, poverty, and inequality as the defining issues of this present age. To add to these issues is the current and enduring refugee crisis. Over the past two decades the global population of forcibly displaced people has seen an increase in numbers unprecedented in history. A dramatic increase in these numbers was driven by the Syrian conflict concentrated between 2012 and 2015. However, more recent humanitarian crises have developed in other countries escalating the number of displaced people and refugees. According to the UNHCR (2023), the extent of the refugee crisis is conveyed by the following situations: in Afghanistan, a country that has endured repeated crises, there are over 2.3 million refugees and asylum-seekers; in South Sudan, people are living with violence and chronic food insecurity where there are over 2.2 million refugees and those seeking asylum; fighting in northern Ethiopia's Tigray region has led to the internal displacement of thousands, many whom are women and children; Yemen is the world's largest humanitarian crisis with millions displaced after more than 6-years of conflict, leaving a significant proportion of the population dependent on humanitarian aid; in Venezuela, violence, insecurity, and threats along with lack of food,

medicine, and essential services have led to the exodus of millions of people—there are over 7 million Venezuelan refugees worldwide (UNHCR, 2023).

The years 2023 and 2024 have seen an escalation in conflict and with this increasing numbers of internally displaced people. In February 2022, Russian military forces invaded Ukraine in an escalation of the 2014 Russo-Ukrainian War and resulted in 6 million Ukrainian refugees crossing borders into neighbouring countries seeking their protection, with another 8 million internally displaced (UNHCR, 2022). In April 2023, in Sudan, violent clashes between the Sudanese Armed Forces and the paramilitary Rapid Support Forces resulted in the displacement of nearly 8 million people; while the Democratic Republic of Congo is home to 6.2 million internally displaced people. As I write, one of the worst humanitarian crises in modern history unfolds in Palestine, which began with the Nakba of 1948, and resulted in the ongoing occupation, apartheid, and displacement of Palestinian people, essentially refugees in their own country. The horrific event of October 2023 precipitated a severe response by the occupying power against the Palestinian civilian population which, at the time of writing, has resulted in 33,137 civilians being killed, of which two-thirds are women and children. As of May 2024, there are 1.7 million people displaced people in Gaza with nowhere safe to go. The UNHCR (2023) has highlighted the escalating refugee crisis where millions have been forcibly displaced worldwide as a result of persecution, conflict, violence, or human rights violations. Of those who are displaced, over 27 million are recognised as refugees under the UNHCRs mandate (UNHCR, 2023).

The COVID-19 pandemic added to the desperate refugee situation; young women and refugee children, in particular, suffered the most harmful impacts. Children living with the ongoing conflict in Syria and Rohingya refugee children living in Cox's Bazaar were already facing challenges accessing education and health services. The disruption to children's education and rising poverty caused by the pandemic has already forced more children out of school, with girls/young women, refugees, and internally displaced children most affected (Save the Children, 2023). War, the COVID-19 pandemic, and the dramatic effects of global climate change have compounded the sheer scale of the present refugee crisis, and continue to challenge the many international organisations who advocate for and provide aid to refugees.

The UNHCR is a United Nations agency mandated to aid and protect refugees, returnees, stateless people, those who are internally displaced, and asylum-seekers. The office of the UNHCR was created in 1950, during the Second World War, primarily tasked with a 3-year

mandate to address the needs of millions of displaced Europeans who had fled or lost their homes because of the war. The UNHCR was meant to be temporary but has endured because of the ongoing global issues of human displacement. The 1951 Refugee Convention and its 1967 Protocol are the key legal documents that form the basis of the work of the UNHCR (2023). The 1951 Convention defines the term 'refugee' and outlines the rights of refugees, as well as the legal obligations of States to protect them. There are 149 State parties to the 1951 Convention, of which Aotearoa New Zealand is a signatory. Refugees are protected under international humanitarian law, as defined by the 1951 Convention and its 1967 Protocol, where the core principle of non-refoulement asserts that a refugee should not be returned to a country where they face serious threats to their lives. Having 'refugee status' is supposedly temporary and many refugees live in hope that one day they can return to their country of residence (UNHCR, 2023).

Refugees are defined by the UNHCR (2023) as:

Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country.

In discussing what determines someone's status as a refugee it is important to also understand the terms 'migrant' and 'displaced persons.' According to the UNHCR (2023), an international migrant is someone who changes their country of usual residence, irrespective of the reason for migration or legal status. However, the International Organisation of Migration (IOM, 2023) contends that there is no universally accepted definition of a migrant. According to the IOM (2023), the term 'migrant' is not defined under international law. A migrant is generally understood as a person who moves away from their usual residence, within a country or across an international border, temporarily or permanently, for various reasons. The key difference between a migrant and refugee is around choice; in most cases, migrants *choose* to leave their home country.

Refugees are people—individuals, families— who have been displaced but are defined under the 1951 Convention on the Status of Refugees (UNHCR, 2023). A crucial requirement to be considered a refugee is crossing an international border. The implications of this requirement are important because there are individuals who are forcibly displaced but cannot or choose not to cross a border. As a result, they are not considered refugees, despite facing similar

circumstances and challenges as those who do (UNHCR, 2023). An internally displaced person does not have a special status in international law with rights specific to their situation. While they still have the same rights as other civilians under international humanitarian law, they cannot claim refugee status.

There remains a disparity between those who are internally displaced and those who have refugee status because refugees, by crossing an international border, may be able to avail themselves of protection under the UNHCR by applying for refugee status. If successful in obtaining refugee status under the UNHCR, refugees may be offered the opportunity of resettlement to another country. The main countries who host refugees currently include Turkey, Colombia, Uganda, Pakistan, and Germany. Resettlement, as defined by the UNHCR (2023), is the transfer of refugees from an asylum country to another State that has agreed to admit them and, ultimately, grant them permanent residence. Only a small percentage of refugees globally are resettled each year; for example, at the end of 2020 less than 1 per cent of refugees were resettled.

Aotearoa New Zealand Refugee Context

Refugee resettlement in Aotearoa New Zealand started in 1944 when 900 Polish refugee children and their guardians were accepted. Shortly after, the InterChurch Commission on Immigration and Refugee Resettlement (ICCI), which later became the Refugee and Migrant Commission, was created in response to the government's request (Ministry of Health, 2012). The government established a formal annual quota for resettling refugees in 1987. The Refugee Quota Programme falls under the umbrella of Refugee and Migrant Services, a branch of Immigration New Zealand. Immigration New Zealand, in turn, operates within the Ministry of Business, Innovation, and Employment (MBIE, 2023).

New Zealand, as a signatory to the United Nations 1951 Convention, admits refugees under the UNHCR quota system. New Zealand's annual refugee quota increased to 1,500 places from July 2020. To facilitate the integration of quota refugees into New Zealand society, the government introduced the Refugee Resettlement Strategy in 2012. This strategy serves as a framework to guide refugee settlement activities across various government departments, with the aim of helping refugees attain self-sufficiency, social integration, and independence (Ministry of Business Innovation and Employment, 2018). The strategy was introduced in 2013 and has been implemented progressively by different government agencies. In 2018, a pilot for Community Organisation Refugee Sponsorships (CORS) was introduced, enabling Aotearoa New Zealand

based community organisations to sponsor refugees for resettlement. The CORS category complements the annual refugee quota programme and was extended in May 2020 to a further 3-years from July 1, 2021. This allows up to 50 sponsored refugees to be resettled in Aotearoa New Zealand each year from 2021 through to 2024; a tokenistic addition of up to 150 refugees over 3-years. Although up to an additional 600 places are available each year for an eligible refugee resident in Aotearoa New Zealand to sponsor family members to join them, the government is not obliged to fill all 600 places. This means the number of refugees who are resettled in Aotearoa New Zealand each year can vary; for example, Aotearoa New Zealand could resettle up to 2150 refugees under the resettlement and sponsorship programmes.

It is an indictment on past and present governments that Aotearoa New Zealand has one of the lowest numbers of refugees per capita internationally (UNHCR, 2022). According to the UNHCR, Aotearoa New Zealand ranks 95th in the world with 0.3 refugees per 1,000 people. Although Aotearoa New Zealand's Labour led government (in 2023)—a centre-left political party—increased the annual quota to 1500, it falls well short of refugee intakes of other developed nations with similar population size. For example, by comparison Norway and Ireland are placed 15th and 69th in the world respectively (UNCHR, 2023). A critical argument here is that Aotearoa New Zealand does not do enough to support humanitarian efforts to settle refugees. Although Aotearoa New Zealand's refugee quota is supposed to align with the government's commitment to fulfilling its international commitments to provide protection for refugees, as an economically wealthy country it could do more to offer assistance to refugees already living in Aotearoa New Zealand, and to those still waiting for an opportunity for resettlement.

Both the New Zealand Migration Settlement Integration Strategy and the New Zealand Refugee Resettlement Strategy have been refreshed in 2023 and focus on reviewing the success indicators of both strategies to ensure they are fit for purpose (MBIE, 2024). The New Zealand Refugee Resettlement Strategy, which had only included quota refugees, has been expanded to include:

- The Refugee Quota programme
- CORS Programme
- The Refugee Family Support Category
- Convention Refugees
- Afghan interpreters and Afghan evacuees

Refugees who arrive in Aotearoa New Zealand are offered different support depending on which pathway they enter the country, although this may change with time given the recent refresh of the Refugee Resettlement Strategy. Those entering under the Refugee Quota Programme undergo health and mental health assessments and screening as part of their reception at Te Āhuru Mōwai o Aotearoa – MRRC, Auckland, Aotearoa New Zealand (MBIE, 2023). Ongoing healthcare on settlement is provided by a primary health care provider, usually a general practitioner. Health problems that can beset refugee children and young people include infectious diseases; mental health; sexual health; post-traumatic stress disorder (PTSD); anxiety, depression, and grief; nutritional problems, and poor oral health. It is important to emphasise that for girls/young and adult women there are distinct health needs specifically related to gender, ethnic, cultural and religious background, and refugee experiences. These can include female genital mutilation (FGM) and family violence (Ministry of Health, 2012).

A report by MBIE (MBIE, 2017) provides statistical information on migrant youth in Aotearoa New Zealand. The report focuses on youth born overseas who were approved residence in Aotearoa New Zealand from 2011/12 to 2015/16 and includes data on refugees who enter Aotearoa New Zealand under the UNHCR annual quota. In the report period there were 6,178 refugees who were approved for residence, of which 27 percent of these were youth aged between 12 and 24 years. While refugees comprise a small proportion of migrants to Aotearoa New Zealand, a substantial proportion are young people.

For young people with refugee backgrounds, resettlement in a new country entails various social, economic, cultural, and health and well-being implications. Moreover, conceptualisations of being a young person are nuanced and can vary by culture, particularly between western and non-western perspectives. The following literature review aims to synthesise existing research on the health and well-being of young people from refugee backgrounds.

Part 2: Review of the Literature

This review will provide a synthesis of the existing research on the health and well-being of refugee young people, the specific issues and vulnerabilities affecting them, and identify the gaps in current knowledge. The review begins with a brief overview of adolescence to situate refugee youth as a culturally and linguistically diverse group. The main themes that arose from undertaking the review include sexual reproductive health and mental health; social contexts

and experiences including trauma and COVID-19; adapting to new contexts such as language acquisition and school/education; resilience and resourcefulness, and health literacy.

The literature reviewed includes local and international literature from the years 1970–2023; a broad range to include literature about early refugee resettlement in New Zealand and other important historical accounts of the global refugee context. The inclusion criteria included academic literature in English and published in peer-reviewed journals, and included grey literature to capture the non-academic literature; for example, organisations supporting refugee resettlement, health care, and youth. A range of databases were accessed including Scopus, Medline (via EBSCO), and CINAHL complete (via EBSCO); and Google Scholar to identify relevant sources. Search modes included Boolean/phrase resulting in the following: health and wellbeing or well-being or well-being or quality of life or positive mental health ‘And’ youth or adolescents or young people or teen or young adults ‘And’ refugees, or asylum seekers or displaced or migrants or immigrants or emigration. The following terms were also used to review the literature regarding participatory approaches and included, “participation,” “participatory research,” “participatory video,” and “refugee youth.”

Health and Well-being of Refugee Youth: Issues Identified in the Literature

To begin this section, I discuss the term adolescence to delineate western views from those of non-western cultures so as to provide context for youth with refugee backgrounds.

Adolescence is commonly referred to as the period of human development that begins with the hormonal changes of puberty, and the transition to becoming society’s expectation of an adult (Sawyer et al., 2012). This period of transition from youth to adulthood is significant as choices about education, career, and personal relationships are made, and are often the foundation on which young people build their lives. Sawyer et al. (2012) described health in adolescence as the result of “interactions between prenatal and early childhood development and specific biological and social-role changes that accompany puberty, shaped by social determinants and risk and protective factors that affect the uptake of health-related behaviours” (p. 1630). While Sawyer et al.’s description of adolescence generally fits within western understandings and expectations of child development, it does not necessarily align with those from non-western backgrounds, particularly in terms of socio-cultural perspectives. In discussing a sociocultural construction of adolescence, Kapadia (2017) referred to the predominance of western based research which focuses on classic theories of human development where adolescence is seen as a period of crisis, highlighting issues such as emotional turmoil and the need for autonomy and identity. Kapadia argued that the

predominance of western perspectives of adolescence lacks culturally relevant scholarly resources related to non-western perspectives. Western perspectives of adolescence are often considered universal and relevant to adolescents all over the world. Nonetheless, Kapadia states that the concept of social adolescence is influenced by cultural beliefs and expectations, leading to variations in the understanding and interpretation of adolescence among different cultures.

A key consideration in relation to this study and the participants is the significance of culture in understanding their perceptions and understandings of health and well-being. According to Kapadia (2017), the concept of adolescence as a distinct stage of development where a child prepares to become an adult is a cultural construction of technological and industrial societies. In contrast, Kapadia claimed that many non-western societies, including people with refugee backgrounds, are characterised by a sense of child-adult continuity. Therefore, the concept of adolescence as a distinct phase or stage may not be recognised. This is mainly due to the greater similarity in the life course and the continuity in expectations from childhood to adulthood (Kapadia, 2017). It follows then that any discussion around how young people with refugee backgrounds experience health and well-being must be considered from a sociocultural perspective.

While all young people experience the developmental changes of adolescence, refugee youth encounter distinct challenges during this transitional period in the context of resettlement in Aotearoa New Zealand which can significantly impact their overall well-being. Sharma (2017) defined well-being as a “multidimensional concept that encompasses a person's physical and mental health, education status, economic position, physical safety, access to freedoms, and ability to participate in civic life” (p. 14). In essence, Sharma suggested well-being is determined by the abundance or scarcity of opportunities available to an individual. To provide context around well-being and how it can be measured, Sharma referred to the Global Wellbeing Index which includes seven domains; gender equality, economic opportunity, education, health, safety and security, citizen participation, and information communication technology. The purpose of the index is to identify where investments need to be made to ensure that the current generation of youth can thrive. These investments are inextricably linked to the objectives of the Sustainability Development Goals (SDGs) which are also relevant to the well-being of refugee youth.

Other studies have also investigated the measurement of well-being among youth but argue the case of measuring well-being more expansively to include refugee youth. Salti et al. (2021) referred to the Youth Well-being Index (YWBI), which was developed to specifically address the needs of refugee youth. This index allows humanitarian and development agencies to compare different aspects of refugee well-being across various fields and comparable countries.

The existing literature about health and well-being of young people point to a number of important well-being domains relevant for refugee youth and include physical, economic, social, emotional, and mental well-being (Correa-Velez et al., 2015; Earnest et al., 2015; Tozer et al., 2018). This review will report on the literature related to sexual and reproductive health, gender, mental health, COVID-19, language acquisition, social connection, resilience, and health literacy in relation to health and well-being of young people with refugee backgrounds.

Sexual and Reproductive Health

Much has been written about the sexual and reproductive health (SRH) needs of young people from refugee backgrounds, making it an important issue to consider when discussing their overall health and well-being. To support this position, Tirado et al. (2020) maintained that universal access to SRH is a fundamental human right and is emphasised in the SDG related to good health and well-being, and gender equality. However, Tirado et al. (2020) also argued the SRH rights of young people are often overlooked and emphasised the urgent need to address these rights. Other studies support the call for further investigation into SRH rights of refugee youth (Aibangbee et al., 2023; Napier-Raman et al., 2023).

Evidence from the literature that explores SRH suggest that young people with refugee backgrounds face similar barriers to SRH as their non-refugee peers; however, the refugee context often exacerbates these barriers (Fahme et al., 2021; Hawkey et al., 2022). For instance, refugee young people often encounter difficulties when trying to access information and services. Kingori et al. (2018) investigated sexual health knowledge barriers among Somali young adults including those from refugee backgrounds. Their findings suggest that barriers to sexual health knowledge were related to religion, culture, and stigma. They also found that cultural and religious norms played a significant role in shaping community norms, which in turn had a strong impact on sexual health knowledge due to stigma and fear of judgment. Kaczowski and Swartout (2020) examined the differences in sexual health literacy between young refugee men and women and found that both groups had limited knowledge about

sexual health and that school education was their primary source of information. In a systematic review, Davidson et al. (2022) raised the issue of the preventive SRH needs of refugee women, arguing that these needs are poorly understood. Three main themes related to SRH care access were identified from the review: interpersonal and patient encounters, which encompass knowledge, awareness, language barriers, and communication barriers; health system factors such as discrimination, lack of quality health resources, and challenges in navigating the health system; and, lastly, sociocultural factors and the refugee experience, including religious and cultural influences (Davidson et al., 2022). Although the review focused on adults 18-64 years, the preventive sexual health needs of adolescent refugees are equally important.

In close relationship to SRH issues is the significance of gender inequality and its implications for refugee young people. Chandra-Mouli et al. (2013) highlighted the unique problems faced by adolescent girls in low- to middle-income countries, and the issue of gender inequality which contributes to health and social problems. They argued that social expectations influence adolescents' self-perception and their interactions with others, including those of the same and opposite sex. Gender roles and power imbalances can, for example, impede young women's capacity to decline unwanted sexual advances, negotiate condom use, make contraceptive decisions, and engage in discussions about family planning. Another study by Korri et al. (2021) highlighted the need for better knowledge among refugee young women on SRH issues to prevent sexual and gender-based violence. Their findings reveal a lack of awareness among adolescent girls about puberty and changes to the female reproductive system. Korri et al. (2021) argued that the cultural nuanced understanding of puberty is linked to a girl's readiness for marriage which can increase their vulnerability to sexual harassment.

Another issue of gender inequality facing refugee girls and young women is child early and forced marriage and partnership (CEFMP). A study by Loutet et al. (2022) investigated CEFMP and associations with SRH among young women. Findings indicated that CEFMP was a significant problem facing refugee young women and is driven by stigma, poverty, and gender norms. According to Loutet et al. (2022) young women who experienced CEFMP reported forced pregnancy, forced abortion, and had missed school due to sexual violence.

Studies highlight the plight of refugee women and children and the escalating concerns around sexual and gender-based violence (SGBV) (Korri et al., 2021; Logie et al., 2023; Tan & Kuschminder, 2022). Phillimore et al. (2021) stated that while refugees flee their country of

origin to escape from violence, including SGBV, women and children continue to be vulnerable to SGBV throughout their refugee journey. It is evident from the literature that issues related to SRH and gender inequality persist for internally displaced people and refugee populations, and have become worse as the number of displaced people increases (Bermudez et al., 2019; Lebenbaum et al., 2021; Woodford et al., 2023). These issues have significant implications for the health and well-being of refugee youth. Further research is needed to explore the perspectives of young refugees, which is crucial for understanding their health and well-being.

Mental Health

The current literature indicates a strong emphasis on mental health vulnerabilities for refugee young people. The experiences of war, oppression, terror, and other forms of conflict have a profound and enduring effect on refugee children and young people and have been well documented in the literature (Hinchey et al., 2023; Hodes, 2023; Scharpf et al., 2021; Stark et al., 2020). To put into context the extent of mental health among young people globally, it is estimated that 14 per cent of 10–19-year-olds experience mental health conditions (World Health Organisation, 2024). Frounfelker et al. (2020) found that the prevalence of PTSD of refugee youth living in high income countries ranged from 19 to 54 per cent, with an average of 36 per cent. The estimates of the prevalence of mental health conditions for young people in conflict settings range from 15 per cent to as high as 68.9 per cent (Favara et al., 2022). Favara et al. (2022) highlighted that the experience of conflict at a young age can continue into late adulthood with implications for future generations. They emphasised the urgent need for mental health support for young people living in conflict areas.

Young people who have had experiences in detention centres or who are unaccompanied by their parents are at greater risk of developing mental health problems (Hirani et al., 2016). Hirani et al. (2016) suggested that once young people reach their destination country, they face challenges in adapting to a new context which can further impact their health and well-being. The degree of exposure to traumatic experiences, such as parental separation or death, substance use, neglect or abuse, vicarious or inflicted trauma, has a cumulative negative impact on their health status (Beiser & Hou, 2016; Forrest-Bank et al., 2019; Hodes, 2023).

There are concerns around long-term effects of trauma experiences for refugee children. For example, Johansen and Varvin (2019) found that past adversities in a child's home country and during flight strongly influenced the well-being of refugee children and their families. Johansen and Varvin suggested that resettlement does not necessarily bring psychological relief and the

ongoing challenges and difficult experiences refugees face post-migration can lead to long-lasting chronic stress. In a study investigating the risk and protective factors related to family violence in refugee families, Timshell et al. (2017) suggested that prolonged stressful life circumstances experienced by refugee families have been identified as a risk factor for family violence. Furthermore, it is noted that children may be exposed to abuse and neglect.

Another concern regarding the mental health of refugee youth is the stigma associated with mental illness. This stigma is perceived as a source of shame, leading many to conceal their struggles. Karamehic-Muratovic et al. (2022) found the understanding of mental health by young people is influenced by their parents. Their findings suggest that views on mental health and stigma are passed from refugee parents to their children through values and beliefs which potentially can have long term affects where young people take hold of these values and beliefs into adulthood.

The existing research points to key mental health vulnerabilities affecting refugee youth as a result of past and present trauma. Gaining an understanding of the perspectives of refugee youth about mental health and their experiences of trauma are important to finding solutions to manage potential long-term effects. Further research that enquires about refugee young people's experiences of mental health would improve understanding of the long-term effects and developmental impacts that these experiences have on refugee youth.

COVID-19 and Vaccine Preventable Diseases

An important public health issue that has had a significant impact on the health and well-being of refugee populations was the COVID-19 global pandemic. A recurring theme in the literature is the impact the pandemic has had on refugee communities and how it has exacerbated existing vulnerabilities (Brickhill-Atkinson & Hauck, 2021; Golesorkhi et al., 2022; Weith et al., 2023). The pandemic caused disruption at many levels and although illness as a result of the different variants were arguably less severe in children and young people, there has been an ongoing impact in children and young people's lives (WHO, 2023). Evidence suggests that the pandemic has heightened pre-existing disadvantage faced by young people with refugee and migrant backgrounds across different aspects of their lives. These challenges can be observed in areas such as education, health and well-being, employment, housing, and disruption to family and social structures (Couch et al., 2021). A study by Jones et al. (2022) found that pre-existing social inequalities among refugee youth were compounded by the pandemic, with related disruptions to services and social networks. Young people in the study reported an

increase in household stress, the development of mild to severe symptoms of depression, and low social connectedness. Mental health problems are also highlighted by Taylor et al. (2024) where stressors related to COVID-19 indirectly impacted on immigrant youth's wellbeing. The study draws attention to the environmental context of the pandemic and how it impacted individual and family-level functioning. Studies have examined the educational impact of COVID-19 and challenges experienced by young people with refugee backgrounds. Magan et al. (2022) reported challenges such as difficulty adjusting to online based learning, familial responsibilities that conflicted with schooling, and the impact on emotional and mental wellbeing of young people.

In contrast to the negative impact of the pandemic, there is evidence suggesting positive aspects in terms of how young people with refugee backgrounds coped during the pandemic and how they demonstrated agency amidst disempowering circumstances. Couch et al. (2021) explored how refugee youth in Australia initiated different responses to ensure that they and their communities received the support needed during the pandemic in different areas of their lives. Couch et al. (2021) argued that young people from refugee backgrounds are an underutilised resource. They referred to Oliver and Cataldo's (2019) observation which highlights the importance of recognising and understanding the resourceful nature and creative problem-solving skills that young people possess. According to Oliver and Cataldo (2019), once this is acknowledged, it becomes easier to see the potential of young people in planning and implementing projects and responses.

The impact of the COVID-19 pandemic raises other concerns regarding public health vulnerabilities for refugee youth. During the pandemic, global conflicts caused significant disruption to infectious disease surveillance and disrupted health systems. Maggioni et al. (2024) reported concerns in the Ukraine where war has forced many young people and their families to flee without receiving COVID-19 vaccines. Furthermore, vaccine coverage for vaccine-preventable diseases, such as measles, was critically low as Ukrainian children and young people were forced to leave their homes and live as internally displaced people or refugees in bordering countries (Maggioni et al., 2024). The risk of infection from communicable diseases increases for refugee children and young people because of their protracted time in forced displacement. For example, Ukrainian youth who were forced to travel experienced a multi-step sequence of potential infectious disease exposures (Maggioni et al., 2022). Lam et al. (2016) emphasised that the challenges of emergency settings often interfere with routine health services and prevent access to recommended vaccinations which

highlights the need for increased surveillance and strategies for disease eradication and elimination. Similarly, Charania (2023) advocated for more support from health service providers in Aotearoa New Zealand to engage refugee children and their families with immunisation services.

Language Acquisition and Communication Challenges

Language acquisition, language barriers, and disrupted education have been identified as factors that contribute to communication challenges for refugee youth. Earnest et al. (2015) investigated resettlement experiences and resilience in refugee youth in Western Australia and found that language was a barrier to accessing health care. The authors suggested that refugee youth rely on friends for translation and required assistance from an interpreter when attending a medical facility. Among the various strategies that enhanced their coping and resettlement was learning the English language. Similarly, Abdi et al. (2020) highlighted language as a key barrier to refugees' access to health care and argued that poor language proficiency impedes their ability to navigate the healthcare system and impacts on the way communities engage with health information. Further, in a study that explored refugee youth as an important resource for disaster risk reduction, Marlowe and Bogen (2015) suggested language proficiency is a barrier to receiving and accessing the correct information regarding disaster preparedness.

Another issue that directly affects language proficiency is disrupted or limited education and challenges faced by refugee youth. Magan et al. (2022) found that a lack of formal education pre-migration seriously affected educational outcomes for Rohingya refugee youth. The study highlights limited and disrupted learning opportunities, language barriers, poor quality of education, and discrimination were often experienced by refugee youth in attending school. Gillespie et al. (2022) reported that refugee youth from the Middle East and North Africa region resettled to the United States face a range of acculturative challenges including language barriers. The study investigated approaches used by American schools to support the education of Arabic-speaking students. Findings indicated that Arabic-speaking students experience persistent language inequity in the education system. Language proficiency is also a challenge faced by refugee youth resettled to Aotearoa New Zealand. According to O'Connor (2014) not being able to speak read or write English severely limited youth's ability to take part in education and daily life.

The evidence suggests that there is a persistent problem regarding language proficiency and the difficulties that refugee youth encounter in the process of resettlement. The lack of adequate language skills can largely be attributed to the disruption of education prior to migration. Consequently, language barriers pose a significant challenge for refugee youth who are adapting to a new country, society, and educational system.

Social Connection

Alongside language acquisition, social connection is an important determinant in health and well-being for refugee youth. Refugee youth are a culturally and linguistically diverse group and, while family connections remain influential in their lives, the importance of peers and significant others in their social network increases during this stage of their development. However, establishing social connections in a new country is challenging and can lead to problems that impact their health and well-being. Correa-Velez et al. (2010) investigated the psychosocial factors associated with health and well-being outcomes among refugee youth resettled in Australia. A key finding was that the social inclusion or exclusion experienced by refugee youth had a significant impact on their well-being. Additionally, the level of social inclusivity in the host society and their ability to become established within the community were identified as key factors influencing their overall well-being. Interestingly, in a study with the same study cohort some years later, the authors found that experiences of social exclusion still had a significant impact on refugee youth (Correa-Velez et al., 2015).

Kim et al. (2015) investigated the psychosocial adjustment of North Korean refugees in South Korea and described peer rejection and social exclusion as serious barriers to cultural adjustment. Further, the study found that young people placed increased importance on maintaining peer relationships which resulted in young people being more sensitive to the effects of social exclusion and peer rejection. The study highlighted social support as an important promotive factor which is positively associated with psychosocial adjustment of refugees.

In a New Zealand study, Díaz and Doolin (2016) found that the use of information and communication technologies (ICT) by refugees was an important resource in programmes that provide settlement services or promote participation in society. A pertinent finding from the study was that the participants who were parents realised the importance of ICTs for their children because they can learn from a young age and can keep up with the latest technology.

de Anstiss et al. (2019) explored the role of social connectedness in the integration process of adolescent refugees in Australia and found that relationships with family, ethnic group, and host country can affect integration outcomes including language acquisition, cultural knowledge, belonging, identity, and civic engagement. The authors recommended that policy and programmes which strengthen the relationships young people have with others can potentially enhance integration outcomes.

The importance of sport has been identified in the literature as important to the social integration of refugee youth. Pink et al. (2020) found that sport combined with a life skills education intervention improved social connectedness for refugee youth. Key findings included improved communication, development of intercultural understanding and acceptance, and a greater sense of belonging to a more inclusive community. They contended that sport can transcend factors that would otherwise divide social groups such as culture, religion, gender, and social class. Karya et al. (2022) reported similar findings, where engaging in sports has a positive effect on adjustment and acculturation of immigrant and refugee youth resettled to a new country. The evidence from the literature confirms the importance of social connection for refugee youth and how being socially connected contributes to their sense of belonging on resettlement.

Health Literacy

The topic of health literacy is important in regards to the health and well-being of children and young people. In discussing the significance of health literacy in relation to childhood and adolescence, Bröder et al. (2017) argued that crucial cognitive, physical, and emotional development processes occur during adolescence, and health-related behaviours are also developed. Bröder et al. emphasised that targeting children and young people with health literacy interventions can help promote healthy behaviours and ameliorate future health risks. Health literacy is particularly important for refugee and migrant young people who have limited access to health care. The challenges they face include a lack of health information in their own languages and a lack of information that reaches them through the channels or the people they trust (UNICEF, n.d). The WHO (2022) described the health literacy of an individual as,

people's knowledge, confidence and comfort – which accumulate through daily activities and social interactions and across generations – to access, understand, appraise, remember and use information about health and health care, for the health and wellbeing of themselves and those around them. (p. x)

Health literacy is developed through daily activities and social interactions, especially in societies characterised by communal cultures (WHO, 2022). The implications for refugee youth are that health decisions and actions occur within family, community and cultural practices and beliefs. This can mean that health choices are often restricted by social and environmental factors beyond the control of individuals (WHO, 2022).

In a study that explored how resettling refugees experience a new health environment and develop health literacy practice, Lloyd (2014) described significant issues faced by refugees resettling in a new country and navigating the local information landscape. Lloyd stated that a significant factor for refugees is the dismantling of their local information landscapes and knowledge practices. This occurs when they are forced to leave behind their familiar environments, social connections, information sources, and ways of understanding the world. Lloyd argued the capacity to make informed decisions that relate to the self-management of health or to adherence to medical advice is predicated on the ability to engage with health information. This is problematic for refugee youth as they are affected disproportionately in their ability to understand health information due to their disrupted education and having to negotiate new information landscapes when they are settled to a new country (Lloyd, 2014). Similarly, Riggs et al. (2016) contends that many resettled refugees experience disrupted education due to protracted time in precarious living situations therefore it cannot be assumed that they are able to read in their own language. Further, traditional ways of sharing information may be fragmented due to displacement and changes to family composition.

A study by Kaczowski and Swartout (2020) focused on sexual health literacy and young people from refugee backgrounds between 18 and 24 years. They found the unique sociocultural challenges associated with the refugee experience contributed to an increased risk for negative health outcomes. Young refugees have limited access to sexual health information and resources in their places of resettlement. The authors pointed to the lack of research into the differences of sexual health literacy between men and women, and that sexual health programmes need to be independently designed for men and women to address gender differences. Although the study did not focus on children and young people under the age of 18 years, there is likely to be an impact for them that warrants further research to understand their perspectives.

Authors also point to the lack of research on the matter of health literacy. Richter et al. (2021) explored health literacy and community engagement in relation to active living with new

immigrant youth in Canada. Richter et al. emphasised that the importance of all levels of health literacy is underestimated and has not received sufficient attention in health research. Importantly, health literacy extends beyond the individual and affects the whole family and communities. Further research is needed that focuses on the long-term effects of critical health literacy among immigrant communities.

The studies reviewed provide insights into health literacy and refugees generally; however, the inclusion of youth perspectives would provide more nuanced findings that reflect the experiences and what is important to this group. Although many of the studies did not focus on health literacy, some provide links to the topic; for example, refugees' understanding of mental health and SRH. A key message about health literacy is that understanding how refugee youth connect and engage with health information is a significant issue for health information providers and those who support refugee resettlement. Further research is needed to explore health literacy and how refugee youth make informed decisions about managing their health care and the issues important to them.

Resilience and Resourcefulness of Refugee Youth

In reviewing the literature, a recurring theme emerges that refugee youth face numerous challenges during their resettlement; however, it is important to balance these challenges against the resilience and resourcefulness they demonstrate. To support this view, Pieloch et al. (2016) contended that with increasing numbers of refugee children resettling in countries across the world there is global interest in identifying factors that are associated with risk and positive adaptation of children from refugee backgrounds. They argued that researchers are increasingly focussing on the importance of viewing refugee children's experience through a lens of recovery and resilience, and that focusing on risk alone gives an incomplete picture of young people's lives (Pieloch et al., 2016). This argument is further supported by Liddy (2017) who drew attention to the pre-existing resilience and resourcefulness of refugee youth which includes cross-cultural and international knowledge, multilingual skills, and a desire to learn and succeed in their new society. Similarly, Forrest-Bank et al. (2019) found there to be high levels of resilience and positive development among refugee youth who engage in programmes that focused on mental health. Findings from the study suggest that connection to their culture of origin was an indication of strength and resilience for refugee youth which can be corroborated with earlier studies (Costigan et al., 2010) (Umaña-Taylor & Updegraff, 2007).

Mackay (2019) provided interesting insights into how refugee youth feel they are portrayed. The youth reported feeling misunderstood and wrongly portrayed in the media, with people often making misguided assumptions about them. In Mackay's study, refugee young people wanted others to know that because they have fled persecution or war this did not mean they have nothing – "refugee youth have within them living histories, languages, cultures, skills and knowledge" (p. 42). The findings of Mackay's study reveal that refugee young people believe that by sharing their histories and experiences, others would be more understanding of why they needed to leave their home countries and seek safety; rather than seeing them as a threat.

Carlton (2015) added another perspective to the resourcefulness and contribution of refugee youth. Carlton explored the voluntary participation of refugee youth in youth-led initiatives following the earthquakes of 2010-2011 in Canterbury, Aotearoa New Zealand, and found that volunteering had proven a critical source of well-being, belonging, and leadership among refugee background youth. The key messages to take from the research is that it is important to view refugee children and young people's experiences through a lens of recovery and resilience. Research often focusses on the risk factors for refugees; however, there is growing interest in research that explores the factors that promote resilience and can lead to interventions to help refugee youth to thrive.

Summary

This chapter has included the background context to the study and discussed the global refugee situation and refugee resettlement in New Zealand. The global refugee crisis has reached unprecedented levels with over half the global refugee population being children under the age of 18 years. Major drivers of this crisis include conflicts, such as those in Syria, Afghanistan, South Sudan, Ethiopia, Yemen, Venezuela, Ukraine, Sudan, and the Democratic Republic of Congo. Additionally, climate change, poverty, and inequality exacerbate the situation. Recent humanitarian crises have significantly increased displacement, notably the Russian invasion of Ukraine and violence in Sudan. As these crises worsen, and the numbers of internally displaced people and refugees increase, the impact on the health and well-being of refugee children and young people is an urgent global concern.

A review of the existing literature provides a synthesis of the health and well-being issues that young people face. The literature is often located within adult paradigms, valuing 'adult' expert opinions as proxies for young people and neglects the voice of refugee background

youth in research. To address the knowledge gap, the current study utilises PV as a potential tool to actively involve refugee background youth in exploring these issues from their own perspective.

Chapter Three: Study Design and Methods

Introduction

Chapter Two provided a review of the literature and highlighted the current knowledge regarding the issues surrounding the health and well-being of refugee youth, as well as the gap in understanding relating to the experiences of health and well-being among refugee youth settling in Aotearoa New Zealand. The purpose of this study was to explore the perceptions and understandings of health and well-being among refugee background youth living in Aotearoa New Zealand using PV as a participatory action research approach. An important focus of PV is to shift power dynamics by having the participants direct and control the creation of their own video. This chapter outlines the research design including philosophical assumptions and theoretical underpinnings that have informed the methodological choice of PV; a brief discussion about participatory research approaches; and the methods used for recruitment, data collection and analysis, and, finally, ethical considerations.

Philosophical Assumptions

In beginning this research journey, I stepped timidly into the waters of what seemed to be a very large academic ocean. As I paddled further out into these waters, I felt inadequately prepared to face the ocean's inherent challenges, the tidal surges of paradigmatic tensions, the undercurrents of philosophies, and the rolling swells of theoretical assumptions. My journey into research with refugee background youth began with a concern about the challenges they face as they adjust to living in a new country. As a nurse, my experiences working with refugee children and young people revealed to me their limited voice in expressing their perceptions and understandings about health and well-being, and how they access health information within the context of adapting to life in a new country. These concerns led me to enquire about their understandings, perceptions, and experiences of health and well-being. To study this phenomenon, I required a suitable research design.

According to Creswell (2018), research designs are the plans and procedures for research that span the decisions the researcher makes from broad assumptions to detailed methods of data collection and analysis. Informing these decisions are the worldview and assumptions the researcher brings to the study, the strategies, methods of data collection, analysis, and interpretation. In discussing qualitative research, Smythe (2012) emphasised the importance of methodological congruence. This means that researchers need to clearly demonstrate their

theoretical assumptions that support the chosen methodology and ensure that the appropriate methods align with these assumptions.

The purpose of this PV study was to engage young people with refugee backgrounds as co-producers of knowledge in research that acknowledged their unique voice and enquired about their perceptions and understandings of health and well-being. This research partnership aims to lessen the power imbalances between the researcher and participant and to centre the voices of refugee youth who might not otherwise be heard (Fraser, 2022). I have used PV as a participatory action research approach, which is positioned within the transformative paradigm and informed through a critical theoretical lens.

Research Paradigm

Creswell (2018) described four main research paradigms: post positivism, constructivism, transformative, and pragmatism. Within each paradigm diverse values and assumptions arise from differing ontologies and epistemologies; therefore, each paradigm involves different philosophical assumptions about how research should be conducted and the role of the researcher. According to Creswell, the transformative position arose during the 1980s and 1990s from individuals who believed postpositivist assumptions imposed structural laws and theories that did not align with those marginalised in society or issues of power or social justice, discrimination, and oppression that needed to be addressed. Creswell contended there is no uniform body of literature that characterises the transformative paradigm but it includes groups of researchers that are critical theorists; participatory action researchers; feminists; racial and ethnic minorities; people with disabilities; Indigenous peoples; and members of the LGBTQIA+ communities. Historically, transformative writers have drawn on the works of Marx, Adorno, Marcuse, Habermas, and Freire (Creswell, 2018). According to Mertens (2010), a transformative paradigm asserts that research inquiry must be closely connected to politics and a political change agenda in order to address social oppression. Therefore, this research includes an action agenda for reform that has the potential to positively impact the lives of both the participants and the researcher. It focuses on addressing specific social issues such as empowerment, inequality, oppression, marginalization, and alienation. Creswell asserted that the researcher will often focus on one of these issues and will work collaboratively so as not to further marginalise participants as a result of the research. Depending on the level of participation, participants can assist in aspects of the study such as the design of the questions, data collection, analysis, and, importantly, benefit from the research (Creswell, 2018).

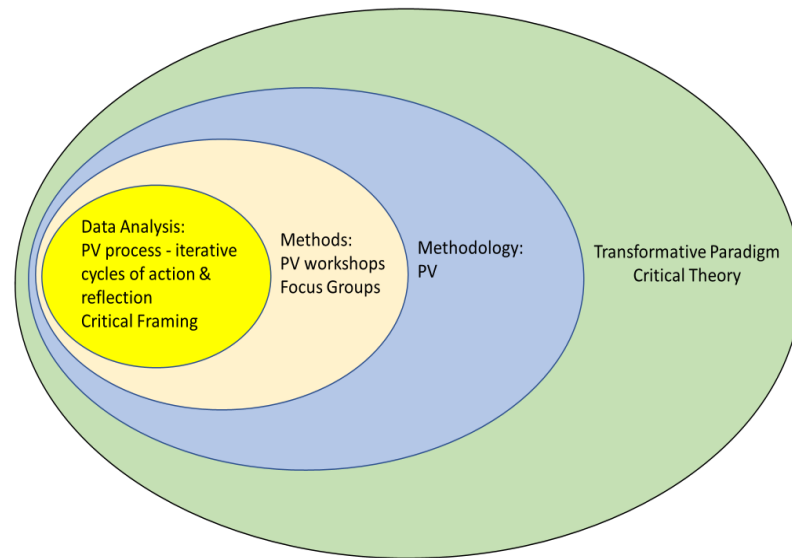
The key aspects of the transformative paradigm that align with my own philosophical position include the emphasis on studying the lives and experiences of historically marginalized groups. This research focuses on inequities related to gender, race, ethnicity, disability, sexual orientation, and socioeconomic class, which can lead to uneven power dynamics (Creswell, 2018). This study focuses on young people with refugee backgrounds who often face issues of oppression, inequality, discrimination, marginalisation, and racism.

The philosophical assumptions of the transformative paradigm align with this PV study. The ontological assumption of the transformative paradigm holds that reality is socially constructed but it is necessary to be explicit about the political, cultural, economic, racial, gender, age and disability issues that define realities (Mertens, 2007). For example, as different realities emerged for each participant during this study, it was important for me, as the researcher, to maintain awareness of the power dynamics that privilege some participants while excluding others. The epistemological assumption considers the notion of the relationship between researchers and participants. Knowledge is socially and historically located within complex cultural contexts; therefore, understanding the culture and building trust are critical. In this study I worked alongside culturally and linguistically diverse (CALD) youth. Thus, as the researcher, it was important to acknowledge this diversity, develop an understanding of the complexities of culture, and recognise power differences. This is not an easy process and requires time to build trust through culturally competent practices.

An advisory group created for the purpose of this study were key in providing advice for working with this culturally diverse group of young people. In considering a research methodology for the proposed research questions, it was important to have an interactive link between the researcher and the participants when defining the problem. As a nurse, child advocate, and social activist, principles such as emancipation, social justice, agency, and empowerment hold great importance to me. These principles have significantly influenced the research design. The study is underpinned by a critical theoretical lens which informs participatory and emancipatory research approaches and will be discussed next. I have adapted the research onion (see Figure 1) developed by (Saunders et al., 2009) to illustrate the different stages involved in the process of conducting this study.

Figure 1

Research Onion



Theoretical Considerations

Selecting an appropriate theoretical perspective is a crucial step in conducting qualitative research as it shapes the researchers approach to data collection, analysis, and interpretation (Creswell, 2018; Smythe, 2012). The choice of a theoretical perspective is informed by the research questions, the study's goals, and the epistemological and ontological assumptions, as discussed previously. In addition, my own theoretical interests and personal experiences influenced my choice of a theoretical perspective. My experience as a nurse has influenced my interest in child health research; along with concerns about social justice, the rights of the child, social and health inequalities, agency, transformation, and empowerment.

I used PV as a participatory methodological approach to engage refugee young people in exploring their perceptions and understandings about health and well-being. From my review of the literature on participatory approaches it became apparent that the critical theoretical perspective is most appropriate to collaborate in research with refugee young people. There are a number of critical theoretical perspectives encompassing participatory and digital media methods, which include PV. PV has been positioned within a participatory action research theoretical framework; and, as an epistemological choice, participatory action

research is most closely aligned to social constructivism and critical theory (Wilkinson & Wilkinson, 2018). According to Kindon (2007),

practitioners of PAR [participatory action research] engage in a range of theoretical sources including feminism, poststructuralism, Marxism and critical theory as they take shape through pragmatic psychology, critical thinking, practices of democracy, liberationist thought, humanist and transpersonal psychology, constructionist theory, systems thinking, critical race theory and complexity theory. (p. 13)

Jacobs (2018) contended that critical theory is action orientated and aims to integrate theory and practice, so people become aware of contradictions and disparities in their social practices and beliefs in order to become inspired to change those situations.

The notion of 'participation' within filmmaking emerged in the 1960s through struggles of feminist filmmakers, radical film collectives, and film activists (Mistry & Berardi, 2012; Yap, 2022). In discussing the evolution of PV, Yap (2022) contended it can be thought of as a method that fundamentally blurs the distinction between research and community development. PV can take on various forms and be used for different purposes. Therefore, it is helpful to think of it not as a specific methodology or set of methods; rather, as a process of collective, visual, narrative inquiry (Yap, 2020).

Within the literature, authors contend that PV is informed by Freirean concepts of community-led learning, critical consciousness and privileging knowledge acquired through lived experience (Lunch & Lunch, 2006; Sitter K et al., 2019). The late Paulo Freire (1921–1977) was a Brazilian educationist and philosopher who opposed the mainstream education system which he described as a banking type system where he saw students as passive recipients for teachers to deposit knowledge (Freire Institute, 2022). Freire offered an alternative educational approach and proposed that oppressed peoples need to become critically conscious—what Freire called 'conscientization'. According to Freire (2000), becoming aware of the conditions of one's oppression conscientizes oppressed peoples and, in turn, catalyses transformative actions. However, Lunch and Roberts (2015) critiqued the transformation of PV methods from vehicles of transformative social change in the 1970s and 1980s to tools of tokenism in the 1990s. They argued that neoliberal institutions, like the World Bank, co-opted participatory methods, linking them to financial support and forcing development actors to superficially claim participation in projects. This led to a proliferation of insincere participatory initiatives, undermining genuine community empowerment. Some PV projects lost their

transformative intent, serving top-down agendas instead. Lunch and Robert's critique highlights the need to maintain the authenticity of participatory approaches and prioritise community voices over institutional interests.

Freire emphasised that a person's own knowledge is valuable in the process of social change; and that as agents, rather than objects, they are capable of analysing their own solutions. Stemming from Freirean critical scholarship, PV involves participants in inquiry and knowledge production activities (Rogers, 2016). An important consideration in conducting research with young people from refugee backgrounds is that their health issues are often embedded in social inequity around income, housing, employment opportunities, educational attainment, environment, race and gender. Having an underlying critical theoretical lens steers the research agenda so that young people become more aware of their situation, creating a sense of agency.

In this study, five facilitated PV workshops provided the opportunity for eight young people to work together and explore their ideas about health and well-being. Through PV processes they learn to critically analyse their experiences and understanding which develops a sense of agency and honours their knowledge; thus, contributing to potential empowerment. Through agency young people can become agents of change and contribute knowledge in areas such as health policy development and youth advocacy work. Suleiman et al. (2006) argued that the elimination of health disparities for young people can be better achieved by fully engaging them as partners and leaders in addressing social inequities.

Participatory Research Approaches

In deciding on a participatory research approach, I turned to the literature. Cornwall and Jewkes (1995) contended that participatory research breaks the linear mould of conventional research, where research focuses on a sequential process of reflection and action and conducted 'with' and 'by' local participants rather than 'on' them. However, as a doctoral student this perspective some questions for me about what makes research participatory? In considering the concept of participation, Cornwall and Jewkes described 'conceptual blurring' around the terms participatory, participation, and participant. They contended that participatory methods are often characterised as being reflexive, flexible, and iterative, in contrast with the more rigid linear designs of traditional research. One of the key strengths of participatory research is the exploration of local knowledge and perceptions. Bergold and Thomas (2012) stated

participatory research methods are geared toward planning and conducting the research process with those people whose life-world and meaningful actions are under study. Consequently, this means that the aim of the inquiry and the research questions raised develop out of the convergence of two perspectives – that of science and practice. (p. 192)

Cornwall and Jewkes (1995) emphasised that the critical difference between participatory and other research methodologies lies in the location of power within the research process, where “the most important distinctions centre on how and by whom is the research question formulated and by and for whom the research findings are used” (p. 1668). Similarly, Herr and Anderson (2015), in discussing action research, asserted the most important feature of action research is the shift of locus of control from the researcher to those traditionally called the ‘subjects’ of research. Herr and Anderson (2015) suggested research participants are either in control of the research project or are active participants in the design and methodology of the research, which leads to questions about levels of participation of research participants.

In deciding on a participatory approach, I found there were a multitude of strategies and terms to grapple with and it presented me somewhat of a conundrum—which strategy best fits with this study? Participatory research is a broad umbrella under which a number of participatory, collaborative, or inclusive research methods and approaches are located. Minkler and Wallerstein (2008) described a multiplicity of terms that represent participatory research claiming the “nuances between them are difficult to decipher” (p. 27). They contended that multiple concepts have come from the community development and social action literature including collaborative action research, participatory research, emancipatory or liberatory research, and dialectical inquiry.

Aldridge (2015) contended that participator research and participatory action research are often conflated or used interchangeably. To provide an historical context and clarify this conflation, Smith et al. (2021) explained that action research, which emerged in the 1940s, is attributed to the work of Kurt Lewin. *Action* research emphasises social change outcomes for groups, communities, and organisations. According to Smith et al. (2021) *participatory* action research, first coined by Colombian sociologist Orlando Fals-Borda (1987), blends strands of participatory research and action research. Smith et al. claimed that Fals-Borda, inspired by participatory research, developed and named the *participatory* in action research to “signify a commitment to working in partnership with the community to challenge hegemonic structures and foster social change” (p. 436). Similarly, Aldridge (2015) explained, “the intention of

participatory research more broadly is to promote inclusion and collaboration and to recognise and give credence to the voices of both individuals and communities in social research” (p. 8).

Community based participatory research is another approach under the participatory research umbrella and takes the perspective that participatory research involves three interconnected goals: research, action, and education. This led to my consideration of participatory research from a community perspective. Minkler and Wallerstein (2008) contended that many 21st century complex health and social problems are ill suited to traditional ‘outside expert’ approaches to research. They argued that there are increasing demands from communities for truly collaborative research that addresses locally identified issues; as well as funding agencies asking for collaborative and community based, rather than merely community *placed*, research. The resulting focus has been on alternative orientations to inquiry that emphasise community partnership and action for social change and reductions in health inequities as integral parts of research enterprise (Minkler & Wallerstein, 2008). Similarly, Blumenthal D et al. (2013) argued that one of the guiding principles of community based participatory research is that the community should be a partner in every phase of a research project. This includes identification of the problem or issue to be investigated, defining the research question, developing the protocol, conducting the study, analysing the data, and disseminating the results.

In deciding on a methodological approach, it became clear to me there were a number of different participatory approaches that can be used in research and that they share a set of core principles and values. Minkler and Wallerstein (2008) described the following fundamental characteristics of participatory research approaches:

- It is participatory;
- It is cooperative, engaging community members and researchers in a joint process in which both contribute equally;
- It is a co-learning process;
- It involves systems development and local community capacity building;
- It is an empowering process through which participants can increase control over their lives;
- It achieves a balance between research and action.

Any decisions around the use of participatory approaches should also take into consideration the limitations and challenges of such approaches. Scholars refer to critical discourses around

participatory approaches and discrepancies between ideals and realities of participation (Cornwall, 2008; De Oliveira, 2023; Eriksson & Stage, 2023; Horgan, 2017; Jacobs, 2018; Milne et al., 2012; Smith et al., 2021). Critique of participatory approaches often revolve around issues of power and the level of participation. Horgan (2017) suggested the problematisation of child participatory research centres around power relationships and representation. Horgan identified several key aspects that are relevant to the issue of power in child participatory research. These aspects include the gatekeeping functions of adults, the positionality of the researcher as an adult, research processes that prioritize certain voices over others, power dynamics among young people themselves, and the institutional context in which the research is conducted.

In discussing power as one of the tensions associated with participatory action research, Jacobs (2018) contended that the researcher's role in the project, and their role within the organisation where the research is taking place, adds complexity to the research process. Jacobs argued this duality can create role ambiguity and conflict, and suggested that researchers maintain an awareness of the political conditions that exist in these institutions in order to be prepared to manage political and ethical dynamics which may arise during the research process (Jacobs, 2018).

Another critique revolves around some of the limitations of participatory approaches. De Oliveira (2023) argued that in some cases the participatory action research approach may not be practical or feasible where

labelling a group of people with many different experiences with a shared interest or problem as a community does not automatically result in a shared or collective understanding of what the problem might be or how it might be addressed. (p. 290)

Another limitation in participatory research is the issue of time. Bourke (2009) suggested that time impacts on the ability of academics to pursue research; for example, meetings, decision-making processes, advisory groups, which take more time than other research approaches. Similarly, Kindon (2003) argued that researchers need to be aware of the commitment required and the ongoing importance of the research relationships once the fieldwork is completed. It is evident there are many positions to be aware of when undertaking participatory research and that when undertaken with young people, it brings another layer of considerations which I will discuss next.

Using Participatory Research Approaches With Young People

In discussing the various levels of participation and how this applies to working with young people, the earlier work of Cornwall and Jewkes (1995) is helpful. They described a framework that assesses the extent, level, and scope of participation in research projects, and refer to a continuum along which levels of participation are placed. They present four modes of participation as described by Biggs (1989 as cited in Cornwall and Jewkes, 1995) which include contractual, consultative, collaborative, and collegiate. Rather than defining models for action, Cornwall and Jewkes support a 'typology' which suggests the 'potential extent' of participation and control. In regard to the extent of participation, they refer to terms such as 'shallow' and 'deep'; 'narrow' and 'wide.' Shallow participation refers to the researcher being in control of the entire research process; deep participation is where control is relinquished, and ownership of the process is by the participants. In applying such a typology, the 'collaborative' mode of participation would appear to fit with my approach to participatory research. This is defined as "researchers and local people who work together on projects designed, initiated and managed by researchers" (Cornwall & Jewkes, 1995, p.1669). However, a collaborative mode of participation may conflict with other proponents of participatory research who believe participatory research should include the participants in *all* aspects of the study—from the beginning to the end of the project. For example, Groundwater-Smith (2015), in discussing participatory research with children and young people, argued that participation should move "beyond youth being seen as data sources to conditions where they have designed, enacted and interpreted inquiries and been honoured as an authentic critical voice" (p. 2).

In considering the extent of children and young people's participation in research, Coyne and Carter (2018) referred to Hart's (1992) ladder of participation which was developed to encourage people to think about how they work with young people in participatory work. Hart's ladder presents participation as a continuum where children may participate to varying levels at different stages of a project. Coyne and Carter argued that from a human rights perspective, young people have a social right to participate in decision-making processes that affect their lives. However, for this right to be enacted, stakeholders with interests in supporting young people must advocate for this right to be realised.

Kim (2016) asserted that participatory research is an effective strategy to address the social problems and social injustices that many young people face, and it has potential as a tool to better understand youth problems as told through their voices and experiences. Importantly, youth participation in the research process has positive benefits for youth and community-

based organisations that serve youth and the wider community (Kim, 2016). By employing a participatory approach in this study, the aim was to encourage and promote participants' critical voice and invite them to share *their* stories and experiences and contribute to the research about *them*. I found congruence with Kindon (2007) and their motivations for participatory action research which they describe as "a desire to foster social justice and change by working collaboratively with communities" (p. xxiii).

Participatory Research With Refugee Background Youth

The existing research that investigates the views of children and youth about health is often from the perspective of adults and neglects the active participation of children and youth in the research. Indeed, there remains a gap in the research that explores the perceptions and understanding of health and well-being from the perspective of refugee youth. This section reviews the literature that surrounds participatory research approaches and its application to research with refugee background youth.

In discussing participatory approaches and health research, Cornwall and Jewkes (1995) contended that institutions motivated by pragmatism and concerns of equity have employed participatory methodologies. They argued that conventional health research tends to generate knowledge for understanding, whereas most participatory research focuses on knowledge for action. Cornwall and Jewkes claimed that participatory approaches place emphasis on a 'bottom-up' approach that focusses on locally defined priorities and local perspectives. This contrasts with conventional research approaches which can lead to recommendations that are not fit for purpose because of a failure to take into account local priorities, perspectives, and processes. A key point they make is that involving local people as participants in health research and planning has been shown both to enhance effectiveness and, in the long term, save time and money (Cornwall & Jewkes, 1995).

There is a growing body of evidence that reports on the use of participatory methods used to engage children and young people in research. In discussing the context of researching children's experiences, Carter and Ford (2013) asserted that contemporary research with children lies within an emancipatory, rights-based, empowering, ethical, and participatory paradigm. Participatory approaches can provide the outsider (researcher) with an inside view to children's direct experiences and give these perspectives value and status (Carter & Ford, 2013).

In a participatory study of young Bhutanese refugees, Evans (2012) explored the impact of using traditional ethnographic research methods and facilitating young refugees' own research of their choice. Evans argued that participatory research methods offer an alternative approach to participant observation. The goal is to engage participants in determining research questions and to increase their understanding of their situation. This understanding can then be used to create change for themselves. Evans' study began with the belief that young Bhutanese refugees had the ability to provide and collect valid data about their own experiences and those of their peers. This highlights a key principle of participatory research, which is to view people as active agents instead of passive objects of research. To promote agency, Evans aimed to "engage young people as collaborators in order to make the research more meaningful to refugee children" (p. 170). Evans also acknowledged the challenges of implementing participatory research, including the researcher having to fulfill multiple roles, financial and time constraints, and the tendency to focus on local issues rather than the broader political-economic processes that affect marginalized groups.

Vecchio et al. (2017), in discussing visual methodologies for research with refugee youth, asserted that participatory methodologies are important because they invite refugee children to partner with researchers to produce knowledge. Participatory methodologies provide space for young participants to explore, select topics, and collect data enabling children to drive the overall research design. Similarly, MacDonald et al. (2015) claimed digital visual methods, such as photovoice and PV, are examples of participant-centred youth focused research methods that have been used successfully across a range of academic disciplines. In their study with Inuit youth, Vecchio et al. (2017) found that PV was an important method for engaging youth in research and education processes. Importantly PV also provides training and capacity development benefits by offering a learning and communication platform that can create opportunities for collaboration with young people (Vecchio et al., 2017).

Boni et al. (2020) described PV as a method and a process with a focus on empowering individuals and communities through sharing stories and creating videos depicting their own realities, challenges, and aspirations for the future. They argued that PV can be used as a research method or as a tool and a process to foster awareness about local issues within communities, as well as influence policy making. In their study, Boni et al. (2020) analysed the PV process to verify the extent to which it contributed to expanding the capabilities and agency of young people in Spain who were severely affected by an economic crisis. The results of their study revealed an expansion of the awareness capability. They found that the PV

process brought more opportunities to the youth to present their own understanding of their life and problems, and to build their own alternative narratives on the economic crisis.

Blazek and Hraňová (2012) provided an interesting perspective asserting that reflections on PV with children and young people can bring further insights on what constitutes legitimate academic knowledge. Blazek and Hraňová (2012) argued that where there is a dominance of text in social research,

the use of video is not just a novel style of knowledge presentation but is also a political tool that opens up new spaces of expression perceptions and understanding for those whose active presence in academic debates is marginalised by the prevalence of language in the production of knowledge. (p. 153)

This is particularly relevant to children and young people where the limits of language in encountering children's experiences have been accentuated. Video used as a tool can enrich the accounts of the lives of young people and foster their involvement in the production of knowledge.

It is evident from the literature that PV is an effective method to engage marginalised groups, including refugee youth and their communities, in research. The evidence supports the benefits of participatory approaches with children and young people. Visual and social media platforms are popular among younger population groups; therefore, using participatory video has potential as a research approach with refugee youth. To my knowledge, there are no studies that have used PV to engage refugee background youth in New Zealand in research about their health and well-being. Now that I have explored different participatory approaches and their suitability to use with young people, I will discuss PV as the methodological approach I have used in this study.

Participatory Video

In reviewing the literature about participatory approaches and the philosophical assumptions of the transformative paradigm, PV has been used as both a methodology and a research method situated under the umbrella of participatory action research. PV is a digital media research method with foundations in social development and community activism (Shaw, 2016). As a participatory research method, PV aims to reduce the gap between concepts and models of researchers and those of individuals and communities by transferring the control of the camera and the process of making their experiences visible. In this way, participant videos

offer rich data enabling access to parts of people lives that would otherwise remain out of sight to researchers (Lunch & Lunch, 2006).

The earliest recorded example of the practice of PV can be attributed to the work by the Fogo Islanders of Newfoundland, facilitated by Donald Snowden and Colin Low in 1967 (Lunch & Roberts, 2015). Snowden's approach was an alternative to traditional documentary filmmaking where he pioneered the idea of using media to enable a people-centred community development approach. Known as the 'Fogo Process,' film was used to promote community collaboration and social change by creating the opportunity for the Island's individual communities to express their voice about their struggle with the collapse of their inshore fishery. By watching each other's films, the villagers realized that they faced similar challenges. They also discovered that by collaborating, they could find solutions to these shared problems. This seminal work by Snowden and Low has inspired the global use of PV to promote dialogue and social change (Lunch & Roberts, 2015).

I have based my use of PV on the works of Jackie Shaw and Clive Roberston (1997) and Chris and Nick Lunch (2006, 2018). In their early PV work, Shaw and Robertson (1997) described PV as a group-based activity that develops participants' abilities by involving them in using video creatively to record themselves and the world around them, and to produce their own film. They claimed the fundamental objective of participatory work is to create a positive environment that encourages individual and group development; the technical skills developed and the processes of video production are part of this work but it is the positive change that participants go through during the process that is the most important outcome. In their later work with PV, Lunch and Lunch (2006) described PV as a set of techniques to involve a group or a community in shaping and creating their own film. They advocated for PV as an accessible and effective way of bringing people together to explore issues, voice concerns, or simply to be creative and tell stories. From a community development perspective, Lunch and Lunch asserted that PV can be a highly effective tool for engaging and mobilizing marginalised people, helping them implement sustainable development initiatives that meet their specific local needs.

As I contemplated the use of PV, I noted the discourses from the literature about methods of PV work. Shaw (2013) stated there is neither a single nor a correct method to approach a PV process and what takes place within each experience depends on the context and could lead to different outcomes. Similarly, Milne (2016) contended there is no clearly accepted definition of what constitutes PV which allows a multiplicity of interpretations. Milne referred to authors

who argue that PV should not be limited to a unitary methodology or approach but more a practice of bricolage where the focus is on skills and values rather than on methods and techniques; as such it is framed as a messy, complex bricolage (Milne, 2016).

There is good evidence for the use of PV as a methodological approach in research with young people. A common thread running through most PV work is that it is used predominantly with disadvantaged or marginalised groups (Blazek & Hraňová, 2012; Boni et al., 2020; Davies et al., 2022; MacDonald et al., 2015; Vecchio et al., 2017). Lunch and Lunch (2006) asserted PV has the potential to help group members develop confidence, self-expression, develop a critical awareness of their situation, and provide a creative means for them to communicate with others in their wider community (Shaw & Robertson, 1997). As a transformative process, White (2003) argued that PV can serve as a powerful and effective medium for people to see themselves in relation to the community and become conscientized about personal and community needs. White suggested that “PV brings about a critical awareness within people that forms the foundation for creativity and communication and therefore has the potential to bring about personal, social, political, and cultural change” (p. 64).

An important focus of PV is to reduce power dynamics by enabling the participants to direct and control the creation of their own video which is in contrast to other visual media research approaches, such as documentary film making where the film maker controls the filming process and how the story is told (Lunch & Lunch, 2006). In aligning the use of PV as a research approach with marginalised groups, Fraser et al. (2022) argued that PV repositions the participants as co-producers of knowledge in partnership with the researcher. Therefore, PV aims to lessen the power imbalances between the researcher and participant and to centre the voices of marginalised groups who might not otherwise be heard.

As an iterative process, the participants used video to document their ideas, stories, and opinions focusing on the issues that are important to them. I decided to use PV because of its innovative approach and its potential to engage young people in research activities. Refugee youth represent a diverse population group and require innovative approaches to engage them in research. The PV process creates a space that invites youth participation, with the purpose of generating learning, agency, and contextual knowledge from the participants. Participants are given control of the video camera to tell their own stories. The resulting video narratives can be used to disseminate the new knowledge from the participants about the key messages of how they understand health and well-being, and offer a space for critical

reflection on how this knowledge might contribute to future research and community impact by influencing policy and practice to improve health outcomes.

Shaw and Robertson (1997) described PV as using a process similar to conscientization advocated by Freire (2000). They contended that in the process of making films about their own social circumstances, participants learn to use the video camera to read the world more critically, reflect on the causes of social injustice, and better articulate the change they want to see in the world. Roberts and Lunch (2015) noted this Freirean logic of critical voice and emancipatory intent is referred to in other seminal texts on PV.

In a study using participatory methodologies with refugee children, Vecchio et al. (2017) claimed that visual methodologies provide a medium through which participants might express how they see and interact with their surroundings. They suggested the benefits of such an approach can help young people and researchers to mitigate linguistic barriers when both parties do not share proficiency in the same languages. O'Mara (2012) asserted social media platforms create new opportunities for using digital video to promote the health and well-being with refugee and migrant communities from diverse cultural and linguistic backgrounds.

Although there are a variety of participatory approaches that are suited to engage young people in research, there are also challenges with participatory methods. In discussing a more critical engagement with PV, Milne (2016) highlighted that researchers who use this approach tend to celebrate its supposed emancipatory and empowering virtues. Milne argued that PV can potentially be regarded as an unequivocal means to empowerment and engagement. Similarly, in discussing empowerment, Davies et al. (2022) cautioned that adopting a pedagogical approach in which adult researchers empower powerless children may inadvertently lead to children conforming to adult agendas and ultimately becoming disempowered in the process. Davies et al. (2022) suggested that "the existing power dynamics within the participant group need to be carefully and sensitively managed to ensure that the participatory processes do not reinforce them" (p. 5). PV is not without its challenges and, like other qualitative methods, practicing PV requires constant reflexivity and an awareness of how power imbalances can affect the insights and experiences shared. In using PV, I was guided by the advisory group in how I would navigate the power dynamics that existed between me, as the principal investigator and facilitator of the PV workshops, and the participants. The role of the community advisory group (CAG) is discussed further under the methods section and reflections about using PV in the following chapters.

Methods

In conducting research with young people from the refugee community it was important to first engage with key members of the community by establishing a CAG. The inclusion of a CAG in the development and conduct of research with selective groups is a significant means to achieving research that reflects the realities of these communities (Nakhid, 2015). The purpose of the CAG was to discuss the project with community representatives and to seek their advice in planning the PV workshops. Other important functions of the group were assisting with recruiting participants, providing guidance on the cultural and social aspects of the project in relation to the diverse backgrounds of refugee young people and organising a venue for the study to take place.

Community Advisory Group

Finding participants for this study was challenging and required a well-thought-out strategy. First, I leveraged my connections within the Auckland refugee community to help connect me with refugee youth within the Auckland region where the study was based. Second, I formed a CAG. The basis for establishing a CAG was informed by the research methodology where participatory research calls for collaboration between researchers and communities to support engagement with the community about the research and align research agendas with community priorities as well as help in recruiting participants. According to Pinto et al. (2015), an advisory group can be used to organise community-researcher partnerships and to improve relevance of research questions and findings, ethical procedures, and access to participants. I invited several key people with connections to the refugee community to form an advisory group for the study. Members of the group included a senior advisor for refugees and migrants from the New Zealand Ministry of Social Development (MSD); the team leader of a refugee mental health and well-being service for youth; a support worker for refugee and migrant students from the local secondary school, and two university students with refugee backgrounds.

To initiate and conduct discussions, four meetings were scheduled between December 2020 and August 2021, and members were asked to commit an hour for each meeting. In appreciation for their time, members were each given a NZ\$50 gift voucher. Key advice given and implemented included:

- Date for the workshops: the CAG suggested running the workshops during the school holidays in April 2021 as refugee youth would be in a better position to attend the PV sessions
- Setting up an introductory session: we called this a 'meet and greet' session (discussed in more below)
- Research topic: a key piece of advice given by the CAG related to the initial research topic of health literacy. Mid-way through the workshops it became evident that health and well-being became the focus of the discussions with young people. In discussion with the CAG, we made the decision to shift the research topic from health literacy to health and well-being. This decision aligns with the tenants of participatory action research and PV research in which the direction of the research is influenced by what is most important to the co-researchers and participants to focus on.
- Cultural support: it was crucial to provide cultural support to the participants during the workshops. Zara and Fazim, two adult support workers, dedicated their time to offer support to the participants throughout the 5-day workshop. Both Zara and Fazim were from refugee backgrounds and members of the participants' community. Additionally, Zara was also a member of the advisory group.

Recruitment of Participants

School Meetings

To provide some context, Auckland is the largest urban area in NZ and has experienced rapid ethnic diversification since the 1980s. To recruit participants for the study, the CAG suggested that I meet with refugee youth from the Mount Roskill community in Auckland. The Mount Roskill suburb, located south-west of the city, is known for its ethnic diversity. The demographic of this area has undergone significant change with the arrival of refugees including people from Afghanistan, Ethiopia, Iran, Iraq and Somalia (Lawrence and Kearns, 2005). One of the advisory group members, Zara (pseudonym), was the refugee and pathways co-ordinator at the local secondary school and had a role supporting refugee and migrant students. As the school is an important part of the community and where potential participants were likely to be found, Zara suggested that I meet with the students who were from refugee backgrounds at the school. I arranged to meet the students at the school during class on two occasions; February 12 and March 26, 2021. The meetings were an important opportunity to introduce myself to the students, explain the purpose of the project, and

answer any questions they had about the project. Information and consent forms were given to the students as well as information forms for them to give to their parents/caregivers (Appendix C and D).

Face-to-face contact with refugee background youth was an important first step to beginning a researcher/participant working relationship. I acknowledge here the importance of Zara's role as a key connection between me, as the researcher, and the participants. Zara's support of the project and connection to the community were essential. Sixsmith et al. (2003) discussed researchers access to participants and the notion of insiders and outsiders. Sixsmith et al. argued the importance of having insiders—researchers who understand the community and its issues and that at times, “social backgrounds, and gendered identities help to create an insider empathy with the experiences of the community participants” (p. 581).

Meet and Greet Session

In addition to the school meetings, the CAG suggested organising an informal ‘meet and greet’ session with refugee youth from the local community. The purpose of this meeting was to introduce potential participants to the research team, provide information about the study and answer their questions, and obtain their consent to participate in the study. I scheduled this meeting for April 10, 2021 one week prior to the workshops. On the day of the meeting, eight young people attended, along with three members of the CAG. Mike Neufeld, a colleague who has a background in PV and would be facilitating the workshops with me, also attended so that students could meet him. Information sheets and consent forms about the study and the PV workshops were given to the participants. I was cognisant of the participants’ different levels of English language proficiency and that lengthy information sheets would need explanation, so we spent some time going through the information as well as answering any questions they had about the project. Zara, the refugee and pathways co-ordinator at the local secondary school discussed previously, had connections with the participants’ families and was able to help me in passing on information about the study to their parents.

Another purpose of the meet and greet was to invite youth to participate in a group activity that would introduce them to what to expect in the PV workshops. Shaw and Robertson (1997) recommended an introductory session to inform participants about what is involved in PV and to give them an opportunity to decide if they wish to take part in the project. Following Shaw and Robertson’s example, I invited the students to take part in a group activity that would give them a taste of the kind of activities that would take place in the workshops. For this activity, I

had drawn a map of the world on a large white bedsheet. Students were invited to take a marker pen and trace their refugee journey from the point of origin to their place of resettlement (see Figure 2). The activity was a great way to bring the students together, and it was intriguing to watch them interact with one another as they recalled their stories and mapped out their journeys.

Figure 2

Participants Working Together on Mapping Their Refugee Journey



When the activity was completed, the map was hung on the wall and as a group we gathered around and reflected on their journeys.

Participants

Consent forms to participate were provided to participants and I explained the consent process for the project and the inclusion criteria which were young people between the ages of 16 and 18 years from a refugee background and born overseas; had lived in New Zealand for 2-years or more; and could converse in English. Eight participants (3 males and 5 females) meeting the criteria consented to participate in the study. The participants were from a range of countries including Eritrea, Somalia, Syria, Ethiopia, and Afghanistan. Pseudonyms have been used to protect the participants' identities.

Data Collection

Data were collected in two stages: through five facilitated PV workshops and two post-workshop focus group discussions. The workshops took place at a secondary school located in Auckland from the 19th- 24th April 2021. The focus groups were conducted online and in-person on the November 10 and December 11, 2021, respectively. I will describe how data were collected through both stages in the following sections.

PV Workshops

I had drawn on the work of Shaw and Robertson (1997) and Lunch and Lunch (2006) in the design and structure of the PV workshops. A PV workshop, as defined by Shaw and Robertson, is a group-based environment where participants are actively engaged in experiential learning through various activities including games, exercises, and technical skills which create opportunities for the participants to develop their latent abilities (Shaw & Robertson, 1997). Lunch and Lunch described PV work as supporting groups to learn collaborative exploration and video production skills through a variety of simple games and exercises developed to support their participation (InsightShare, n.d).

Nick and Chris Lunch are the founders of InsightShare (InsightShare, n.d) an international organisation based in Oxford, United Kingdom. InsightShare practice PV in community development work and conduct PV workshops for people interested in facilitating and using PV. Michael Neufeld, a colleague from AUT who at the time was also a doctoral student, and I had the opportunity to attend a 6-day PV facilitators workshop with InsightShare in Oxford in September 2018. The facilitators workshop was an incredible experience where we met a variety of people with similar interests in participatory digital media approaches including academics, community advocates, and filmmakers. We were also fortunate in meeting one of the co-founders of Insightshare, Chris Lunch, who joined us briefly for one of the workshops. Chris' passion and enthusiasm for community development work, particularly with marginalised groups, was inspirational. I have used the knowledge and skills gained from the InsightShare workshop, along with seminal work of Shaw and Robertson (1997), to plan and design the PV workshops for my study.

Preparation

When planning PV workshops, Shaw and Robertson (1997) emphasised the importance of creating an environment where workshops should be fun, stimulating, and inspiring. The following key aspects advocated by Shaw and Robertson were considered when designing the

workshops: creating an encouraging and reassuring atmosphere; introducing technical skills in an accessible and youth friendly way; creating equal opportunities for all participants; and encouraging co-operation and collaboration. The number of participants in a workshop can vary; although conducting a workshop with a large number of participants requires more resources such as additional facilitators, video equipment, and editing equipment as well as finding the right size venue. For this study, having eight participants was an ideal number as I could divide the group evenly into two smaller groups of four, which was a better size for participants to work together on producing their videos. Having smaller groups for participants to work in also allowed more opportunities for all participants in the group to get involved with the activities, and to share and discuss their experiences (Milne et al., 2012).

A large amount of data can be generated through the PV process, so having a smaller group permitted better management of the data. In qualitative research the depth and quality of the data are important as it allows for a deeper understanding of phenomena. Furthermore, Kindon (2007) argued that participatory action research

PAR values the processes of research as much as the products, so that its success rests not only on the quality of information generated, but also on the extent to which skills, knowledge and participants' capacities are developed through the research experience. (p. 14).

In conducting participatory research with young people with refugee backgrounds, it was important that I consider their cultural and religious practices. In discussing the dates for the workshops with the CAG, I was informed about the month of Ramadan, a period of fasting observed by those of the Muslim faith, which coincided with the dates of the workshop. I discussed with the CAG the implications of conducting the workshops during Ramadan and whether I needed to move the date. The CAG advised me that as Ramadan is an integral part of Muslim culture young people are accustomed to managing their lives around the practice of fasting; therefore, conducting the workshops during Ramadan would not be an issue. I also discussed with the participants at the start of the workshops their needs regarding Ramadan and whether this would impact on attending the workshops or affect their attendance. The participants who observed Ramadan informed me that they were happy to attend the workshops and did not have any specific needs.

Workshop Facilitators and Support Workers

In describing planning for a PV workshop, Shaw and Robertson (1997) referred to the role of project workers who have facilitator roles. They suggested that group work benefits from having two workers as there are two distinct types of facilitative role: that of the lead facilitator who co-ordinates the specific group activity and that of the emotional leader who develops and maintains the way in which participants work together by cultivating communication, cooperation, trust and group relationships. Shaw and Robertson maintained the roles are not mutually exclusive and can be taken on by one person; however, it is beneficial to have a co-leader. For instance, two different perspectives can assist with planning, problem solving, and evaluation. In this study I had asked Michael Neufeld a colleague and fellow doctoral student to assist me as a co-facilitator in the workshops. Michael had attended the InsightShare™ PV facilitators workshop in Oxford, United Kingdom; and I had assisted Michael as a co-facilitator in his PV workshops for his doctoral research, which took place 3-months prior in January 2021. As co-facilitator, Michael assisted with organisation of the workshops, teaching video skills to the participants, and assistance with games and exercises. Facilitation of a PV workshop requires a high level of interactivity, responsiveness, and flexibility; therefore, having two facilitators helps distribute the workload.

In addition to the facilitators, two support workers provided cultural support to the participants by way of assisting with communication between the facilitators and participants. For example, if participants had any concerns or needs during the project they could discuss these with the support workers. Providing cultural support meets the ethical requirement of beneficence which emphasises the importance of minimising harm to research participants. This includes taking steps to mitigate risks and protect participants' well-being throughout the research process.

The Stages of a PV Workshop – How the Data Were Collected

The first workshop commenced with familiarisation which lays the groundwork for the project. The workshops covered the following key aspects:

Workshop one: The first workshop session began with familiarisation where participants were introduced to the basics of videography. During this early stage of the PV process, participants became familiar with how the workshops would be conducted and what was expected of them which helps establish collaborative relationships with each other and the facilitators. Group rules were negotiated between the participants and the facilitators to ensure confidentiality was maintained within the group and to provide guidance for attending the workshops.

Workshop two: Games and activities were used in building collaborative relationships and confidence in technical skills. Participants began to explore their understanding of health and well-being.

Workshop three: Key themes about health and well-being were discussed and decisions were made by the participants about the key topics for their videos. Following these decisions, participants worked on the development of their storyboards.

Workshop four: Youth were supported to film their videos.

Workshop five: Youth continued the filming process, focusing on editing and reviewing the final film.

The results from the workshops and how PV engaged participants in co-creating their conceptual understandings of health and well-being are presented in Chapter Four.

Focus Group Discussions

Post workshop focus group discussions (FGDs) were used to provide further qualitative data which support the findings of the study. The reasons for conducting the FGDs after the PV workshops was to gain further insight to participants' experiences and how they engaged with the PV process. FGDs are usually conducted in person and are a form of group interview with the distinguishing feature of group interaction used to encourage in-depth discussion (Gibson, 2007). Moore et al. (2015) suggested that a FGD can be reflexive and empowering experience for participants, as researchers encourage participants to share views and experiences through group conversations. However, with the rapid development of ICT and virtual platforms, FGDs can also be conducted online (Gerfeson Alves et al., 2023).

Two focus groups were conducted on November 10 and December 11, 2021. The purpose of the first FGD (conducted online) was for me to meet and re-establish connections with the participants, playback the final edited versions of their films, and provide them the opportunity to discuss their videos and their experiences of the PV workshops. The purpose of a second FGD was to show the videos to the participants who were unable to attend the first FGD and to provide further opportunity to discuss the key ideas communicated in their videos. Findings from the FGDs are presented in Chapter Four.

Data Analysis

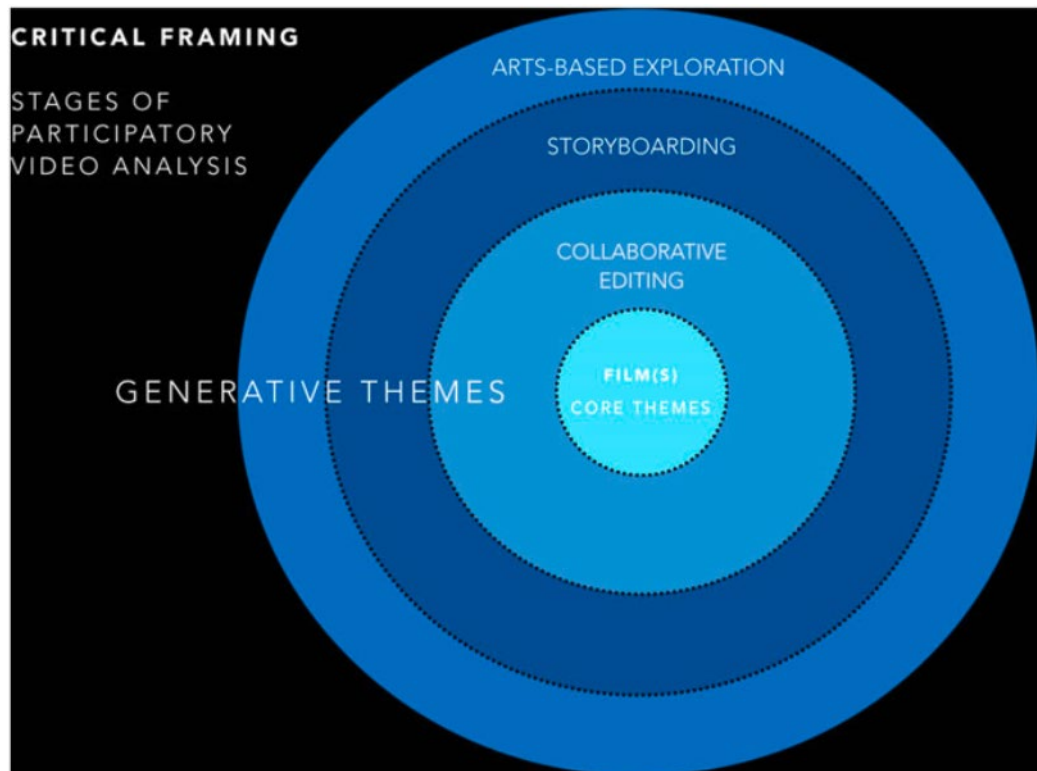
I have drawn from the works of both Lunch and Lunch (2006) and Sitter (2015) in how I have approached data analysis in this PV project. Lunch and Lunch discussed analysis as part of the PV process where the key games and activities that are used in the PV workshops are combined with reflective and analytic exercises to develop participants' control over the activities in which they are involved. During each activity participants record the action that takes place and then play back and review the video footage. As a group, participants critically reflect on the technical aspects of their film such as lighting, sound, camera angles, background, and the content of the video, and then make any changes and record again. Participants then complete a paper edit and review of their final film before deciding how they wish to share their work. There can be several cycles of action-reflection-action until participants are satisfied with their final film. (Lunch & Roberts, 2015) suggested that the iterative process of participatory filmmaking bears similarities to an action research process. However, Lunch and Lunch (2006) do not discuss a clear method of analysis from a research context; therefore, I have used critical framing as an approach to data analysis.

Sitter (2015) defined critical framing as a form of participatory analysis which "takes into account the transitive function of PV by considering how a series of interrelated processes – topic development, storyboards, and editing – contribute to investigating a topic" (p. 912). Participants lead the analysis by identifying and exploring generative themes through arts-based activities, storyboarding, and collaborative editing. Their final videos are representations of the various themes identified and analysed by the participants. The concept of generative themes is based on Freire's critical pedagogy which is a guiding theory in PV and a critical aspect to this process (Sitter, 2015). Beck and Purcell (2013) defined a generative theme as an issue about which people feel strongly and are willing to take some action. According to Sitter (2015) generative themes unfold into other themes and can be visually thought of as concentric circles, moving from the general to the particular.

The critical framing process is exemplified when exploring generative themes through three phases; **arts-based exploration** [topic development], **storyboarding**, and **collaborative editing**. Participatory analysis begins on the outmost circle, broadly exploring the topic through arts-based activities (see Figure 3).

Figure 3

Critical Framing as Depicted by Sitter (2015)



Note. Image sourced from Sitter (2015)

The following section describes these phases in further detail and how participants identified, explored, and interpreted generative themes associated with health and well-being. Although I have followed Sitters (2015) process, I have made adaptations to fit with this study.

Arts-Based Exploration – Games and Exercises

Participatory analysis begins on the outmost circle, broadly exploring the topic through arts-based activities which include games and practical exercises that take place in the PV workshops (Sitter, 2015). The purpose of the games and exercises were to engage participants in learning the technical elements of videography and explore the topic of health and well-being. The games stimulate participation and active involvement, and provide the opportunity to learn through doing (Lunch & Lunch, 2006; Sitter, 2015). They also offer a social context in which communication and interaction can be practised safely. The results from the analysis that took place during the games and activities are presented in Chapter Four findings. Generative themes are further developed in storyboarding.

Storyboarding

In PV storyboards serve as a method of participatory analysis, a key phase in critical framing. Storyboards form part of the reflective and analytic exercises that take place in the PV process and provide the basis for participants to begin exploring generative themes in more depth (Sitter, 2015). In this study, the participants worked together using storyboards to envision and plan their videos. The participants used the process of creating storyboards to explore generative themes that related to health and well-being in more depth that they wanted to include in their videos. Storyboards consist of a series of boxes which represent a screen where each box represents a particular shot. When planning a video sequence, a sketch is made in one of the boxes for every shot that will be shown or what is to be seen in the frame. The image that is drawn indicates the shot size, the camera angle and direction, and other information that directs the participants involved in shooting the shot. Sound requirements are also specified along with any specific scripted dialogue, interview questions, background sounds, sound effects, props, and so on. The completed storyboard helps participants to assess whether the sequence of shots will work visually and have the desired effect to tell their story (Insightshare, 2018; Labacher et al., 2012; Lunch & Lunch, 2006)

Filming the Action

Following the storyboard is the action for filming which is also part of the analysis that takes place in PV. Although Sitter (2015) does not discuss filming as a phase in critical framing, it could potentially be added as another phase. For example, during filming participants would playback segments of their video using the playback function on the camera, review the recorded footage, and refer to their storyboards; if any changes were required, they could re-shoot the scene. They were engaging in critical analysis of the key themes they wanted to include in their story through this cyclical process of action-reflection-action. This cyclical process positions PV appropriately within the practice of participatory action research.

Collaborative Editing

The final phase of critical framing is collaborative editing which Sitter (2012) described as an emic analysis that serves to identify subthemes within each of the generative themes. The term 'collaborative' emphasises group involvement in editing video footage so that all participants are engaged in the process rather than any one person making the decisions about what is or is not included in the final video. By playing back video footage participants make decisions on what content is used and what is excluded, how they want their story presented, and how they want themselves to be portrayed. During the playback of their video

clips the participants further identify connections between the group activities during the workshops and their own experiences, while at the same time connecting the video frames to the main issues that concerned them.

Ethical Requirements and Responsibilities in Participatory Visual Methodologies

Part of any research project involves procedural ethics (formal ethical approval) alongside situational or relational ethics (ethical issues that arise in and the during the project – or research in action). Ethics approval for the study was sought and granted from Auckland University of Technology Ethics Committee (Appendix A).

While participatory research is inherently less rigid than conventional research methods, it is more fluid and takes place in the messy, unpredictable, real world of young people's lives. Therefore, the researcher needs to think about the ethical issues in planning a study, as well as to respond to the ethical issues that arise as the study takes place (Water, 2018). In undertaking this PV project, I was engaging in the life experiences of refugee young people; therefore, it was important that I systematically engaged in questions about ethical responsibilities throughout the design and implementation phases of the project.

Anderson and Muñoz Proto (2016) argued that due to the novel ethical questions video poses, researchers must develop and articulate a heightened sense of ethical responsibilities. The non-confidential nature of video raises concerns regarding confidentiality and representation. It also presents both challenges and opportunities in terms of participants' power, dignity, and involvement. In this project I was cognisant of the ethical considerations that arise from the nature of media representations of the participants and the power dynamics at play during the PV process. The aim of using PV research in this study was to reduce the gap between the ideas and practice methods of the researcher and those of the participants by transferring control of the camera and the process of making their experiences visible (Lunch & Lunch, 2006). During the PV workshops it was important that participant's were in control of the camera to record what *they* see and how *they* see it in their own way; thereby helping to reduce the power imbalance between me and the participants, respecting their unique perspectives, and amplifying their voices.

The discourse of voice is predominant in youth-led participatory research; however, there are challenges with the ethical principles of anonymity (Milne et al., 2012; Yang, 2015). Visual

methods such as PV are useful in facilitating the process of young people speaking for themselves and encouraging their voice. Video, therefore, is seen as a powerful medium to this end as it enables young people to reach a wider audience. With respect to anonymity, the videos produced in this study contain the experiences and self-images of the participants; therefore, removing their visibility may negate the specifics of their stories and experiences reducing their rights to voicing themselves. In giving their consent, participants were informed that any video and or photographs recorded during the study would not be anonymous and confidentiality would not be accorded as their participation in video and photographs are important elements of the research. It was made explicit in the consent form that videos/still photographs produced as part of the workshop may be presented at a public viewing but only with the consent of all research participants.

Informed consent is based on the principle that information should be presented in a manner that the young person is competent to understand the benefit and risks of their participation. In this study it is important that their choice to participate or decline is made freely, and their consent is an ongoing process throughout the research. Consent from the participants was obtained verbally and through signing a consent and release form (Appendix B). The consent process was fully explained to the participants during the meet and greet session (described earlier) and again at the beginning of the PV workshop. The research participants were 16 years or older; therefore, were of legal age to give their consent. Young people are part of families and sharing information with parents, while not a legal requirement, acknowledged the network of relationships for refugee youth. Although consent was given by each participant at the beginning of the study, their ongoing consent was also sought throughout the duration of the study. Water (2018) argued that consent needs to be ongoing in participatory research due to its fluid and ongoing nature. Additionally, given the significant involvement of children and young people in directing the research, opportunities to dissent are equally important. Participants were able to self-determine how and what information they wanted to share during different stages of the study and what was recorded on video. Young people were also able to dissent; in other words, say if they did not want to take part in a particular activity.

Ethical issues can also arise in the field (situation ethics) during participatory research and requires reflexivity on the part of the researcher. Maintaining a reflexive approach allows the researcher to critically examine their own position and impact on the research process (Groundwater-Smith, 2015). One of the ways to ensure that situational ethics were considered

throughout this study was to be reflexive and recognise that ethics was not just at the point of institutional ethics committee approval but continued throughout the study. An important objective in participatory research is to overcome issues of power and exclusion; however, this is not easy. It is important to acknowledge that the CAG for this project helped in mitigating potential ethical challenges.

Trustworthiness, Reflexivity, Credibility, Dependability, and Transferability

Trustworthiness is how well a study aligns with its purpose and is important in qualitative research as the researcher collects and analyses the data. In this study trustworthiness involves the demonstration that as the researcher my interpretations of the data are credible or 'ring true' to those who provided the data (Herr & Anderson, 2015). In PV, the focus is on the lived experience of participants and incorporates the diverse perspectives, cultural values, agendas, and interpretations of participants. An essential aspect of maintaining trustworthiness in qualitative research is the researcher's ability to be reflexive. Reflexivity is defined by Jamieson et al. (2023) as the "process of engaging in self-reflection about who we are as researchers, how our subjectivities and biases guide and inform the research process, and how our worldview is shaped by the research we do and vice versa" (p. 2). In qualitative research an important marker of quality is that the researcher reflects on their role in the study (Stenfors et al., 2020). In this study, maintaining a reflexive approach, was about 'being aware' of my role as the researcher and the impact on the study and the participants. For example, I realised that as a nurse and academic, I bring my own experiences and understanding of health and well-being that can influence how I interpret data. In addition, my perceptions and understanding of refugee youth could also impact the study. Refugee background youth are a culturally diverse group and their perspectives on life can be very different to mine. Water (2018) described how health professionals as researchers can be an insider to the research which brings an understanding of the context and nuances. However, Water cautioned this can lead to assumptions, blinding the researcher to what unfolds before them. Embedding reflexivity into research can improve the credibility and trustworthiness of research. Credibility is confidence that the study followed standard procedures. Qualitative research is underpinned by the view there is no one truth but multiple realities and that the findings of the study represent as close as possible the social reality of the participants. Prolonged engagement and member checks are strategies inherent in PV to enhance credibility. Credibility was achieved through the constant reflection and discussion that took place in the PV workshops between me and the participants to check that the participants'

experiences, ideas, perceptions, were accurately represented; this is also called member checking.

Dependability refers to the stability of the data over time and over the conditions of the study (Polit & Beck, 2014). Dependability ensures that the outcomes of the study are consistent and accurate and can be trusted by both the participants and the wider community. The criterion of dependability was met in this study because participants worked alongside the me and collaborated in the research. During the 5-day workshop participants were fully immersed in the PV process participating in research activities including data collection, analysis, and development of the key themes.

Transferability is the extent to which the findings of this study are useful to persons in other settings. Those who read this research can determine how applicable the findings are to their own situation (Polit & Beck, 2014). For example, in this study the experiences of young people and language acquisition will be similar to the experiences of other refugee or migrant groups.

Last, auditability is another strategy for establishing trustworthiness. The development of an audit trail enables a reader to trace through a researcher's logic and determine whether the study's findings may be relied upon as a platform for further enquiry (Carcary, 2009). In this study I have documented the decisions made throughout the research; for example, documenting the change in focus of the study from health literacy to perceptions of health and well-being and discussing the voting process in deciding the central topics for the participant's videos. Doing so promotes transparency in the research process. While other researchers may not be able to replicate this research exactly, there are still valuable insights and pearls of wisdom that can be shared.

Summary

This chapter has discussed the design of the study including the philosophical assumptions and theoretical underpinnings that have influenced the choice of the PV methodology. The methods used in the study were also discussed including the recruitment of participants, data collection through PV workshops and focus groups, and analysis through critical framing and generative themes. Ethical considerations were outlined, as was the concept of trustworthiness in qualitative research. The findings of the study are discussed next in Chapter Four.

Chapter Four: The Action: How does PV Engage Refugee Youth in Talking about Health and Well-being? PV Workshops

Introduction

Chapter Four presents the findings of the participatory workshops. The PV processes and practices that took place over a 5-day facilitated PV workshop are presented, alongside a critical examination of the stories and experiences that the participants shared during each day of the workshop. The participatory analysis approach used is outlined and provides context for participants' perceptions and understanding of health and well-being.

In order to ensure that the research findings aligned with the study research questions, I reviewed the research questions keeping them at the forefront of my thinking during the workshops and subsequent reflection and analysis:

1. What are the perceptions and conceptual understanding of health and well-being among refugee background youth?
2. How does PV engage refugee background youth in co-creating conceptual understandings of health and well-being?

PV Workshops

“Good participatory processes are predictably unpredictable”.

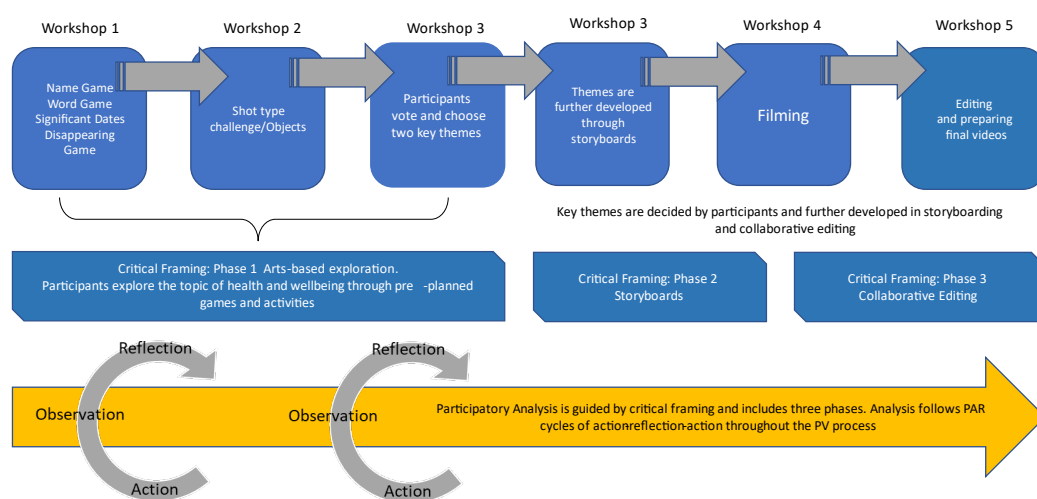
(Chambers, 2002)

Reflecting on my experiences of working with refugee youth on this project, I can now appreciate what Chambers (2002) meant when he referred to the unpredictable nature of participatory processes. Before taking on this project I had my own pre-conceptions about using PV as a research approach. Although I had attended a PV facilitators course (Insightshare, 2018) and had spent the time carefully planning the workshops, my knowledge was mostly theory based. Chambers argued that in participatory work it is not possible to squeeze exploration, experience, and learning into strict, predetermined timelines. Instead of adhering to inflexible structured programmes, participatory approaches provide greater flexibility. What unfolded over the course of the 5-day workshop was, as Chambers aptly put it, predictably unpredictable.

The purpose of the PV workshop was to provide a creative space where participants could learn and practice video techniques, and engage in interactive games and activities that were

specifically designed to encourage reflection and critical analysis of their perceptions and understandings about health and well-being. Creating short videos and then reviewing video footage together as a group was crucial to the PV process as it encouraged active participation and engaged participants in critical analysis of their own work. In addition to technical skills, participants were developing their communication skills and learning co-operation and responsibility within the group, all of which contribute to individual and group development, an important outcome of the PV process. To help visualise how the PV workshops were designed and structured over the 5-days, I have created a diagrammatic of the stages of the PV process presented in Figure 4.

Figure 4
Stages of the PV Process



While Figure 4 portrays a linear progression from day one to day five, in reality the process was dynamic, driven by the participatory action research cycles of action and reflection. The group activities in PV were planned to encourage reflective responses and deeper levels of sharing which, in turn, helped participants develop control over their work. The staircasing of the games and exercises in PV are important building blocks in engaging young people in research about their perceptions of health and well-being.

Workshop One

Familiarisation

The objective of this first activity was to introduce participants to the PV workshop process, introduce everyone, establish group guidelines, and familiarise participants with the technical aspects of video. The purpose of familiarisation in the PV process is to establish collaborative relationships between the participants and the facilitators as well as to serve as an icebreaker to encourage their participation in a group setting. The active participation of all group members is an essential component of PV work, where participants operate the video equipment themselves which encourages control over their own work (Shaw & Robertson, 1997).

ACTION: The workshop began at 10am and I was expecting all eight participants; however, only five attended. I began by welcoming the participants and then I introduced Mike and I as the facilitators. It is important to provide a welcoming environment as one of the aims of the PV workshop is to provide a safe working space for the participants to practice video techniques without the pressure to achieve. We discussed their participation in the workshop to ensure that all members of the group were happy to participate. Although they had already given their consent it was important to confirm the participants' ongoing consent.

To begin the first activity, the participants were asked to form a circle around a camera bag placed in the centre. They were asked to take the contents out of the bag and place them on the floor so that everyone in the group could see the equipment. I gave the group a brief explanation about each piece of equipment and then asked for a volunteer to assemble the equipment. Elene volunteered and as she handled each piece of equipment we discussed as a group what each part was used for and where it connected. With help from the others, Elene assembled the camera and then passed the camera to the next person so they could repeat the activity. Each person, in turn, took part in familiarising themselves with the camera. This collaboration helped to build relationships among the participants and build confidence in using the equipment. Mike and I, as facilitators, observed in the background and, if required, would offer suggestions or answer questions. After completion of the activity, we discussed what the participants had learnt. They all commented on how they enjoyed the experience of using a video camera as it was their first time learning about the technical aspects of video and using video equipment. Although they were accustomed to using the camera on their mobile phones the experience of using a video camera was a new for them.

REFLECTION: I was expecting all eight participants who had agreed to be part of the project to attend the first workshop; however only five attended which was a concern for me as the facilitator. The reason for my concern related to the PV process where the purpose of the first activity was to introduce the participants to one another and the facilitators, discuss the plan for the day, and familiarise them with the workshop environment. Potentially the rest of the workshop could be disrupted because the three had missed out on the introduction and familiarisation sessions which are an important part of the PV process. The implications were that three participants missed out on the learning and interaction in the first workshop. A learning point for me is that working with young people requires patience, being prepared for the unexpected, and a willingness to adapt to situations as they arise. I discussed the situation with the participants to ensure they were willing to proceed with the workshop despite the absence of three of their peers. They agreed to continue.

This first activity served as both technical instruction and an ice breaker. Icebreakers are used in PV to facilitate introductions, build rapport, and create a comfortable atmosphere among the participants (Chambers, 2002). Even though the participants were students from the same school, and all had refugee backgrounds, I did not want to assume that they knew each other. I was mindful that I was working with a culturally and linguistically diverse group; and although the participants shared similar experiences as former refugees, they are individuals with their own unique perspectives.

A key aspect of this first activity was to bring the participants together and foster group development. Participants were invited to handle and experiment with the video equipment, which essentially encouraged them to 'have a go.' This 'hands-on' approach helped to reinforce their learning and overcome any anxiety they may have had about using unfamiliar equipment. In designing the workshop my aim was to make the activities enjoyable and achievable. Based on my observations and listening to their discussions, I could see that the participants were enjoying working together and becoming familiar with the video equipment. Shaw and Robertson (1997) asserted that by working together, the participants gain control over their own work with the freedom to experiment with video and develop new skills, which can be empowering. Empowerment is realised through the participants learning together which helps to build their self-confidence, allows expression of their ideas, and encourages problem-solving through teamwork. The use of PV as a means of facilitating empowerment is supported by practitioners in the field (K. Haynes & T. M. Tanner, 2015; Lunch & Lunch, 2006; Milne et al., 2012).

Another important aspect of PV work, from what I observed, is that the group activities help to equalise power among the participants. I had established from the beginning of the workshop that they had not used a video camera before and did not have any technical knowledge about videography; therefore, they were all beginning at the same level. However, this did not necessarily mean there *was* equal power among the participants. For instance, I had made assumptions they had no experience with an actual video camera but young people are rapidly becoming expert in the use of digital technologies including using smartphone technology to record video (e.g., snapchat, Instagram). Therefore, the participants could have differing levels of knowledge and experience about digital video which potentially present power imbalances within the group of which I was not aware of. Other practitioners of PV refer to the need for constant reflexivity and awareness of the potential influence of power imbalances within the participant group.

Name Game Activity

The purpose of this activity was for the participants to practice video skills and to speak in front of the camera. Participants collaborated, using the knowledge gained from the previous activity, to record each other using a video camera. The concept behind the activity was for everyone to take turns recording one another and then review the footage together. By working together in this way, the participants fostered a sense of community within the group, allowing them to feel more connected. This sense of connection provided a solid foundation for exploring the topic of health and well-being.

ACTION: Participants used their knowledge from the first activity to take turns setting up the video equipment for filming. They rotated through three key roles: operating the camera to record, monitoring sound, and using the microphone to speak in front of the camera. Each person had a chance to be the videographer, sound monitor, or speaker with the handheld microphone. When it was their turn to speak, they were instructed to state their name, where they were from, and something interesting about themselves. Each filming segment lasted no more than 10 seconds. The goal of this activity was to ensure that each person had a turn in each role without making it too lengthy. After completing the activity, the video footage was played back to the group, and we discussed their feelings about filming and the different roles involved.

REFLECTION: This game again encouraged group work and helped to build confidence in using video equipment where participants engaged in different roles; camera operator, monitoring

sound, and using the microphone. We had two sets of camera equipment for participants to practice with which was sufficient for the size of the group. A PV project with larger numbers would require more equipment as it is important that everyone gets the opportunity to practice the different skills. From my experience an ideal ratio would be one set of camera equipment to four participants. Participants took turns at operating the different pieces of equipment and practised recording a short segment with someone speaking in front of the camera. This was their first attempt at filming and from what I observed they worked well together and enjoyed the experience of camera work. When we played back their videos there was plenty of laughter and cajoling each other as they watched one another on the screen. An important aspect of PV work with young people is creating an environment that promotes group interaction and having a large 'fun' element (Shaw & Robertson, 1997; Wilkinson & Wilkinson, 2018).

We discussed their experiences of filming each other and they expressed how they used the knowledge and technical skills gained from the first activity and applied these techniques to the name game. We discussed what went well and what could be improved with their videos; for example, how they held the microphone and recorded the sound correctly, the positioning of the person in the frame of the shot, and how they felt about seeing themselves on camera. They all expressed feeling a little awkward about speaking to the camera but could see the benefits of practising the different roles to create a good picture. I had made assumptions that young people knew how to use their mobile phones/devices to film short video clips but it was clear from their feedback they were not familiar with the technical aspects of creating a film and could appreciate the differences in filming techniques using a video camera compared to a smartphone. Overall, this activity helped to build their knowledge and practice their skills as well as engaging them in analysis of their work using the camera. The objective of this activity was to introduce participants to the basics of video and then reflect on their experiences and express how they felt about the new knowledge they had acquired which I believe was empowering.

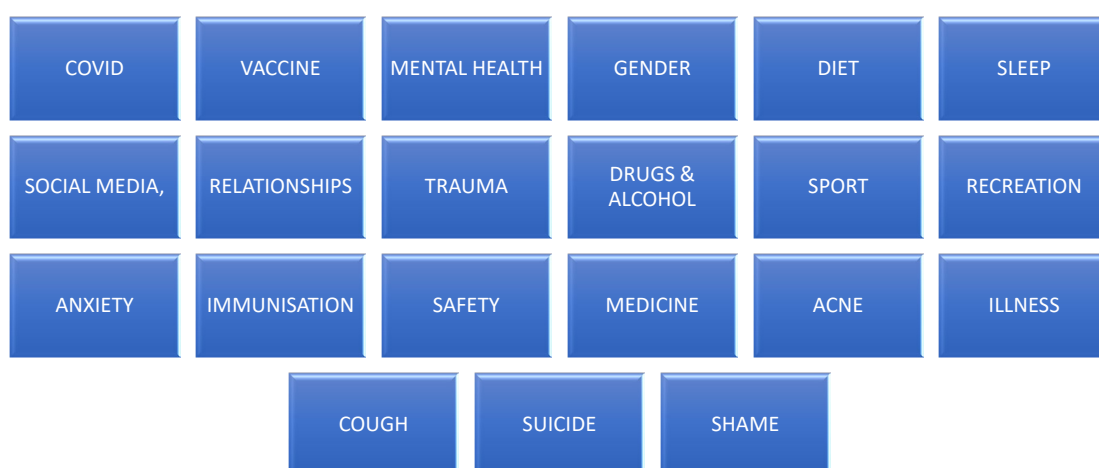
Word Game Activity

After completing the familiarisation and name game activities, I observed that the participants had a better understanding of the workshop process and were comfortable working together as a group. When planning the word game activity, I considered different ways to engage participants in a discussion about health and well-being. As a result, I came up with the idea of incorporating a variety of words that would help stimulate conversation.

ACTION: Before the first workshop commenced, I had created a list of 23 different words that related to the concepts of health and well-being and wrote each word on a piece of paper. I placed the words on the walls of the venue so they would be clearly visible to participants (Figure 5).

Figure 5

Words Used to Stimulate Thinking about Health and Well-being



The purpose of displaying the words was to stimulate the participants' thinking about the topic of health and well-being and promote further discussion. The instructions for the activity were similar to the name game but instead of the participants just saying their name in front of the camera they were asked to look around the room at the words placed on the wall and choose a word that was of interest to them. To reduce their anxiety about which word to choose, I explained that the purpose of the activity was to stimulate their thinking about health and well-being and it was not so important to understand the meaning of the word because we would discuss the words together as group. Participants were given time to look around the room at the words and when they had each chosen a word, they came back together as a group. Participants took turns filming, monitoring sound, and being in front of the camera, as they had done in the name game. However this time, the person in front of the camera was required to hold up the word they had chosen so it was visible in the picture frame, say the word, and explain why they had chosen it. After completing the activity, we played back the

video footage. Results of the activity included the word each participant had chosen and what they had said about the word (see Table 1).

Table 1

Results of Word Game Activity

Participant	Word Chosen	Reason
Elene	Immunisation	“I want to know more about it”
Jemal	COVID	“I like COVID-19 because it’s the best time of my life”
Yonas	Alcohol & Drugs	“I want to know more about it”
Asif	Sleep	“You must take some sleep”
Ayana	Trauma	“I want to know more”

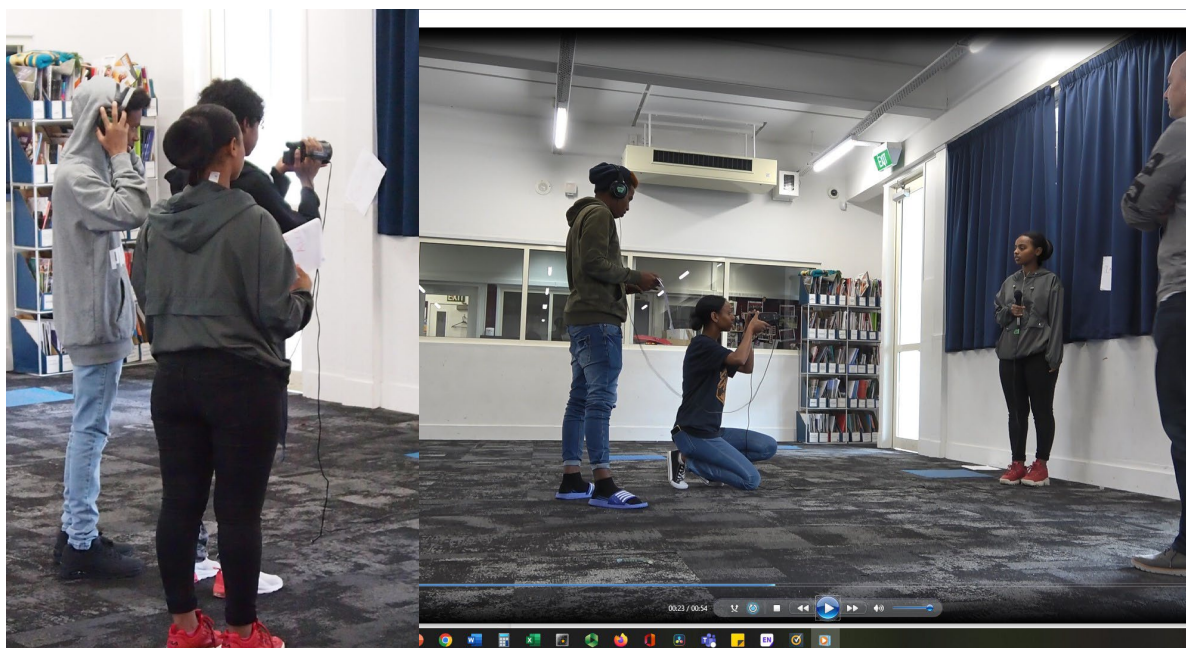
REFLECTIONS: This activity built on the video skills learned from the name game and served as a beginning point to engage the participants in exploring the topic of health and well-being. To ensure congruency with the research question, the word game, which was a variation of the name game, was adapted to suit the purposes of the study. The activity was designed to stimulate thinking and discussion among the participants which aligns with the PV process which is to facilitate the engagement of the participants in their own exploration of the topic (Lunch & Lunch, 2006). Participants were invited to take their time to examine and reflect on the different words, and then choose which word they would like to discuss. It is important to understand that the participants were not restricted to these words; they had the opportunity to add their own words in other activities during the workshop. I want to emphasise that this point as it realises the tensions around participatory research. For instance, in discussing the potential benefits of PV, K. Haynes and T. Tanner (2015) argued that the capacity of PV and participatory research to capture ‘truths’ are prone to the same biases and subjectivity of other research methods. They suggested a potential problem with PV is that the researcher may be invisible in the final product and, therefore, may not acknowledge the influence of the researcher. This critique highlights the importance of researcher self-reflexivity acknowledging that the researcher can impact on the insights of the participants and the findings of the research.

After they had completed the game, we played back their videos and together discussed aspects of their videos such as background light, quality of the sound, camera angle, framing of

the picture, and reflected on how they could improve the quality of their videos. I was pleased to see how well they had applied their new knowledge and skills from the first activity and how their confidence had grown in speaking in front of the camera. For example, when I was observing them film each other I could see they were thinking critically about technical aspects such as background lighting and framing the picture. Elene shared how she made the decision to draw the curtains in front of the windows where she was filming to block out the back light (see Figure 6). Asif commented about how the person speaking in front of the camera needed to hold the word they had chosen so that it was centred in the frame and clearly seen by the audience.

Figure 6

The Word Game: Filming Action



When discussing the selected words, Elene explained she had chosen the term ‘immunisation’ as she had a desire to acquire further knowledge on the subject. This is interesting because she had previously shared with the group her aspiration to become a doctor during the workshops. In Jemal’s video he had chosen COVID-19 and wanted to be filmed standing in front of a bookcase. When I asked why he had chosen this as his background, he explained that it represented his aversion to attending school, with the books symbolising school. His reason for choosing the word COVID-19 was related to the fact that it closed the school which meant he did not have to go to school! It was fascinating to hear Jemal’s perspective on COVID-19. His

insights offered a nuanced understanding of his perceptions about health and well-being. Asif had chosen sleep and related this to his conceptual understanding of health and well-being where sleep is something that is important for their bodies. The other participants similarly stated they wanted to know more about the word they had chosen and, on reflection, their similar responses were likely because they were following the instructions which were to choose a word that was of interest to them *or* a word they wanted to 'know more about.' As we did not have enough time to engage in a more in-depth discussion about the words they had chosen, we conducted a review of their topics beginning on the second day of the workshop.

Reflecting on the instructions for this activity, I could have provided more context about why they were choosing from these particular words. Due to time constraints, we did not discuss their word choices in detail at this time; however, they were discussed in greater depth the following day demonstrating the process of PV where each activity builds on the next.

Tripod game

ACTION: The purpose of this activity was to familiarise participants with setting up and using a tripod for filming as well as promote teamwork. Instructions were given to the participants by the facilitators on how to set up a tripod and use it when filming. We had four different tripods they could experiment with setting up. We let the participants work on their own or in groups and offered assistance as required. Jemal suggested a race to see who could set up a tripod the fastest which added an extra challenge for them as well as being fun. Asif set one up on his own while the young women Elene and Ayana worked together and the young men Yonas and Jemal worked together. As the facilitators, Mike and I stood back and watched providing advice as needed.

REFLECTIONS: The photos of this activity show how the participants worked together. There were four different types of tripod and participants were able to choose which one they would like to set up. Although the main purpose of the activity was to practice how to set up a piece of equipment it also promoted teamwork and helped them to trouble shoot and build collaborative relationships through their interaction with each other, and with the facilitators. As facilitators, Mike and I observed, offering advice as required; but we wanted them to experiment and apply their own knowledge without too much intervention enabling them to do their own work. The participants chose to work in gender specific teams—the young men in one group and the young women in another group. On reflection they may have been more comfortable working in these groups. A consideration for future participatory work is how

mixed gender groups influence the dynamics of group work. At the end of the activity, we asked each group to come together and for one volunteer to set up a tripod with the video camera ready to film. The other participants were encouraged to help by offering their advice and instructions as needed. The idea was to encourage collaboration among the participants and the opportunity for everyone to have their say, therefore equalising power. It was interesting to watch this activity because it demonstrated the power dynamics that took place during group work in PV. One of the young men, Jemal, took the lead and volunteered to set up the tripod. He was determined to do this by himself although his fellow participants were trying to give him instructions. The young women, Elene and Ayana, who were observing, began offering their suggestions as Jemal was struggling to set up the tripod and camera. Elene instructed Jemal on how to attach the camera; then, to her amusement, Jemal exclaimed, "I did it!" Although the 'group' had collaborated in this activity, Jemal claimed his own individual success. Reflecting on this activity, the participants had set the tripods up but did not have the opportunity to film anything. On reflection if I were to repeat this activity, I would ask the participants how they would like to run the activity. As the facilitator, I wanted to direct the participants on how to set up the tripods but to set the camera on the tripod and record different angled shots so they could playback their work and see the results of how a tripod works in filming the action; for example, different camera angles, picture stability, and panning.

Significant Dates Activity

Now that we had worked on the technical aspects of video and started to explore the topic of health and well-being, I wanted to progress the workshop where the participants learned how to express themselves by sharing a significant event in their life and use storytelling and interview techniques to create a story. This activity helped to prepare participants for their videos that were created later in the workshops.

This group activity was a fun and interactive way to engage participants in reflecting on a significant event in their life and then share their experiences with the group. It also served to help participants with interviewing techniques which they may use when constructing stories; for example, the use of open-ended questions. It also helped bonding within the group. By sharing their individual stories it contextualised their experience of the journey of being a refugee and brought them closer together as a group which supports the fundamental objective of participatory work—to create a positive environment that encourages individual and group development (Shaw & Robertson, 1997).

ACTION: Before we commenced this activity I explained to the group they had a choice to decline participation if they were not comfortable sharing their personal stories to ensure ongoing consent of the participants in the study. I also asked that they respect each other's personal stories and maintain confidentiality by not discussing the other participant's personal details without their permission. To begin the activity, I had drawn a picture of a river on a long piece of paper where the river represented a timeline of significant moments or events in their lives. The instructions for this activity were for the participants to write their date of birth on a sticky note and then place it at the beginning of the river arranging each date in chronological order. Each person was asked to think about a significant event/s in their life and write a brief description on a sticky note and place the note/s in chronological order along the river (Figure 7). When all the participants had completed their descriptions, time was given for them to look at the 'river' and read each other's description of their experiences.

Figure 7

Participants Working Together on the Significant Dates Activity



Each participant was asked to write their name on a piece of paper and place it in a bag and, one at a time, they each would take a name from the bag. When each person had selected a name, they were to ask the person whose name they had selected, three questions about their significant date. The activity encouraged participants to practice asking open ended questions

to elicit the most information possible from the person sharing their story. The idea was to develop their interviewing skills which they could use in creating a storyline for their videos. To assist them, Mike and I explained the difference between open and closed questions, and provided examples of how to ask open-ended questions.

REFLECTIONS: I had allocated an hour for this activity although I did not really know how long the activity would take as it depended on how much the participants wanted to share. As a researcher, using participatory methods requires that you adapt to situations as they unfold. In the end, the activity actually took 2-hours. Although it took more time than I had intended, their individual reflections and the group discussions helped the participants to express themselves by sharing their experiences and asking each other questions about those experiences.

The point of the activity was building confidence in expressing themselves by telling a story based on something significant to them. This activity was also important to help them in developing their storyboards for their videos later in the workshop. After the activity we went around the group and discussed how each person felt about sharing their stories. Their responses varied between feeling shy about sharing personal stories to feeling positive about themselves because it made them think about who they were as young people and the positive experiences they have had despite their refugee experience. A similar finding was reported by Strack et al. (2004) where participation using photovoice can enhance identity formation which, in adolescence, is an important cognitive step towards empowerment. Another interesting observation I made was the interest each participant had demonstrated in listening to others' stories. Participants were encouraged to ask questions of each other about their experiences. For example, Yonas described how he received a gift of a new bike. The questions he was asked included: What was special about the new bike? How did he feel about the new bike? Did he still have his new bike? Elene shared about her experience of visiting the Brandenburg Gate in Germany. The questions she was asked included: What was special about her experience? How did she get there?

Overall, the participants each shared a significant experience which stimulated discussion among the group. Initially, some of the participants found it difficult to ask questions but as they listened to each other's stories and joined in the discussion they became more confident. On reflection, this activity could be improved by adding a filming action so that the participants could link the practice of asking questions to the action of creating a story for their video.

However, I was pleased with the way the group engaged in the activity and it highlights the value of the PV process which encourages participants to share on a deeper level through group interaction (Lunch & Lunch, 2006). The critical reflections that followed this exercise led to discussions about how they could share their experiences with others through video and to think about the particular message they could get across to the audience which could be their friends, their families or the wider community.

Disappearing Game

This was the last activity of the day, and its purpose was to energise the group, have some fun, and learn a fundamental skill of video—using the stop/start function on the video camera.

ACTION: To begin the participants were asked to arrange themselves so that they were sitting together and to remain seated in the same position without moving while they were filmed. The facilitator filmed the first scene of the group all seated together. After recording had stopped, one person at a time would leave the scene and go behind the camera and operate the stop/start button, filming a short two second segment. The others had to remain motionless in their same position while they were filmed. One by one each person would leave the scene, go behind the camera and use the start and stop function to record those left on the seat. This process continued until there was no one left on the seat. At the end of the activity, we played back the recorded video for the group to watch.

REFLECTION: The value of this activity is that it was fun and taught the participants a fundamental skill of videography—using the pause and record button. Performing the action helped the participants to experience what it is like to be in control of the camera. As each person took their turn at operating the camera they were learning how to use framing and seeing through the 'eye' of the camera. This game encouraged participants to work closely with one another and, from what I observed, I could see how the game helped to build trust and rapport among the group. As each person took their turn at recording, they would share their knowledge with one another about how to frame the shot and direct the 'actors' in front of the camera to remain while the action was filmed. After everyone had taken their turn at filming, we played back the footage on a large screen which was very entertaining as we watched how each person in the picture would magically disappear until there was no one left in the picture. To add to the magic of what video can do, we played it backwards, much to their amusement. It had been a long day, and this was a great activity to end the day on.

Summary of Day One

This first day of workshops introduced participants to the technical side of video and becoming familiar with the equipment. The day's activities built collaborative relationships between the participants themselves, and the participants and facilitators, and it was helpful to develop their teamworking skills. As we transitioned through each activity participants became more confident with sharing their new knowledge of using video and learning to communicate with one another and express their ideas. It was good to see that through the PV process we were building a sense of community among the group. I was expecting to have eight participants for this first workshop but only five attended. This had minimal impact on the first workshop, but it meant that we had to repeat some of the learnings for the three participants who had missed out on the following day. However, I had to accept the situation as it was which is part of maintaining a flexible approach in a PV project—expect the unexpected and adapt.

Workshop Two

Workshop day two began with participants taking time to reflect on what they had learned from workshop one. PV uses exercises that encourage reflective responses and deeper levels of sharing among participants; therefore, I used this time to guide participants in a deeper analysis of the words they had chosen in relation to health and well-being. The reflection activity was followed by the object shot type challenge which introduced participants to the skills needed to effectively use various camera shots and angles in their videos.

Review: Sharing Learnings

ACTION: Two participants, Arwa and Yura, who were unable to attend the first workshop joined the group bringing the total number of participants to seven. Because Arwa and Yura had missed workshop one, we used the first part of the workshop to go over video technical skills they had missed from the previous day, so they had some knowledge to help them as they worked with the others. I used this as an opportunity to involve the other group members to help with teaching. For instance, we repeated the name game from the first workshop so that Arwa and Yura learnt how to use the camera but, rather than the facilitators explaining the activity, we asked the other participants who attended the first workshop to teach Yura and Arwa the skills they had learnt. This method of peer-based teaching worked well, and both young women were engaged in learning with the others and commented to me that they felt comfortable within the group setting as they initially felt anxious about what they would be doing.

After completing the name game activity, we proceeded to review and reflect on the word game activity from the previous day and discuss the different words they had chosen (see Figure 8). As Yura and Arwa had missed the first day we explained how the word game activity worked and asked them to either choose a word from those on the wall in the room or add their own word; Yura chose anxiety from the original pool of words, but Arwa chose her own word which was communication. Arwa stated that communication is very important to refugee youth living in a new country. I also extended the invitation to the participants to either choose another word from the original pool of words, or a new word of their choice that related to health and well-being. My reason for offering the participants a choice to add their own words is that it gave them control over the research; thereby promoting agency.

Figure 8

Group Discussion, Reflection, and Analysis of Topics Related to Health and Well-being



REFLECTIONS: The first hour of the workshop was used to review and reflect on the previous day's work. The purpose of reflection in PV work is to lead participants in critical examination and analysis of their own video-making experiences, the content they have created, and the broader issues they wish to address in their videos. The games and exercises used in PV are designed to encourage reflective responses and deeper levels of sharing which, in turn, help to develop the participants' control over their work. Taking the time for group discussion provides a platform for participants to share their thoughts, feelings, and experiences related to the video-making process and to further explore their ideas about health and well-being. To

assist participants in their reflections and analysis of the words they had chosen, I wrote down each of their words on paper and then Mike and I asked participants to reflect on what led them to choosing their word and why this word was important to their understanding of health and well-being. This activity was video recorded. Table 2 presents the words chosen by each participant from both workshop one and two. Table 3 presents my interpretation of participants' conversations from the transcription of the video recording. From my observations and the experience of facilitating the discussions, I could see how reflection is an essential component of PV because it allows participants to take control and share their ideas. As the researcher, I acted as a facilitator who focuses on stimulating the interaction and debate among the participants. For instance, in their discussions the topic of communication was identified as important to their conceptual understanding of health and well-being. Participants discussed the problems they faced regarding communication, which included learning and speaking the English language. Another example was how sport was seen as a way for refugee youth to connect with other youth and helped to establish friendships; therefore, being important to their health and well-being.

Table 2

Topics Chosen by Participants on Health and Well-being

Participant	Word chosen by participants in Workshop One	Word chosen by participants in Workshop Two
Elene	Immunisation	Well-being (new word)
Jemal	COVID-19	School (new word)
Yonas	Drugs & Alcohol	Safety
Asif	Sleep	COVID-19
Ayana	Trauma	Sport
Yura	-	Anxiety
Arwa	-	Communication (new word)

Table 3

Interpretation of Discussions About Participants' Chosen Health Topics

Topic	Facilitators' prompting question	Interpretation of participants' responses
COVID-19	Why did you choose this word?	<p>It is important that young people understand about protecting themselves and others from the COVID virus. An important message for young people is how to control the spread of disease such as washing your hands, wearing a mask, and staying home if you are sick.</p> <p><i>These statements reflect that young people are aware of the public health messages surrounding the pandemic and also the significant impact this has had on their lives. COVID-19 has in many ways disrupted their lives further as they adjust to life in a new country.</i></p>
Communication	What is important about communication?	<p>When refugee youth leave their home country, it is difficult for them to communicate in a new language. They lack the confidence to talk to people in a new language.</p> <p>Social media becomes an important medium to keep refugee youth connected; for example, WhatsApp, Instagram, Snapchat, and Facebook.</p> <p><i>These comments highlight the issue of language proficiency and the impact on their</i></p>

Topic	Facilitators' prompting question	Interpretation of participants' responses
	Who are the people in your lives that you might find it difficult to communicate/talk with?	<p><i>well-being. Not being able to speak the language of the host country is a significant barrier to refugee young people integrating socially. The use of social media and ICT become an important means of communication and social connection.</i></p> <p>It can be difficult for young people to talk with their parents or other adults. It is easier to talk with people their own age, such as their friends, as they feel free to talk about anything they want but this is not the case when talking or communicating with adults; for example, their parents. The age difference between a teenager and an adult makes communicating difficult.</p> <p><i>These comments are reflective of the intergenerational gap between young people and adults. Young people are comfortable talking to their peers as they are free to express what they are feeling whereas talking to their parents can be restricting. This difficulty in communication may also suggest the issue of intergenerational conflict.</i></p>
Sport	Why did you choose the word sport?	Sport is good for the body as it keeps young people active. It improves your brain and memory, and it can relieve stress.

Topic	Facilitators' prompting question	Interpretation of participants' responses
School	Why did you choose the word school?	<p><i>These comments reflect that participation in a sport can help refugee youth them to meet other people and form friendships. It also reflects that young people understand the benefits of sport on their health and well-being.</i></p>
	Why is school a waste of time?	<p>Some young people do not want to go to school because it is boring, not fun, and is a waste of time.</p>
	If school is a waste of time, what would you do?	<p>The rationale given by the young person is that if you spend all your time at school learning and then you fail what is the point? If you end up failing, then it has all been a waste of time. Teachers choose the subjects, so you do not have a choice in what you study.</p> <p>I want to be a mechanic or an engineer so school should teach practical things.</p> <p><i>These comments reflected the participant's desire to learn more practical skills in school that could be useful for their future careers and aspirations. The nuances of this participant's experience of education could also reflect socio-cultural norms of work and employment versus study.</i></p>
Safety	What are your thoughts about the word safety?	<p>Young people do not have enough understanding about how to keep themselves</p>

Topic	Facilitators' prompting question	Interpretation of participants' responses
	What other aspects of safety are related to your personal experiences?	<p>safe. For example, when crossing the road some people do not look properly and can get hit by a car.</p> <p><i>These comments signify the significance of previous experiences where many refugee young people have been exposed to trauma; for example, road traffic accidents and living in a war zone. Participants compared their experiences in foreign countries with Aotearoa New Zealand, which they perceived as a safe country due to its high safety standards.</i></p> <p>For young women, in particular, it was not safe walking in the streets, and it is worse at night. In Aotearoa New Zealand it is safe for young women to walk outside.</p> <p><i>These comments relate to the safety issues for women indicating that there are gender inequities for refugee women.</i></p>
Anxiety	What does anxiety mean to you?	<p>Many refugee teenagers suffer from anxiety. They often feel lonely, sad, worried, and stressed. Young people felt anxious when they first came to Aotearoa New Zealand as it is a long way from their home.</p> <p><i>These comments reflect the disruption to what was a 'normal' life for a young person and the impact of their refugee experience on their mental well-being. They also emphasise the</i></p>

Topic	Facilitators' prompting question	Interpretation of participants' responses
Well-being	What does well-being mean to you?	<p><i>distance of Aotearoa New Zealand from their home countries which exacerbates the feeling of isolation.</i></p> <p>Refugee youth feel they need to be happy and confident, but coming to a new country means they feel less confident. For example, they worry about being accepted in a new school when they do not know the language. Well-being includes a balance of the mental, emotional, spiritual, and social aspects of life. Socially, if young people do not get to know other young people, they will feel lonely and sad which affects their physical well-being. If they cannot speak English, they cannot communicate and say what they are thinking. Culture is also important to refugee youth and their well-being.</p> <p>Other issues that impact on well-being included experiences of racism as a refugee living in other countries.</p> <p><i>There were multiple constructs raised during this reflexive analysis of well-being. The issue of self-confidence relates to their refugee experience of being a newcomer in a foreign country. Feelings of low confidence are exacerbated when they attend school and do not feel accepted because they do not</i></p>

Topic	Facilitators' prompting question	Interpretation of participants' responses
		<i>understand the language. Their conceptual understanding of well-being includes multiple dimensions including their culture. Establishing social connections with other young people and learning the English language is important to their well-being. Racism is another issue that impacts on their well-being and is not only experienced during their refugee journey but also when they establish life in the host country.</i>

The Objects and Shot Type Challenge Activity

The purpose of this activity was to build on video techniques previously learnt and to continue to develop the participants' self-expression through video. For this exercise, I had combined two activities—'Objects' and 'Shot Type Challenge.' I had practiced these same activities at a PV facilitators workshop (Insightshare, 2018) and found them an effective way to encourage group work and to learn how to use different camera shots and angles to tell a story. The objects activity required participants to choose from a selection of random objects using their object/s as a focus for a short video story. When they had decided on their object/s, they were instructed to create a short film using the object and to include different camera shots and angles when filming their story. The idea behind this activity is that people often find it difficult to think of what to say in front of a camera. The 'object' they choose provides a stimulus for developing expression as well making it fun. By combining the objects activity with the shot-type challenge activity, participants engaged in learning technical skills as well as learning how to express their ideas to create a story.

ACTION: Participants were asked to divide themselves into two groups and each group was given a bag of camera equipment for filming. The participants decided on two groups; one group for the young men and the other for the young women. I had a collection of random objects which each group could choose from to use in their video. The young men chose a small trophy and a plastic hockey ball, and the young women chose a plastic rose. In their teams they were instructed to create a video using their chosen object/s and to include five different shot types which included an extreme close up, close-up, mid shot, long shot, extreme long shot, as well as different camera angles. Each group was given a time limit of one hour to complete the activity. Figure 9 is the video created by the young women and Table 4 is the transcription of their video. Figure 10 is a picture collage of the young women working together during filming.

Figure 9

Video: The Flower (Warda)



Table 4

Transcription of the Flower Video

Group 1: "The Flower" (Warda)	
Shot type	Narrative
Close up shot of Yura holding flower	<i>"This flower is very important to the teenager/young person that come from other countries."</i>
Extreme close-up shot of flower	<i>"This flower represents, the happiness, the joy that has passed when they leave their country."</i>
Still shot of flower lying between two pieces of paper with a hand drawn picture of the sun and of smiley faces. Background music added of Pharell Williams "Happy" song	<i>Symbolic representation of happiness</i>
Mid-shot of Elene holding the flower	<i>"The meaning of the flower is a belief that it represents the cycle of creation. It depicts how all life comes from one single source. It is represented by the circle in the middle of the picture."</i>
Distant shot of Ayana holding the flower	<i>"This flower represents the far away happiness of the teenager, refugee people, how they left their happiness in far-away country, their home country their family members, friends."</i>
Final shot of three young women (Ayana is filming) standing together and each takes a turn at holding microphone and speaking	<i>Arwa: "This flower means to me a lot because it brings for me a lot, happiness and joy" Yura: "The flower is a special gift you can give it to someone" Elene: "Flower means to me the love I have to my friend's family members and my family."</i>

Figure 10

Preparation for Filming "The Flower"



Figure 11 is the video created by the young men and table 5 is the transcription of their video. Figure 12 is a collage of the young men working together during filming.

Figure 11

The Champion



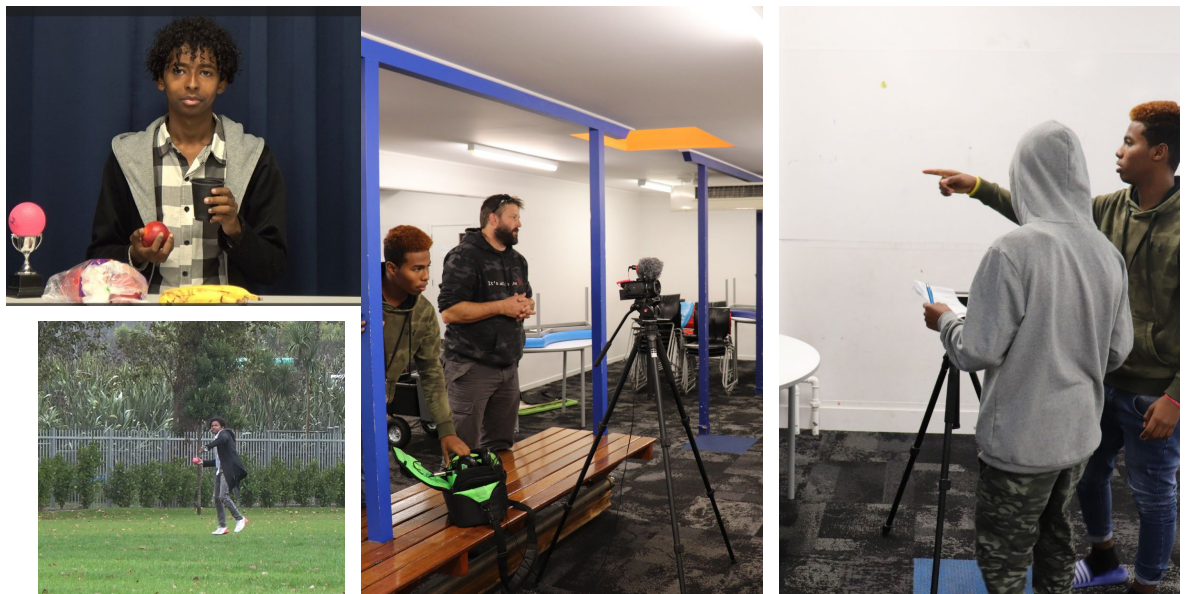
Table 5

The Champion Video

Group 2: Title: The Champion	
Shot-type	Narrative
Close up of Yonas	<i>"This is Yonas and he is from Eritrea. He loves sport. His favourite sport is hockey. He played in the national team."</i>
Mid-shot of Yonas holding hockey ball	<i>"They won a game and bring a trophy. He is the captain of the team and the best player in the country. They have won lots of times. He practices 3-hours a day every day, to become the best player in this country"</i>
Distant shot of Yonas throwing a ball	
Mid-shot of Yonas holding an apple and a drink with the trophy and ball in background.	<i>"Yonas eats healthy foods every day. Live long the champion."</i>

Figure 12

Participants in Action, Filming "The Champion"



REFLECTION: The young men produced a video titled "The Champion" and the young women titled their production "Warda" which is Arabic for 'rose.' I was impressed with the quality of

their videos and how they had applied their knowledge of technical skills to create their short films. Although the participants in each group did not create a script for their videos, they used time before filming to discuss their ideas and made brief notes about how they were going to record their film sequences using their object/s and the different camera angles and shot types. As they worked together, I observed their interactions and how they were bouncing ideas off each other, envisioning their story as they viewed the world through the lens of the camera. The point of this exercise was not to produce a polished video but for participants to gain more experience using the video camera and to experiment with what it can do by way of using the zoom functions and different camera angles. What eventuated was more than I had expected and demonstrated to me the value of PV as a dynamic process and its ability to stimulate self-expression and interaction within the participant groups.

In the Warda video, the interpretation by the young women of how the flower represented aspects of the participants' lives was powerful and provided insights into their experiences of being a refugee. This was not the intention of the activity but that is how the participants used the camera. Their chosen object, a plastic flower, was used to represent both happiness and joy; happiness, because the flower represents beauty but it also conveys their sadness because as refugees they had to leave friends and family behind. The flower was placed on two pictures drawn on paper: the picture of the sun and a smiley face. Music was added during editing of the video and played as background music.

In The Champion video, the young men used several objects: a hockey ball, a small trophy, and a banana and apple. They used the different objects and different camera angles in a story that portrayed a young person who enjoyed sport. To add further interest to their story they included the apple and banana as additional 'props' to express their ideas about having good nutrition to become a champion athlete. Their story, which was unscripted, seemed to evolve into something quite nuanced. It was not the intention of the exercise to create any particular storyline; however, they surprised me with how well they used their knowledge to create a video with all the camera shots.

After the participants had finished filming, we gathered together to watch their videos.

Reviewing video footage is an important part of the PV process where participants reflect on their work and discuss their experiences. After watching their videos, I could tell by the participants expressions and their comments that they were energised and very proud of their productions. After some initial giggles and laughter at seeing themselves on screen, they could see the value in practising the different camera shots. Participants commented on how they

could control the camera to express what they wanted to communicate to their audience which is an important finding as it is evidence of how PV engages young people in using video to help express their ideas. Through the lens they have the opportunity to choose what to focus on, to reveal their world, and to communicate this to an outside audience; for example, their community.

I was impressed with their aptitude in producing their short video stories. They were given brief instructions and a limited timeframe to complete the activity, so it was remarkable to see how well they had produced this work. The stories they created with the camera reflected their ability to apply knowledge of the technical aspects of video along with storytelling skills. It was satisfying as a facilitator to observe how young people learn quickly and were able to produce their own videos. It was evident to me that the PV process contributed to building confidence in practising their technical skills as well as to engage them in critical reflection and expression of their ideas.

Summary of Day Two

Day two focussed on reflection and analysis of the words participants had chosen that related to health and well-being. Results of their analysis were written down and used later in the workshop when they developed their storyboards. Collaborative group work reflection was used to stimulate their thinking and discuss their key ideas about health and well-being.

The objects and shot-type activity provided the creative space for participants to practice camera techniques and use these to create a short video. The process of reviewing and discussing learnings from these activities promotes participation and collaboration among the participants as well as encourages individual expression. The experiences and learning from these activities prepared participants for the next workshop where they would begin to explore the main themes about health and well-being.

Workshop Three

Review: Sharing learnings

For workshop three, Gul, who was unable to attend the first two workshops, joined the group bringing the total number of participants to eight. We began the workshop by reviewing the previous day's work which included watching their videos from the objects and shot type challenge activity. After watching the videos, participants discussed what they had learnt from the activity and their ideas on how to improve their video work. The discussion focussed on

several key aspects of videography: the types of shots they used, framing of the picture, camera angles, sound quality, and how their stories would be understood by the audience. Participants found that using the camera to film different shot types was easier than listening about how to do it. They discussed how positioning of an object or person in the picture frame and background lighting affected their camera shot. This reflection demonstrated their understanding and awareness of how the environment can affect how they frame their camera shots. Participants reflected on the sound quality of the videos and expressed their understanding of how the microphone made a difference to the quality of sound in their videos, an important technique in video production. We discussed the impact of these aspects of video production on their films and brainstormed ways to improve clarity and flow, ensuring that the intended messages would be effectively communicated to the audience. These findings highlight the value of the PV process where reviewing video footage together as a group encouraged active participation and engaged participants in analysing their own work (Lunch & Lunch, 2006). The facilitator guides the participants in their reflection and analysis so they learn how to identify any changes they need to make. This follows the cyclical process of action-reflection-action until participants are satisfied with their final video.

ACTION: Following reflection and analysis, the next stage of the workshop was to establish the key topics participants wanted to focus on for their videos. To facilitate this decision, I proposed a voting system, where each participant could vote on the key topic or topics they wanted to explore in their videos about health and well-being. The topics that participants had chosen over the course of the three days are presented in Table 6.

Table 6

Collation of the Topics Participants had Selected in Workshops 1-3.

Workshop 1	Workshop 2	Workshop 3
Immunisation	School	School
COVID-19	Anxiety	Anxiety
Sleep	Communication	Communication
Drugs & Alcohol	Safety	Safety
Trauma	Sport	Sport
	COVID-19	COVID-19
	Well-being	Well-being
		Relationships
		Friendships

To begin the voting process, I had written the words on sheets of paper and placed these on the floor so that participants could walk around looking at the words and decide on which

words they would vote for (see figure 13). Each participant was given three votes to use by means of a sticky yellow dot which they placed on to the word they were voting for. They had the option to place all their votes on one word or spread them across a range of words, but they were limited to only three votes. Voting took place in an open space where they could all see what others were voting on. I purposely wanted it public to observe the way the participants interacted and made decisions. What resulted was a marvellous chaos of boisterous discussions, some persuading others what to vote on. The words 'communication' and 'safety' were popular and heavily lobbied as participants exchanged comments about whether they should choose either communication or safety because they wanted to be in the same group. After the first round of voting the words that received the most votes were anxiety, sport, communication, safety, and drugs and alcohol. We discussed how to narrow the choice of topics down to just two, the reason being that we had limited time to film; therefore, creating two videos would be achievable in the time we had. We decided on a second round of voting; this time voting was conducted in private so that participants were not distracted or persuaded by one another. The words were placed on the wall in another room where each participant voted privately. Results from the second round of voting indicated that communication and safety had the highest number of votes and would be the two topics participants would explore further in relation to their conceptual understanding of health and well-being. Because we were limited in time to complete filming, I suggested to the participants they divide themselves into two groups; one group to focus on the theme of communication and the other on the theme of safety. Each group consisted of four people who worked together on their video.

Figure 13

The Voting Process and Creating Storyboards



Storyboarding

Following on from their decision on the two main themes for their videos, participants engaged in the development of storyboards. In PV storyboards serve as a method of participatory analysis, a key phase in critical framing (discussed earlier in Chapter Three). They are used as a qualitative data generation tool to visually represent the central issue participants wish to focus on. Other researchers who have used PV have identified storyboarding as a method of participant analysis where research participants produce storyboards that constituted visual data which assisted in identifying the main issues or topics (Labacher et al., 2012).

ACTION: The participants divided themselves into two groups with four in each group; group one focused on the theme of communication and group two focused on the theme of safety. Drawing on their learning experiences from the previous workshops, participants worked together in discussing the key messages they wanted to communicate in their videos. To assist them with developing their storyboards we used the ‘problem tree’ tool. The problem tree was used to create a structural analysis of the causes and effects of an issue or problem; in this case, the topics of communication and safety. It was used to help participants analyse the topics of communication and safety and the key messages they would share in the videos about how they impact on their health and well-being. A picture of a tree is drawn on paper; the roots represent the cause/s; the trunk represents the issue; the leaves on one side of the

tree represent the effect of the issue and on the other side the possible solutions to the issue. Participants used sticky notes to write down their ideas and place them on the tree. The crux of using the problem tree tool was the deep discussion and critical analysis it generated amongst participants during the process of creating the problem tree.

REFLECTION (Communication Storyboard): The communication group decided on a narrative style for their video and their storyboard consisted of seven main scenes (see figure 14). To help with sequencing the events in their story, I suggested they use a sketch of a river to represent a timeline, similar to what they had used in the significant date's activity in workshop one. The participants decided to use one of the young women in the group, Yura, as the focus for their story, which follows her journey as a newly arrived refugee to Aotearoa New Zealand. Using the information from the problem tree, their storyboard focused on issues facing refugee youth around communication which included: language difficulty, lack of confidence, anxiety, loneliness, sadness, and communicating with parents due to the age difference. They used coloured markers to draw each scene for their storyboard.

The group's decision making about the story line led to discussions about technical aspects of filming such as location, lighting, shot type and angles which were subsequently captured on the storyboard. They also made decisions on who would film each scene, and the different responsibilities in recording each shot. The more they talked with one another and discussed their ideas the more they contributed to the development of the narrative for their video. The storyboard activity demonstrates the importance of collaboration in PV where each participant contributed their ideas about communication.

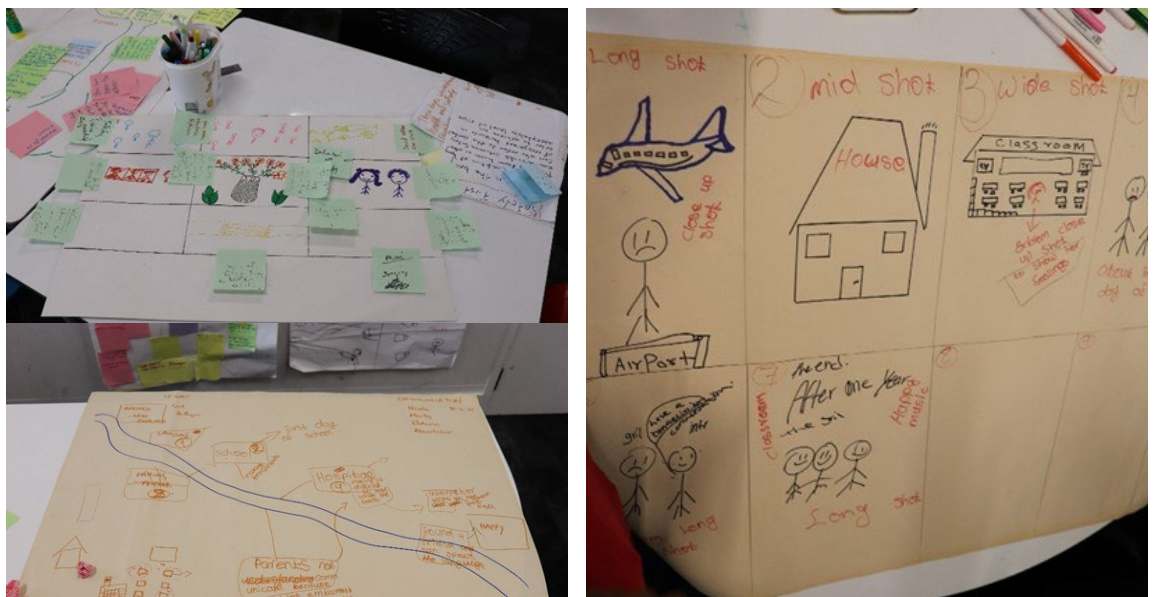
REFLECTION (Safety Storyboard): Mike, as second facilitator, had assisted this group with developing their storyboard. Therefore, I have relied on photographs, recordings, and notes from the conversations I had during and after the workshop to present findings from the storyboard activity.

Initially, Mike had some challenges with getting the group to decide on the key ideas about safety they wanted to include in their storyboards. Using the problem tree, they identified different issues that related to their individual experiences as refugees; for example, dangerous roads, being unsafe walking outside, religious hate, terrorism, guns, explosions, racism, and fear. As a result, their storyboard represented multiple stories or perspectives which Mike aptly described as 'stories within stories.' To explain this, I believe the gender of the group members (there were two males and two females) to some extent played a role in

how they developed their storyboard. In the storyboard, the young men focussed on aspects of physical safety such as road safety whereas the young women focussed on the importance of relationships and having friends. As a facilitator I did not want to discourage the participants from exploring their different perspectives and experiences; however, we were limited in time to complete their storyboards, so I suggested they work together by focusing on two or three key messages they wanted to express about safety in relation to their health and well-being. Their storyboard resulted in five sub-themes related to safety which are discussed in Chapter Five.

Figure 14

Storyboards Created by Participants in Workshop Three



Workshop Four

At the beginning of this workshop, we reviewed the previous day's activities and discussed how each group was progressing with their storyboards. An important finding was that the participants required more time to complete their storyboards. Storyboards, as discussed earlier, are a central component of the PV process. Creating a storyboard provided the basis for participants to explore the main themes about health and well-being they wished to include in their videos; therefore, sufficient time needed to be allocated to this activity. However, there is little guidance from the literature about the amount of time to commit to storyboarding in a PV workshop. Lunch and Lunch (2006) suggested 1-3 hours. I had allowed 2-hours for two groups to complete their story boards but they needed at least another hour. Upon reflection, I would recommend allocating a minimum of 3-hours and to check regularly with the participants about whether they require more time. After reflecting on the storyboard activity, we moved on to filming.

Filming

To reiterate, the purpose of PV in this study was to engage refugee young people in group-based activities that explored their perceptions and understandings of health and well-being. Up to this point the participants had learnt technical skills of videography and had created storyboards that focused on the two themes of communication and safety. In the filming

phase of the PV process, they applied their skills in *practice*, by using the camera to record their key messages. I emphasise the word practice because an essential component of PV work is the 'hands on' aspect. Filming is tactile and confidence grows with using the camera equipment (i.e., the practice increases in direct proportion to hands-on experience).

ACTION: Each group was given a set of video recording equipment to take with them; they could choose their location to film within the grounds of the school. As it was the school holidays we did not have to worry about any distractions likely to have occurred during a normal school day. Mike assisted with the safety group, and I assisted with the communication group. During filming participants referred to their storyboards as well as the skills they had learned from the workshops; thereby engaging in a cyclical process of action and reflection. Although each group had created a storyboard, their stories gathered more substance as they engaged in discussion and analysis about their topic and how this related to their understandings of health and well-being. From what I had observed, the participants worked well together as they discussed camera angles and how each scene would be created exchanging ideas about the key messages they wanted to project to their audience. I had allowed for 2-3 hours to complete this phase of PV so there was some urgency in completing filming before the end of the day.

REFLECTION: I recall being a little nervous about how the filming phase would pan out. Mike and I were entrusting the use of expensive video equipment to the participants, so it is within reason to say we were a little anxious. We had worked together over the previous days building relationships as well as respect for one another; so trust was a key element. Demonstrating our trust by handing over control to these young people is often reciprocated by them trusting you and getting to this point in the workshops where the participants would have the opportunity to create their own video stories was exciting. I could sense from the energy of the participants they were ready to get on with filming and put into practice what they had learnt over the past 3-days. Although I was facilitating the workshop and the activities, it was the participants who were in control of the camera. As I observed each group set off with camera equipment to film, questions ran through my mind about how things would go. Would they work well together? Would they all participate? Would they have enough time to complete their films? Mike and I discussed how we could best facilitate without imposing on the participants' work. It was important that we could observe them as this was part of the research process. We informed the participants that I would assist with the communication group and Mike with the safety group. Our role as facilitators was to offer

advice if needed but the filming itself was left to the participants. That said, this was not easy an easy task and we ended up providing a lot of advice during filming which I believe was in part due to the tight timeframe to complete filming. An important learning point for me is that filming requires a lot of time and in future studies I will consider allocating more time to the filming stage.

The process of making a film together offered opportunities for the creative exchange of ideas and ongoing analysis of their ideas about health and well-being. I observed that when participants worked together and made decisions about how to record different scenes, it encouraged cooperation and engaged them in ongoing cycles of reflection and action. For example, they would record a scene, replay the recording on the camera, and discuss any changes before re-recording the scene.

I also observed that filming can be quite a chaotic process. Mike and I could see that some of the participants were more focused than others, so the challenge was to keep everyone engaged. Mike reported several instances when he had to gently guide them back to focus on their filming. When they lost some direction, he reminded them to follow their storyboards.

While I observed how their confidence increased as they used the camera equipment it was also evident that some participants were not as confident and, therefore, preferred not to operate the camera. Shaw and Robertson (1997) emphasised all participants should be involved in the PV process and take turns at the different roles (e.g., camera, sound, microphone). I believed it was up to the participants whether or not they chose to take on different roles. However, this can create power imbalances among the participants if some are more involved than others. In this situation I encouraged the participants who were not as confident using the equipment to help in other ways; for example, planning where they would film the next scene or giving advice on lighting conditions.

Overall, I observed that the participants enjoyed the experience of filming and became more confident with using the camera and microphone and speaking in front of the camera the more they practiced. I was impressed by their creativity in how they produced their camera shots and worked within the confines of the environment. The findings from their edited videos will be presented in Chapter Five. Figure 15 is a collage of images of the two groups filming.

Figure 15

Filming for Final Videos



Workshop Five

Workshop five began with a review of the participants' experiences of filming, followed by the activity of collaborative editing. Key findings from this workshop relate to how participants used collaborative editing to critically analyse the themes of communication and safety and how they represented these themes in their videos.

Collaborative Editing

Collaborative editing is an approach to participatory analysis and is an important phase in critical framing where participants engage in analysis of the main themes represented in their videos. The term 'collaborative' emphasises group involvement where all participants are engaged in the process rather than any one person making the decisions about what is or is not included in the final video (Sitter, 2015). In this study I used the method of paper, rather than digital, editing with the participants. There are benefits to using paper editing particularly when there are limited resources to carry out digital editing. Paper editing uses the same concepts of digital editing but, rather than using computers and computer software to digitally sequence film footage, film segments are represented on paper and ordered accordingly in a linear sequence. In some respects, paper editing is a more inclusive process than digital editing because it involves more people. In comparison, digital editing is usually limited to one person

using a computer although other people can be involved alongside the operator. It was also a practical solution to editing because I did not have the time or the resources to complete digital editing with the participants.

By playing back digital video footage, participants made decisions on what content would be used and what would be excluded, how they wanted their story presented, and how they wanted themselves to be portrayed. Editing generally involves combining specific sections of video and audio to create a video sequence, composition, message, or story. Digital editing requires computer software, equipment, and a significant amount of time to teach participants how to edit their video footage. Due to time constraints (this was our last workshop) we used the technique of paper editing.

ACTION: Before we commenced with paper editing, Mike and I explained the process to the participants and emphasised the importance of working together to ensure the final edit was as close as possible to representing the story the group wanted to tell. While I facilitated work with the communication group, Mike facilitated the safety group. The reason for keeping the same facilitators in each group was to maintain continuity. Participants in each group worked collaboratively by playing back video footage on a computer screen and discussing each segment of video they had recorded. Using sticky notes, participants would either write a description or draw a picture of the segment of video footage they wanted to include and then allocate a number to this segment (see Figure 16). Each scene or frame was then placed on a large sheet of paper which was divided into A-roll and B-roll sections. A-roll refers to the primary or main storyline footage while the B-roll refers to supplemental or background footage that is not central to the main story but helps to bolster a story by creating dramatic tension or to emphasise a point. They could also add sound and other special effects to their paper edit. Participants worked together in creating their story by reflecting on the video footage they had taken and how this footage depicted their story about their chosen theme. As I observed each group, I noted how the editing process prompted further critical analysis and discussion between the participants in each group about how they wanted their stories to be represented.

Figure 16

Paper Editing



REFLECTIONS: As facilitators, Mike and I worked with our respective groups in the paper editing process. Paper editing was not our first choice as the original plan was to have access to the computer lab at the school and use editing software, but that plan fell through as we could not get access to the lab. Adapting to the situation, Mike and I had brought our own personal computers with editing software (Da Vinci Resolve). Unfortunately, we did not have time during the workshop to complete a digital edit of their video work, but we were able to complete paper editing instead. As I observed the participants in their editing work it was good to see how they each contributed ideas and suggestions. For example, some would comment on back lighting, camera angles, and where the shot should focus. The safety group wanted to include music, and one of the participants searched for a music clip to add to their video. They also needed reminding about following their storyboard to keep focused on the key messages for their videos. After 3-hours of editing work, including a break for lunch, we could see that they were becoming easily distracted and losing focus. I was satisfied that both groups had completed most of their paper editing, so we brought the workshop to a close.

There were strengths and limitations to the paper editing process. The strengths were that everyone in the group could contribute to editing; whereas in digital editing only one or two people can work together on a computer. Also, paper editing is simple and only requires basic items—pens, paper, and sticky notes—which I made easily available to each group. The limitations of paper editing are that participants cannot view their work on screen. So, while they can plan out their edits on paper, they do not get the experience of watching themselves

on the big screen which can help to decide which frames get used in the final product. Furthermore, participants missed out on the opportunity to learn how to perform digital editing.

For future PV studies, I recommend that sufficient time is allocated for the editing process. Given the benefits of paper editing, it should be used first and then followed up with digital editing to enable participants to learn this new skill. Being able to digitally edit their videos during the workshop would then enable them to view their final edited videos. In this study, participants finished the workshops without being able to view their completed videos. Naturally, this was disappointing for the participants as well as the facilitators. I reassured them that I would work on the digital editing myself and present their final videos to them in a follow up session later that year.

To bring the workshop to a close, Mike and I led the participants in a brief reflection about what they had learnt over the 5-days of workshops. Unfortunately, I had not recorded their reflections but had taken notes. Their comments included that the games and activities were fun and helped them to learn how to use video; making their own videos was a highlight; working together as a group with other young people was fun and helped them to share their experiences; they learnt more about each other and their refugee experience. As a gesture of thanks and appreciation to the participants, Mike and I presented certificates to each participant for completing the workshops (Figure 17), as well as a NZ\$50 gift voucher. I explained that I would arrange a follow up meeting to show their final edited version of their videos and discuss their key messages and future plans for dissemination. At the conclusion of the workshop, a special moment was when the participants shared notes of thanks in a card they presented to Mike and me.

Figure 17

Presentation of Certificates at the End of the Workshop



Post Workshop FGDs

I conducted two FGDs; the first in November and the second in December 2021. The purpose of the first FGD was to re-establish connections with the participants and playback the edited versions of their videos. Questions were used to gain further insights about their understandings and perceptions of health and well-being, and to receive feedback about the overall project.

My intention was to conduct the first FGD 2-weeks after the conclusion of the workshops. This timing would ensure that their learning and experiences were still fresh in their minds.

However, the ongoing disruptions caused by the COVID-19 pandemic meant there was a significant delay in organising the first FGD. The delay was a result of the Aotearoa New Zealand government implementing a traffic light alert system to restrict the movement of people across the country. Although secondary school students from Years 9-13 (approximately 13 to 18 years of age) were allowed to attend school during this time, strict measures had been put in place by the school to limit visitors. These restrictions made it

impossible for me to conduct the first FGD in person; therefore, I had to consider an alternative and went online. Conducting the FGD online was problematic for several reasons. First, I could not see all the participants in the class due to the limited angle of the camera (we were using a laptop to run the FGD); therefore, I missed valuable non-verbal cues such as body position and facial expressions. Second, it was difficult to hear their responses due to poor sound quality which was further complicated by the participants wearing face masks. Third, there were other students in the classroom who did not participate in the study which may have impacted on the responses of the participants because they were reluctant to share their experiences in front of the other students. In addition, only five participants attended the FGD.

The first FGD was conducted through Microsoft™ Teams, a cloud-based meeting and communication application. Since the participants all attended the same school, I had arranged for the discussion to take place during one of their classes. The co-ordinator for refugee and migrant students at the school was able to assist me with making the necessary arrangements for the meeting. I had prepared a set of questions to guide the discussion; however, it was challenging to enter into in-depth discussions due to the online nature of the meeting and the challenges mentioned earlier. Therefore, the information I had gained from the FGD was somewhat limited.

The following questions were used to guide the discussion: What do participants remember about the workshops? What skills have they learned through the workshop? What were the topics that were explored? What are their thoughts and observations about their video stories? The first question prompted them to recall what they remembered about the workshops. The participants stated the games and activities were fun and interesting. For instance, they enjoyed the significant dates activity as they learnt about each other's personal stories. Filming was also a highlight because they said they liked the freedom to use the camera and practice their new skills. I asked them about their impression of the communication video; comments included "it was amazing" and "it had a good storyline." I asked them about the key messages of the videos. A key message from the communication video was that social media and learning the English language are important to refugee youth. The participants comments about the safety video included that it was good; however, there needed to be more explanation about the story. They suggested that either some narration or the use of subtitles would help improve understanding.

A participant also noted that a scene was missing from the safety video. They pointed out that there was supposed to be a scene where two young women were looking out from a window screaming because they had witnessed a car accident. When I discussed this with the participants, I realised that I had misinterpreted information from their paper edit and had omitted this piece of video footage. This misunderstanding is an example of one of the challenges I experienced with PV related to the editing process where I had completed the editing myself rather than the participants. For instance, if the participants who created the safety video had completed the digital edit with me, it would have mitigated problems of misinterpretation. I discuss the challenges of editing further in Chapter Six.

The second FGD took place in person on December 11, 2021. The purpose of the second FGD was to show the participants their videos again as three participants had missed viewing the videos at the first FGD. However, only four participants attended which included Jemal and Yonas who had attended the first FGD and Arwa and Yura who had missed the first FGD. Therefore, the information from this FGD is limited to these four participants.

The questions were grouped under three main categories: feedback about their videos; the process of PV and the PV workshops; and their perspectives of health and well-being. Feedback about the communication and safety videos were similar to what had been communicated in the first FGD. Participants stated they had gained new knowledge about video and how a film is made, and they learnt a lot more about using video than what they were expecting. For example, learning about different camera angles, lighting, and editing. They also reflected on some of the challenges they had with filming, such as filming the car crash scene in the safety video where they had multiple attempts at getting the scene right. When I asked them about showing their videos to their friends and family there were mixed responses. Jemal was interested in showing the videos because he had enjoyed making the film and was proud of this achievement. The other participants were undecided. I explained that there needed to be a group consensus before showing their videos publicly but this could be discussed with all participants at a later date.

Reflections on the FGDs

There were several challenges with conducting FGDs in this PV project and it has been a learning experience for me. The responses from the participants were not as in-depth as I had hoped, which I put down to the difficulty in using an online platform. The discussions were an important opportunity for me to reconnect with the participants and to review their videos

with them. An important feature of PV is where participants have the opportunity to playback their videos and together, as a group, reflect and discuss their own work and the key messages they wish to present to their audience. The additional information gleaned has contributed to my understanding of how the PV process engaged the participants in developing their technical video skills and how it encouraged expression of further insights into their analysis of health and well-being.

Conclusion

The key findings indicate that PV provided an interactive and creative platform from which participants worked together examining their perspectives of health and well-being. Participants engaged in interactive games and exercises to explore the key issues about health and well-being and used video techniques to capture their ideas. By using storyboarding, participants engaged in a critical analysis of the two key topics of communication and safety. Utilising the video techniques they had learned through the workshops, participants worked together to create two videos that represent their perspectives of health and well-being through the lens of communication and safety. The process of collaborative editing stimulated further discussions around the key information participants wanted to include in their videos. Reviewing video footage as a group was crucial to the PV process as it encouraged active participation and engaged participants in analysing their own work. Participants developed their communication skills and learnt co-operation and responsibility within a group environment, all of which contribute to individual and group development, an important outcome of the PV process. The findings from the two videos are discussed next in Chapter Five.

Chapter Five: Refugee Youth Perceptions of Health and Well-being Through the Lens of Communication and Safety

Introduction

Chapter Five addresses the research question “what are the perceptions and understandings of health and well-being among refugee young people?” through the lens of communication and safety. Story boarding was the essential foundation in presenting generative themes of communication and safety. Storyboards serve as a method of participatory analysis, a key phase in critical framing, described in Chapter Three. Storyboarding provides the opportunity for participants to participate in analysis; to plan, organise, draw, write, and rearrange scenes; change descriptions; and modify, add, or delete sections to create their story before filming. Participants used their storyboards to envision and plan the important messages they wanted to communicate in their videos about communication and safety and how these topics are important to their conceptual understanding of health and well-being.

Communication

The video representing health and well-being through the lens of communication was produced by Yura, Ayana, Asif, and Elene. The video follows a narrative style which focuses on the experiences of Yura as a newly arrived refugee. I have endeavoured to follow the participants’ paper edit of their video to complete what is my interpretation of their final video. The limitations and methodological tensions of this process will be discussed further in Chapter Six. The young people’s ideas on communication, and how they chose to present it, are captured here as a reflective description of the main scenes of the video linked to the participants’ narrative as well as their discussions in the PV workshops. Figure 18 presents their video while Figure 19 presents the narrative of their video.




Figure 18


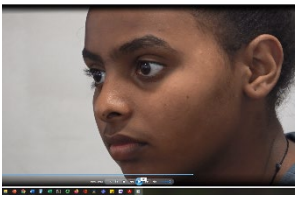




Communication Video




Figure 19

Transcription of Video Narrative for the Communication Video

Scene	Scene description	Narrative
<p>Scene1: Airport</p> 	<p>Yura (pseudonym) arrives at the airport, walking down the stairs, looking around, feeling anxious and alone.</p>	<p>Script: “This is Nada and she is 17 years old. She came to New Zealand as a refugee. She is confused where to go, she also not sure who to speak to and feels unsafe.”</p>
<p>Scene 2: Nada arrives at her parents’ home</p> 	<p>Nada knocks on the door. Her parents are sitting in the room and get up, open the door and welcome her in Arabic. Happy scene.</p>	<p>Father: Hello my daughter. Mum: We missed you Nada: I missed you too Mum: How is Syria? Nada: It’s bad [Music to accompany scene: Yaa Halaa – Arabic welcome song]</p>
<p>Scene 3: School classroom</p> 	<p>Students including Nada sitting are in class. The teacher arrives: “Good afternoon class. This is Nada a new student. Where are you from?”</p> <p>Nada responds “good.”</p> <p>The other students laugh.</p>	<p>First day of school. Nada feels uncomfortable, embarrassed as she cannot understand the language. The other students laugh at her.</p>

Scene	Scene description	Narrative
<p>Scene 4: Nada comes home after school</p> 	<p>Nada knocks on door. Door opens and Nada is visibly upset. Dialogue is in Arabic. Parents ask questions in Arabic. Nada says something briefly and then abruptly leaves. Parents appear confused.</p>	<p>Nada arrives home from school upset because of not knowing the language. Script: Mum: What happened? Nada: Nothing Mum: Tell me what happened? Nada: Leave me alone. Storms out of room, upset. Mum: We need to call the doctor Dad: Yes</p>
<p>Scene 5: Doctors clinic</p>   	<p>Sign on door: Auckland Hospital - Dr Eldana.</p> <p>Close up of Eldana (doctor) looking at computer screen.</p> <p>Eldana invites Nada to take a seat and begins the consultation.</p>	<p>Dr: Your parents asked for an appointment. So how are you feeling? Nada: [No answer] Dr: Okay, which part of your body is hurting? Nada: [No answer] Dr: Okay, you have to tell me something. Do you speak English? Nada: [Shakes head] Dr: Okay. I need help. [calls the interpreter. [Phone dialling tone]</p>
<p>Scene 6: Interpreters' office</p>  	<p>Interpreter sitting in the office talking to the doctor</p>	<p>Interpreter: Hello. Dr: Oh hi, I need an interpreter who can speak Arabic. Interpreter: Okay. I will come now.</p>

Scene	Scene description	Narrative
<p>Scene 7: Doctors clinic and consultation</p> 	<p>The interpreter meets the young person, Nada, and the doctor</p>	<p>Dr: [speaking to interpreter] Hi, how are you? I just want you to help Nada. She doesn't know how to speak English. Can you translate into Arabic how she is feeling? [Interpreter speaks to Nada in Arabic and Nada replies in Arabic.] Interpreter [speaking to the doctor]: She feels tired and stressed. Dr: What makes her feel stressed? Interpreter: Because she doesn't speak English, she doesn't speak English at school. Dr: [speaking to Nada]: Oh, its fine actually. We are all new to New Zealand but just try to learn English. If you are feeling unwell just come back after 2-weeks [indicates to interpreter]. This is Marta, and she can speak Arabic. Dr: [speaking to Interpreter]. So, Marta, can you just help her? Dr: [speaking to Nada] If you come back after two weeks and if you have headache or stress, just go to pharmacy and buy Panadol, okay?</p>
<p>Scene 8: Interpreter meets with Nada</p> 	<p>Nada and Marta sitting at the table with pictures of social media logos: Facebook, Instagram, Whatsapp. Dialogue is in Arabic. The scene depicts the interpreter helping Nada to find ways via social media to connect with others of her age.</p>	<p>Dialogue is in Arabic. Paper edit note: "This part explains how Nada will find her way to speak English and communicating with new people through social media."</p>
<p>Scene 9: Close up of social media logos</p> 	<p>Text – 'social media can help connect us'</p>	

Scene	Scene description	Narrative
<p data-bbox="316 259 557 286">Scene 10: Basketball</p> 	<p data-bbox="639 259 1054 353">This scene is titled “One year later.” It depicts three young women playing basketball, happy and having fun.</p>	<p data-bbox="1074 259 1489 454">Nada is happier and is being included with others and joins in with basketball game. Playing sport can bring young people together, breaking down language barriers – you don’t need to speak English.</p>
<p data-bbox="316 589 520 616">Scene 11: Friends</p> 	<p data-bbox="639 589 1054 649">This is a still shot of three young women arm in arm as friends.</p>	<p data-bbox="1074 589 1489 649">Notes in the paper edit: Music “Happy” by Pharell Williams.</p>
	<p data-bbox="639 1137 1054 1164">Group shot of the participants.</p>	
<p data-bbox="316 1137 429 1164">Scene 12:</p> 		

The communication video provides insights into the key aspects about communication that are important to participants’ conceptual understanding of health and well-being. These include: the importance of learning and speaking the English language; confidence to talk to people in another language; the importance of interpreters and the additional roles they might have; the use of social media to connect with other young people; the issue of intergenerational communication and the differences between young people and adults; the significance of sport as a means to socially connect and communicate with other youth.

The first scene depicts a young refugee woman, Yura [played by Nada], newly arrived at the airport looking anxious and alone which provides the context in which the theme of

'communication' is set. When refugee youth arrive in a new country they feel alone and isolated, they cannot speak the language and find it difficult to communicate. During the workshops participants described feeling stressed and a deep feeling of loss and loneliness when they had to leave their home country. The importance of language was emphasised in the participants' reflections and in their analysis about communication as evidenced by Arwa's reflection: *"When we leave our country, it is hard to communicate with other people if we can't speak the language."*

There are other aspects of communication that are important to their well-being. For example, Yura expressed that refugee youth often lack the confidence to talk to someone in a new language and Elene expressed that a lack of language proficiency can lead to young people feeling isolated and not included:

Not knowing the language, people can feel isolated. The culture difference can make you feel not welcomed, not included. It can prevent someone from taking advantage of opportunities or trying new things. When a person comes to a new country they can feel not included because of not knowing the language. (Elene)

In the second scene, which the participants referred to as a 'happy scene,' the newly arrived young person is reunited with her family. This scene depicts the importance of family reunification and the contrast between feeling lost and lonely when they first arrive in Aotearoa New Zealand to the happiness of being with family.

Scene 3 depicts how refugee youth feel when they first arrive to Aotearoa New Zealand. They often feel unwelcome because they cannot speak the language and are culturally different. This is depicted in the video where Yura attends a new school for the first time. When she is introduced by the teacher to the class, she does not understand what the teacher is saying. She misunderstands the teachers' question and the other students laugh at her, which makes Yura feel unwelcome and she does not want to attend school.

In Scene 4 Yura arrives home after school upset about her experience of attending school but when her parents ask what is troubling her she cannot express what she is feeling and abruptly leaves the house. The parents are not sure why Yura is upset and decide that she is unwell and needs to see a doctor. It was interesting to see how the participants portrayed the miscommunication between the young person and parents. Yura is upset but cannot talk to the parents and the parents interpret this as a 'medical problem' which needs an intervention by a visit to the doctor. Again, this reveals the nuances of young people's experience of health

and how adults interpret young people's problems. The miscommunication between the young person and their parents could also relate to the intergenerational differences where adults might not understand what young people are experiencing. For example, in this scene an adult's perception is that the young person is unwell and, therefore, needs to see a doctor; whereas from the young person's perspective they are not unwell but are emotionally upset about their experience at school but cannot express how they are feeling to their parents.

Scene 5 depicts Yura visiting a doctor because her parents believe she has a health problem. However, what the participants have expressed in this scene are the problems with communication between Yura and the doctor. The doctor attempts to elicit the reason for Yura's visit but Yura does not understand the doctor. The solution to this problem, as depicted in the video, is that the doctor calls for an interpreter to assist. In scenes 7 and 8 the interpreter ascertains from Yura that she is feeling tired and stressed because she cannot understand and speak English at school. The doctor is portrayed as empathetic stating Yura is 'fine' and 'we are all new to New Zealand and trying to learn English.' The voice of refugee youth is being expressed here, acknowledging that these emotions of feeling tired, stressed, isolation are their reality. In this scene, I was particularly interested in how they perceived the role of the doctor where the doctor advises Yura that if her headache or stress persist after 2-weeks, 'she should visit the pharmacy and buy some Panadol' (pain relief). Perhaps the way young people perceive medical professionals' management of a young person's emotional and mental health symptoms is to prescribe medication.

Scenes 8 and 9 portray the interpreter as a key person to help young people find ways to connect socially. In these scenes social media is recognised as an important medium of communication for refugee youth to connect with other young people and as an important source of information, particularly when they are new to the country. In the video, Instagram, Facebook, Snapchat, and WhatsApp are identified as examples of social media platforms used by young people. Studies support this finding where the use of social media to connect with other youth and to find information was important to their health and well-being (Anderson & Jiang, 2018; Neag & Sefton-Green, 2021; Pottie et al., 2020).

In scene 10, 1-year has gone by and the message is that it takes time to settle into a new life in a new country. The scene depicts three young people who are happy playing basketball together. They emphasise how sport is an important means to connect refugee youth with other young people. Interestingly, although sport was not voted on as a theme to use for their

video it was one of the words participants had selected early in the PV workshops in their discussions about health and well-being. Being involved in a sport activity is another way that can bring refugee youth together socially, to communicate and establish friendships. The final scene portrays three young people, happy, as friends.

Summary

The video represents the key messages participants wanted to share about communication. By exploring the topic of communication in their storyboard, they have used video to express their ideas about how communication relates to their conceptual understanding of health and well-being. The key messages in their video related to their struggle with speaking the English language. Young people feel isolated, lonely, and lack confidence to speak to others because of their language which impacts on their health. They expressed how their feelings of sadness and loneliness related to not being able to communicate is misinterpreted by adults where it is assumed the young person is unwell and needs to see the doctor. However, they are not physically unwell; rather, they need help with communication. The participants have used their video to communicate how the intergenerational gap between adults and young people has led to a misunderstanding about the young person's actual issue, which is not about their physical health per se but their need for help with language and communication and connecting with other young people.

Social media was seen as an important connector for refugee youth to meet other young people like them. Learning the language, having the confidence to communicate, and being socially connected are important to their health and well-being, but this all takes time. The length of time it takes to settle into a new culture and connect socially is depicted in the video. The final scenes of the video show that 1-year has gone by where the young person has made new friends and is feeling happy. In their storyboard the group wanted to emphasise to the audience that it takes time for young people of refugee backgrounds to connect socially and make friends in a new country.

Safety

The video representing the perceptions of health and well-being through a generative theme of safety was produced by Jemal, Yonas, Gul, and Arwa. I have followed the participants' paper edit of their video to complete what is my interpretation of their final video. As with the communication video, the young people's ideas on how to present safety are presented as a reflective description of the main scenes of the video linked to the participants' narrative as

well as their discussions about safety from the PV workshops. Figure 20 is of the participants' video and Figure 21 presents the narrative of the safety video. Please note that the actors use their own names in the video but in the transcription I refer to their pseudonym.



Figure 20

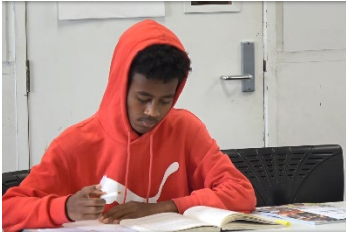



Safety Video


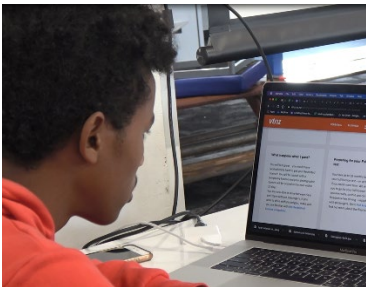




Figure 21

Transcription of the Safety Video

Scene	Scene description	Narrative
Scene 1: Introduction of young people 	Students are sitting in class, studying. This scene introduces the students to the audience.	Nil
Scene 2: Introducing Arwa 	[Gul is narrating] This is Arwa. She's my best friend. She came to New Zealand in 2017. We both go to the same school. When I came to this school, I feel like...lonely, but when I met her in my class she became my best friend. Every time I was with her and when she text me I'm not coming to school then I am getting sad because I can't feel good without her in my class. My life has changed for the better, because of her. When I'm sad she's the one, the only one that makes me	

Scene	Scene description	Narrative
Scene 3: Introducing Jemal		<p>happy and understand my feelings. She's my real best friend because she treats me like my family.</p>
Scene 4: Introducing Gul		<p>[Yonas narrating] This is Jemal. He is 17 and from Ethiopia. He arrived in New Zealand in 2017. He doesn't like school very much but comes to play and be close to friends. He wants to be a mechanic engineering, but all there are books, books, books.</p>
Scene 5: Introducing Yonas		<p>[Arwa narrating] This is Gul, she's from Afghanistan. She's my best friend. Friendship is the hardest thing to explain. She left her country in 2006 and she moved to Pakistan. Then she came to New Zealand in 2016. My life has changed to the better because of her. She became my sister and a close friend I can trust. I don't know what I will do without her. I love you Gul.</p>
Scene 6: Car crash		<p>[Jemal narrating] This is Yonas and he likes to watch movie a lot. He came from Eritrea. He was in Ethiopia and went to Thailand. Then came to New Zealand. Sometimes he like class sometimes not.</p>
	<p>Car crash (simulated using toy cars – this shot took a lot of time!) This scene highlights refugee young people experiences of dangerous roads and being unsafe.</p>	<p>Car crash sound effects.</p>

Scene	Scene description	Narrative
<p>Scene 7: Students at school in the dark</p> 	<p>Unsafe as refugees living in a foreign country and attending school.</p>	<p>Narrative: “This is what looked like when we were in different schools. It was difficult for us because time was different. It was from 2 o’clock to 7 o’clock at night-time. It was really difficult for us during winter time because sometimes the power cut off and parents worry about their children because they get home about 8-9 pm.”</p>
<p>Scene 8: Drivers licence</p> 	<p>Jemal looking online for information about obtaining a driver's licence.</p>	<p>No narration.</p>
<p>Scene 9: Too many rules</p> 	<p>Jemal looking at the information he has to study to get his driver’s licence.</p>	<p>“There is too many rules in New Zealand. How am I going to learn all this. I’m not going to learn this!” [throws down manual and walks off]</p>
<p>Scene 10:</p> 	<p>This scene depicts two young women looking out their window at the world outside, which is unsafe and dangerous.</p>	<p>No narration.</p>

Scene	Scene description	Narrative
Scene 11	This scene depicts the cultural and religious differences experienced by refugee youth.	Jemal puts his hand out to greet Gul: “Hello.” Gul stops, puts her hand across her chest and says ‘Salam alaikum.’ Jemal – “Why didn’t you shake my hand.” Gul – “Because of my religion.” Jemal – “Oh, really? Sorry, I didn’t know that.” Gul – “That’s okay.”
Scene 12	This is a happy scene where young people from refugee backgrounds are now living in New Zealand, and are feeling safe and happy making new friends.	Music: ‘Don’t worry, be happy’



To begin, scenes 1-5 introduce the main characters of the video story. Based on their storyboard the participants wanted to introduce themselves to their audience as young people who, although they are from refugee backgrounds, are like other young people living in Aotearoa New Zealand, with the same needs to feel safe and secure and to have friends. They prepared scripts for what they wanted to say about each person in the video and used the voice over technique to record a shot of each person along with the narrative. From my observation I was impressed by how they applied their knowledge of the voice over technique, a skill they had learnt during the PV workshops. The dialogue is nuanced and profound where the young women introduce each other and give an emotive description about how friendship is important to them. For example, Arwa gives a beautiful description of how Gul is important as a friend: *“Friendship is the hardest thing to explain My life has changed to the better because of her [Gul]. She became my sister and a close friend I can trust. I don’t know what I will do without her.”*

When I reflect on this scene, I asked myself how is this linked to safety? The importance of having friends is about being safe and secure which relates to their conceptualisation of

health and well-being. The two young men Jemal and Yonas were not as articulate as the young women, so their introductions were brief. However, Jemal states that he does not like school and attends because he *“likes to meet his friends.”* Again, the importance of having friends is emphasised; and in Jemal’s case is a primary reason to attend school.

Scene 6 depicts a car crash where they used toy cars to simulate the crash with sound effects added. This scene is a somewhat abrupt transition from the introduction of the characters and the emphasis on friendship; however, it relates to their understanding of physical safety being important to their health and well-being and perhaps also alerts us to the traumatic experiences of refugees. During the PV workshops participants identified road safety as an issue for young people and reflected on their experiences of witnessing a serious car accident killing refugee children. Therefore, to illustrate this in their video they created the car crash scene. The young men, in particular, were very focused on this particular part of the production which I sense was because of the action involved in creating the scene. For example, the group recorded and re-recorded the car crash scene multiple times and I recall the group taking a lot of time to film the short scene.

Scene 7 depicts students in a dark classroom and represents the experience of Arwa during her refugee journey. In discussing the theme of safety for their storyboard Arwa recalled her experience in Lebanon of not being able to attend school during the day with Lebanese students because she was a Syrian refugee and did not have the same rights as the Lebanese students. She recalls having to attend school later in the day when the Lebanese students had left, which was often in the dark and not safe for refugee students. This is depicted in the video where the picture contrast is made purposefully dark to represent a school classroom in the dark. The narrative from Arwa relates to her experience: *“It was really difficult for us during winter time because sometimes the power cut off and parents worry about their children because they get home about 8-9 pm,”*

Safety was also linked to gender roles or differences where young women experienced different hazards than young men. For example, Arwa and Gul shared of their experiences as refugees living in a foreign country and how it was not safe for girls and young women to walk in the streets, particularly at night. They contrasted this experience with living in Aotearoa New Zealand where they can enjoy the relative freedom to walk outside and know it is safe. What I think is significant about scene 7 is that refugee youth perceive safety as a state of *being safe* and that their experiences of being *unsafe* as depicted in the classroom scene,

reveal their experiences of past trauma. The term 'trauma' was not used by the participants in this scene; however, it was discussed during their earlier reflections in the creation of their storyboards. For example, when they used the problem tree to analyse the term safety, they referred to trauma as one of the issues linked to safety. However, although the subject of trauma was not made explicit in their video, it raises important implications regarding past experiences of refugee young people that potentially lead to long-term effects, particularly mental health. The effect of trauma and the impact on youth mental health draws significant attention in the literature when discussing refugee health and well-being (Beiser & Hou, 2016; Forrest-Bank et al., 2019; Hirani et al., 2016; Hodes, 2023).

Scenes 8 and 9 depict Jemal going through the steps to obtain a driver's licence to be safe on the road, another aspect of safety they wanted to communicate in their video. However, there are perceived barriers to obtaining a driver's licence which include having to study the road rules and taking the driver's test online. In the video Jemal is portrayed studying for his driver's licence (scene 8) but complains there are too many rules: *"There are too many rules in New Zealand. How am I going to learn all this?"*

This scene emphasises the struggles refugee youth face in adjusting to life in a new country where rules and regulations are very different to what they have previously experienced. Obtaining a driver's licence can be particularly challenging for young people from CALD backgrounds, including refugees. In reflecting about why Jemal had focused on the driver's licence as an aspect of safety I believe this is related to the information young people are given in schools about road safety, and obtaining their drivers licence which is important for adolescents as they seek their independence, begin making career choices, and gaining employment. Secondary schools in Aotearoa New Zealand are provided with resources on road safety and are encouraged to teach students about road safety (Waka Kotahi New Zealand Transport Agency, 2023).

In scene 10 Arwa and Gul wanted to portray to the audience what it was like for refugee youth and how they felt unsafe during their refugee journey. In this scene they are reflecting on the past and looking out of the window to the world outside and their feeling of a perpetual state of being and feeling 'unsafe.'

Being aware of cultural differences was another aspect of safety that young people identified as important to their understanding of health and well-being. In scene 11, the participants related safety to respecting the religious practice of a person's culture while at the same

respecting local customs. However, those from the host culture may not understand the cultural practices of youth from refugee backgrounds. This is portrayed in scene 11 where Gul and Jemal are greeting one another and Jemal puts his hand out to shake hands with Gul; however, Gul being a young woman and of Muslim faith, respectfully declines. When Jemal asks why she did not shake hands she replies, *“because of my religion.”* Jemal replies, *“oh, sorry I did not know that.”* The dialogue here is nuanced where the actors portray the tension between two young people of refugee backgrounds where cultural differences can cause confusion, misinterpretation, and feeling unsafe. The final scene portrays the young people together, laughing and happy and emphasises how friends are important in feeling safe.

Summary

The safety video represents key messages participants wanted to share about how safety and being safe relates to their conceptual understanding of health and well-being. Participants provided context for their audience by introducing refugee youth not as different but like other teenagers. There is a lovely narrative about how friendship is important to young people and that feeling safe is based on these friendships. The video emphasises the importance of road safety and how road safety is important to their health and well-being. Participants reported that obtaining their drivers licence is important to their safety; however, there are perceived barriers to getting their licence which include accessing online tests, understanding the language, and learning the many rules and regulations in a new country. Participants shared the experiences of refugee young woman and challenges to their safety. This is depicted in the video where they look out the window into the world but feel trapped because it was unsafe to be ‘outside.’ A further example of feeling unsafe is attending school as a refugee in a foreign country. It was unsafe because of the dangers getting to school or power cuts. Understanding and respecting cultural differences was expressed as an important aspect of safety and contributed to their conceptual understanding of health and well-being.

Conclusion

The findings from the participants’ videos provide a nuanced understanding of health and well-being through the lens of communication and safety. The video on communication explores how language barriers hinder young people in communicating with peers, learning at school, and forming friendships. It also illustrates the intergenerational gap, which complicates communication between young people and adults. The importance of social connections is emphasised, particularly for newly arrived young refugees who often feel isolated and need

time to build friendships and social networks. Participants noted that interpreters can assist with health information and serve as social connectors. Additionally, communication technologies like social media, and activities such as sports, can help young people meet others, access health information, and transcend language barriers to form friendships. The video on safety emphasises the importance of friendships in helping refugees feel secure. It highlights road safety concerns for young people, noting that obtaining a driver's license can enhance their safety. Additionally, it addresses the unique risks faced by young women who often feel more vulnerable than young men. Cultural differences perceived by others can also affect how safe refugee youth feel as they establish their lives in a new country.

Chapter Six: Discussion

Introduction

At the end of each research endeavour there are always questions of what was learnt; how might it change practice; and what went well and what could be different? This chapter attempts the alchemy of pulling together the research findings and situating it in the context of other research on the topic, before putting forward recommendations for further actions. It is also a time to reflect on all the wondering and questions throughout the project and bring it back to methodological considerations—the pearls and the pitfalls of undertaking PV. These reflections are particularly relevant in the context of this being a practice-led doctorate in which I, as a nurse, used PV to explore notions of health and well-being among refugee background youth.

My decision to use PV as a research method was influenced by evidence from the literature that supports the use of participatory research approaches with children and young people; and a deep commitment to finding ways that support young people to have a say on things that matters to them and they feel comfortable doing so (Benjamin-Thomas et al., 2019; Blazek & Hraňová, 2012; Groundwater-Smith, 2015; K. Haynes & T. M. Tanner, 2015; Lomax et al., 2011; MacDonald et al., 2015; Milne et al., 2012; Vaughn et al., 2018). In this study, PV is utilised as a flexible, reflexive, and iterative bottom-up approach to research, focusing specifically on refugee youth and their perspectives on health and well-being. To the best of my knowledge, although there have been studies with young people using PV, there are currently no studies in Aotearoa New Zealand that have employed PV to engage refugee youth in research. This study makes a significant contribution by demonstrating that PV is an effective process for bringing refugee youth together and involving them in research aimed at understanding their knowledge of health and well-being, as well as the health issues that are important to them. The findings from this study have the potential to inform health policy development of appropriate health information and services for this culturally diverse group, in addition to insights about how to use PV with this population group.

Summary of Findings

The purpose of this PV study was to explore the perceptions and understandings of health and well-being among young people with refugee backgrounds living in Aotearoa New Zealand. The study set out to answer two key questions; what are the perceptions and conceptual

understanding of health and well-being among refugee background youth and how does PV engage youth in co-creating conceptual understandings of health and well-being? Two key generative themes of communication and safety provided a lens from which to explore youth from refugee backgrounds' perceptions of health and well-being. The participants produced two short videos which represented their experiences of health and well-being.

The generative theme of communication and how it impacted their well-being was linked to several sub-themes including language proficiency and their ability to speak English; social inclusion and the use of social media to connect; interpreters and the multiple roles they play; the issue of inter-generational communication where young people found it difficult to communicate with parents/adults; and the importance of sport to connect refugee youth. The generative theme of safety included sub-themes of physical safety; gender roles where young women experience safety differently to young men; cultural awareness; and the importance of family and friends, and a safe home.

The video artefacts present the participants' nuanced perspectives about health and well-being. In discussing the findings of this study, it is important not to view refugee young people as a homogeneous group. Although they share similar life experiences as refugees, each individual has their own personal experiences to share regarding health and well-being, which provide insights into how the refugee journey has impacted their lives. While the videos focus on the two generative themes of communication and safety, there were other terms that related to health and well-being which participants had discussed during the workshops but were not chosen specifically for representation in their video narratives. The generative themes of communication and safety, therefore, serve as a lens from which the participants further explored health and well-being.

Understanding Health and Safety Through a Lens of Communication

Language Proficiency

Learning to speak the English language was identified as a significant challenge for young people with refugee backgrounds and impacts significantly on their well-being as they settle in a new country. In their discussions and reflections about language and how this affected their well-being and resettlement experiences, participants used the words isolated, not welcome, and not included. For refugee young people, being able to speak the language of the host culture is important to becoming established in society. In discussing resettlement, Correa-Velez et al. (2010) contended that becoming established is a "process of growth - of personal

and social development within a safe and stable context of possibility” (p. 1400). However, the process of becoming established takes time, and the longer it takes for young people to learn the language only perpetuates feelings of social exclusion. Correa-Velez et al. (2010) argued that for resettled refugees the context of becoming established and the degree to which the wider community is socially inclusive is a key determinant of well-being. In discussing the impact poor language proficiency has on their well-being, participants described feelings of stress, loss, and loneliness. These feelings are possibly more heightened because of their experience of forced migration and the emotional trauma of leaving their home country. For refugee youth, limited English can reinforce such feelings and perpetuate the experience of social exclusion. The participants reported that the challenges they experience with language also affected their self-confidence and their ability to communicate effectively which can cause stress and anxiety.

The findings from this study contribute to existing research about the impacts of language proficiency on resettled refugee young people. One of the contributing factors that impacts refugee young people and their ability to speak English is disrupted education and poor access to schooling prior to resettlement. Studies report that language acquisition, language barriers, and disrupted education are contributing factors that impact health and well-being of refugee youth (Cassim et al., 2022; O'Connor, 2014; Rodríguez-Jiménez & Gifford, 2010; Vecchio et al., 2017; Zwi et al., 2017). What my study draws attention to is the importance of learning English for refugee young people and that school is where young people from refugee backgrounds predominantly learn to speak English. A study by Bešić et al. (2020) found that language acquisition is a priority for refugee youth and that schooling was important for their future prosperity. The participants in the current study identified that speaking English was a priority for them because it helps in building their confidence, self-esteem, and establishing social inclusion; all of which contribute to their sense of well-being. However, O'Connor (2014) raised concerns about the financial constraints faced by schools in Aotearoa New Zealand which limits their capacity to offer sufficient language support to refugee young people.

The issue of language proficiency also has implications for refugee youth and their health literacy skills. Refugee young people often have disrupted schooling experiences that can negatively impact their learning and result in underdeveloped literacy skills (Riggs et al., 2016). In addition, forced displacement can cause changes in the composition of refugee families, leading to a fragmentation of traditional methods of sharing health information. Bröder et al. (2017) emphasised that by health literacy interventions focussed on children and young people

can help promote healthy behaviours and ameliorate future health risks. However, health literacy is not only about an individual's capacity to understand information but also how that information is presented. Refugee background youth often have poor literacy skills and, therefore, will struggle to understand written health information even in their own language. Illiteracy in reading has a significant influence on young people's understanding of health information (Skopelja et al., 2008).

The implications for health practice and service providers are that more research is needed to investigate the health literacy needs of refugee youth as well as to investigate their own processes in sharing information and how they evaluate the effectiveness of these processes. This research should focus on understanding how young people access and use health information and whether it is effective in helping them to make informed decisions regarding their health and well-being. Health organisations should explore alternative methods of communicating health information that do not solely rely on individuals reading and comprehending written text.

Social Media

Social media platforms, such as Instagram and WhatsApp, were identified by the participants as ways to help them to connect with family, friends, and other young people. This finding is supported by research that discusses the use of information technologies and digital media among refugee youth. For example, O'Mara (2012) reported that refugees' online participation can support social connectedness, reduce stress in the resettlement process, and raise awareness of health and well-being services. Other studies report that social media may help refugee youth reduce social isolation, improve cultural knowledge, establish new connections, and maintain bonds with their home country (Marlowe & Bruns, 2021; Pottie et al., 2020).

The findings from my study also highlight the need to support refugee youth in using ICT to access accurate and credible online health information. Concerns have been raised by other authors about the use of ICT among refugee youth. For example, Pottie et al. (2020) pointed out the benefits to using social media and the potential for harm including unreliable information, loss of confidentiality, and privacy breaches. With the availability of the internet in high income countries such as Aotearoa New Zealand, and the high use of ICT among young people (Anderson & Jiang, 2018), there are implications for health practice in supporting youth to seek accurate health information. The use of professional interpreters is one way of helping

refugee youth to understand health information but further research is needed to explore other possibilities.

The Role of Interpreters

Another significant finding is the nuanced understanding that refugee youth have about the role of an interpreter, as well as the additional roles that they might play. In their video, the participants portrayed their understanding of an interpreter's role where an interpreter assists the young person in communicating with a doctor. Other studies have reported on the importance of professional interpreters in refugee healthcare to facilitate effective communication between refugee adults and healthcare providers (Boylen et al., 2017; Brophy-Williams et al., 2020; Cassim et al., 2022; Shrestha-Ranjit et al., 2020). However, while these studies bear relevance to refugee populations, they do not include the perspectives of refugee youth. This exposes a gap in knowledge and discourses around the use of interpreters with refugee youth. To illustrate this gap, Cassim et al. (2022) discussed issues around professional versus informal interpreters and the issue of confidentiality in respect to adult refugees which must also apply to refugee youth but is not made overt. Further research exploring the perspectives of refugee youth would be beneficial in guiding health services on how to address issues such as confidentiality and the use of interpreters or other methods of communication for this specific population group. Another finding is that interpreters were not only important to help with communication but also important in assisting refugee young people to use digital media platforms to access health information and connect socially with other young people. This finding suggests that interpreters could be used in other ways; for example, as a health connector or cultural broker (Chang et al., 2021). The implications for health practice are that further research is needed to investigate the additional roles interpreters in assisting refugee youth in communication about their health needs.

Intergenerational Communication

Participants described the challenges they faced when communicating with their parents about school and personal matters; for example, participants discussed the difficulty of explaining school homework to their parents because they did not understand English or the New Zealand school system as well as having a lack of education themselves. In an Aotearoa New Zealand study, O'Connor (2014) reported a similar finding where parents of refugee youth either did not understand the New Zealand school system or had limited English language skills to support their children. The participants also described situations where refugee youth feel more comfortable talking to their friends about certain issues rather than to their parents or

other adults. To illustrate this point Elene describes how she perceives the intergenerational dynamics in communication: *“If you are the same age you can talk about anything you want but you might need to talk with your parents and there’s an age difference.”*

Other studies have explored the topic of intergenerational communication and the tensions that arise between refugee youth and their parents. McCleary et al. (2020) reported that refugee youth were more likely to discuss their emotions, feelings, or distress with friends or with people outside the family rather than their parents. Further, young people may perceive that adults do not understand how they feel or what they are experiencing and, therefore, can be dismissive of their ideas. This perception can lead to tensions between young people and their communication with adults. Andre et al. (2017) contended that migrant youth find themselves caught between and negotiating two cultures which has negative consequences within the family unit in the form of intergenerational conflicts. Andre et al. (2017) claimed that for migrant youth their newfound freedom and rapid transition into a new society gives them an increased sense of agency which, in turn, challenges parental authority. Andre et al. suggest that an inter-generational approach is needed to promote healthy family dynamics within migrant communities. This approach is also important in addressing the complex and sensitive issues that youth face when trying to navigate their cultural identity.

Social Benefits of Sport

Sport was identified as important for social connection. During their discussions participants stated that sport was a way they could meet other youth, have fun, and it was easy to communicate because they did not have to speak English. In the workshops, participants described the benefits of playing sport. Ayana commented, *“Sport is good for the body as it keeps young people active. Sport improves your brain and memory, and it can relieve stress. For refugee youth, sport can help them to meet people and form friendships.”*

In their video about communication, there is a lovely scene where three young women are playing basketball, happy and enjoying themselves. This scene is intended to express to the audience how sport can bring refugee youth together and fosters social connections. Similar findings are reported in the literature where sport has a positive impact on the health and well-being of refugee youth. (O'Connor, 2014) suggested that sport should be included in refugee youth settlement plans because sport gives young people an opportunity to participate, excel, and have fun. Block and Gibbs (2017) explored sport and promotion of social inclusion among refugee youth. Their findings indicated that sport was seen as a means of

helping refugee youth understand and participate in the host culture which had a positive effect on their health and well-being, as it helped in building their self-esteem and confidence. Pittaway and Dantas (2022) considered the role of sport in coping and resilience among refugee youth and found that sport is an important coping strategy for refugee youth in resettlement. The implications are that sport has the potential to break down barriers, improve physical and mental well-being, and create opportunities for a socially cohesive society. Initiatives to involve refugee youth in sport must be intentionally designed and implemented so that refugee youth and their host communities work together to encourage their participation in sport.

The Perceptions of Health and Well-being Through the Lens of Safety

The participants identified safety as a broad generative theme which included the sub-themes of road safety, gender roles, cultural awareness, and the importance of family and friends. Participants in the study reflected on their past experience of forced displacement and living in foreign countries, and how they felt at risk because of dangerous roads and their exposure to road traffic accidents. In their video, participants portrayed their experiences which included a scene simulating a car accident to illustrate the significant risks that youth are exposed to, as well as the trauma they have experienced from witnessing motor vehicle accidents. These findings are supported by existing research that identifies safety and the experience of trauma impact on the health and well-being of refugee youth (Beiser & Hou, 2016; Forrest-Bank et al., 2019; Hirani et al., 2016; Hodes, 2023). The participants also identified that learning to drive a car and obtaining their driver's licence were important aspects related to their safety. However, there are barriers that refugee youth face in obtaining their driver's licence. For example, a scene in their video depicts a young person frustrated with the rules and regulations and the study required to obtain their licence. In their reflections about safety, participants stated that proficiency in the English language can be a barrier to learning the rules and regulations, while not having access to a car can also prevent young people learning to drive. While this scene demonstrates a nuanced understanding about road safety and perceived barriers related to obtaining their driver's licence, there is evidence from the literature that supports the findings. For example, studies have reported on barriers for refugee young people obtaining their driver's licence which include inadequate proficiency in the English language to study for the driving test and not having access to a car to learn in (Earnest et al., 2015; Hirani et al., 2016; Mackay, 2019; O'Connor, 2014). To bring attention to the global issue of road safety for young people, it is concerning that road-related accidents

continue to be the primary cause of youth mortality worldwide (Sharma, 2017). In Aotearoa New Zealand, young people are the most at risk in traffic and have a mortality rate well above the average of 6.2 road deaths per 100,000 population (ITF, 2024). The findings of this study indicate that road safety is important to the health and well-being of young people with refugee backgrounds; however, there are perceived barriers that should be addressed. To address the barrier of obtaining their drivers licence, young people may require access to a car so they can learn to drive and financial support for driving lessons. There are organisations in Aotearoa New Zealand, such as the Umma Trust (www.ummatrust.co.nz), that support former refugees in obtaining their driver's licence. There is also government assistance available through the refugee driver's licence programme.

The sub-theme of gender relates to how young women with refugee backgrounds experience different vulnerabilities than young men in their perceptions of safety. In this study, the nuanced understanding about safety is influenced by the experiences of young women during their forced displacement and the risks to which they are exposed. The risks to personal safety for refugee girls and young women are well documented in the literature (Bermudez et al., 2019; Korri et al., 2021; Shaw et al., 2020). The findings from my study indicate that for young women their perception of safety and being safe were related to their experience pre-migration and during migration. Prior to migration the young women expressed feeling safe with their friends and family in their home country which is contrasted with their experiences during flight. For example, during the 'object shot' type activity, the young women used a plastic rose in their video to symbolise how the flower represented happiness—their home, family, and friends—which they were forced to leave behind. During flight, young women face risks to their safety where living in a foreign country they feel unsafe and vulnerable because of their refugee status. When creating the storyboard for the safety video, two young women, Yura and Arwa, who are from Syria, shared their personal experiences of living in Lebanon and the risks they faced. They recalled their experiences of discrimination where they could not attend school during regular day hours and had to attend school at night. Their experiences reflect the refugee crisis in Lebanon where Syrian refugees, who make up the majority of refugee population, suffer from poor educational and economic opportunities and widespread prejudice and discrimination (Kyrillos et al., 2023)

The young men described their experiences of being exposed to trauma such as witnessing motor vehicle accidents and the risks they face living in war zones. During their analysis of the concept of safety, the young men included the words 'terrorism,' 'guns,' and 'explosions' in

their storyboards; suggesting they have experienced these risks to their safety at some point either in their home country or during flight. Their experiences reveal the enduring emotion and trauma that can affect young people and continue into adulthood. Johansen and Varvin (2019) suggested that past adversities experienced by refugee young people in their homeland and during their flight significantly impact the well-being of young people and their families. (Johansen & Varvin, 2019) argued that for young people, escape from violence and persecution does not imply that they achieve a sense of safety. They raise an important point where the concept of safety and what it means to be safe needs further investigation from the perspective of refugee young people. The implications from my study indicate that the different gendered experiences of young people need to be considered when looking into ways to support refugee youth to feel safe in society.

The generative theme of safety was also linked to the challenges young people face related to their different cultural practices. Young people with refugee backgrounds who resettle to a new country retain certain cultural and religious practices which they value and practice. For example, in the safety video there is a scene where a young man (Jemal) greets a young Muslim woman (Gul) but the young women decline to shake hands. When Jemal asks her why she would not shake hands, Gul states that it is because of her religion. By using video, the participants convey the challenges young people face when they are perceived as *different* and have to explain their cultural and religious practices to other young people. This experience, in turn, draws attention to differences between their culture and the culture of the host which can lead to stigmatisation (Karamelic-Muratovic et al., 2022).

How Does the Practice of PV Engage Refugee Background Youth in Co-creating Understandings of Health and Well-being?

PV Promotes Participation

What distinguishes participatory approaches from other research is that the focus is on working *with* the participants rather than 'on' them. PV repositions research participants as co-producers of knowledge who work in partnership with the researcher. Participation implies an active engagement in the world which involves action rather than just observing. In the current study the activities in the workshops were designed to engage youth in cycles of action-reflection-action. For example, the word game and the significant dates activities led participants on an exploration of their experiences which resulted in knowledge produced by and for participants. Shaw and Robertson (1997) asserted that stimulating participation is a

primary goal of development work. Although creating a video was an important objective and outcome of the study, it was the dynamic process of PV and its ability to stimulate self-expression and interaction within the participant group that was also important. I concur with Shaw and Robertson who stated that although you can teach participants *how* to film, it is the *process* that engages their participation. Similarly White (2003) contended that video as the 'end product' places high value on the video artefact to be produced; however, when it is produced through PV approaches there is involvement and interaction of both the participants and the researcher in communicating their message through video. White argued that video as a process is simply a tool to facilitate interaction and enable self-expression and that it is not intended to have a life beyond the immediate context. However, producing a video also gives something back to the participants and demonstrates reciprocity which is an important aspect of participatory work.

Individual Development

An important goal of PV is to facilitate individual growth and stimulate self-expression through the context of the group process (Shaw & Robertson, 1997). In this study the PV process was used to bring eight young people together to explore their perceptions and understandings of health and well-being. White (2003) asserted that by using PV each person's voice is heard; and their views are of equal worth and validity irrespective of status, class, or ethnicity. This approach stimulates self-expression where the participants have the opportunity to speak and, because they talk about themselves, each person has something to say (Shaw & Robertson, 1997). The facilitator also plays a role in this process because self-expression does not 'just happen.' For example, when we discussed the words they had chosen relating to health and well-being, I would guide the group by offering prompt questions during their discussions. The prompt questions encouraged them to critically reflect on the topics being discussed. As each person reflected on their word and shared their ideas with the group it stimulated further discussion, drawing in the others into the conversation. As they worked together, sharing their experiences, thoughts, and perspectives through the workshops, it was evident that each person developed more confidence in expressing themselves.

PV can further support individual development through its potential to disrupt the traditional power dynamics between researchers and research participants (Horgan, 2017; Milne et al., 2012). Participatory research is characterised by shared meanings and the co-construction of knowledge working *with* the participants. In this study PV facilitated the individual development of participants by enabling them to control the use of the video camera to record

what was important to them about health and well-being (Lunch & Lunch, 2006). Coyne and Carter (2018) asserted that in participatory research young people are experts in their own lives and are capable of defining, exploring, and finding solutions to their own problems. Coyne and Carter claimed that the knowledge produced from participatory research with young people can be considered more authentic and more reliable than that produced through more traditional top-down approaches. As a facilitator and the lead researcher it was exciting to observe the young people participating in the group activities and using the video camera to record their perspectives. However, as a researcher I had to maintain a constant reflexivity and awareness of the influence of power imbalances on the insights and experiences shared by the research participants (Davies et al., 2022).

PV Develops Communication Among Participants

PV provides a social context in which communication and interaction among the participants can be practiced in a safe environment. Shaw and Robertson (1997) contended that communication is not just a one-way process but can be a two-way process where information is passed backwards and forwards as in conversations and discussions. In my study the games and activities involved the participants in using the camera to film themselves and to practice 'looking through the lens' of the camera. This 'action' encouraged the participants to communicate with each other by talking about their experiences. For example, the significant dates activity was used to develop the participants' communication by sharing their stories and asking each other questions, and the word game activity used video to stimulate conversations about health and well-being.

One activity that stood out for me was the objects and shot type challenge. The purpose of this activity was for the participants to practice using different camera shots and create a short video that had to include an object as the focal point. The participants were energised by this activity as they discussed their ideas, experimented with the camera, and shared the various ways in which they could use the object to tell a story. The two short videos they created were quite extraordinary. Their video stories were nuanced demonstrating how PV can stimulate discussion and conversation between the participants. It is through dialogue that people exchange information, ideas and experiences, and feelings, and make sense of the world around them. Shaw and Robertson (1997) emphasised that participatory development must involve communication between the participants where "they discover their own views through considering together issues of concern rather than being told what to think" (p. 22).

By looking through the lens, participants have the opportunity to choose what to focus on, to reveal their environment, and to reach out to an outside audience (Lunch & Lunch, 2006).

Another context in which PV can promote communication is by providing a therapeutic and communicative environment for those with mental health issues, who are often disempowered in society (Lunch & Lunch, 2006). Similarly, Whitley et al. (2021) suggested that digital video-based interventions, such as PV, show great promise in the area of mental health recovery. Whitley et al. (2021) argued there is a “constant need for innovation in the field of arts-based interventions to ensure such approaches are relevant effective and engaging to people with mental illness” (p. 64). In this study I believe that the game and exercises used were therapeutically beneficial for the project participants. When considering the extensive literature that covers mental health issues in refugee youth, it is likely that the participants themselves have experienced some level of disruption to their mental health. I hope the interactive group games and exercises were therapeutic in terms of building confidence, trust, and self-esteem which can have a positive impact on their well-being. For example, as I observed the participants during the significant dates activity, I could see them listening intently to each other as they shared their stories. The more they engaged in conversations about their significant experiences the more confident they became in expressing themselves. Sharing their stories with each other seemed to energise them as they became more aware of themselves and their personal journeys.

Building Community

PV encourages the participation and active involvement of participants where the games and activities, and the process of making a video together, help to develop team cohesiveness and community. This sense of community provides opportunities for the creative exchange of ideas among participants. In my observation of the participants, I believe a strong motivator for them taking part in the study was the opportunity to meet other refugee youth, to share their experiences and discuss their ideas within the safety of their own community, as well as to have fun and create their own films. I would like to emphasise the word ‘fun’ because working on a PV project with youth must include a large fun factor. When I attended the PV facilitators workshop in Oxford (Insightshare, 2018) I experienced how much time and energy goes into facilitating a PV workshop, as well as the intensity of the activities for the participants. Thus, it is important to ensure that the workshops have a large element of fun included in the activities. However, how does one measure the level of fun that is experienced by participants? In addressing this question in their own PV work Milne et al. (2012) described

how it is challenging to convey the fun of what the participants *appeared* to be experiencing. They contended there is no real way to document or theorise fun; however, it is “important to discuss in PV work as it speaks to one of the silences or gaps in relation to how we talk about PV work” (Milne et al., 2012, p. 6).

Methodological Reflections and Lessons Learnt

One key learning from this study is how PV, as a participatory and visual methodology, effectively engaged eight young people with refugee backgrounds in research. Although I had conducted my own research on participatory research approaches, as well as attending a PV workshop facilitators course, I had only acquired a theoretical understanding of PV. It was not until I began actively practicing PV that my comprehension of PV greatly improved. Aldridge (2015) argued that while there are diverse types of methods used in PR which often embrace techniques adopted from other disciplines and practices, the fundamental difference between PR and other research methodologies lies in the location of power in the various stages of the research process.

In theory, PV challenges conventional research methods that prioritise objectivity and control repositioning research participants as co-producers of knowledge, in partnership with the researcher, which helps to lessen the power imbalances between the researcher and participant (Fraser et al., 2022). In practicing PV alongside young people I experienced how it created opportunities for them to express their ideas about health and well-being, and provided a safe space where everyone’s input was valued and respected (Milne et al., 2012; Shaw, 2016). In this study I enjoyed working alongside eight young people using the iterative processes of PV to explore their perspectives about health and well-being. However, as a researcher I grappled with the tensions inherent within this PV project where I was the lead researcher as well as a facilitator. While collaborating with the participants in research I was, at the same time, facilitating the PV process; I was guiding the participants in participatory processes of inquiry which seem contradictory to participant lead research. For example, there were several instances where Mike and I, as facilitators, had to ‘move things along’ during the activities in order to progress to the next activity and keep within the timeframe we had allowed for the workshop. This felt antithetical to the goals of participatory research where the participants lead the research. Gallagher (2008) raised the same issue where the participatory researcher has to keep things on track, balancing the agency and autonomy of the young people while following the research agenda. These experiences highlight the challenges of

maintaining momentum of the research project and staying true to the participatory nature (Coyne & Carter, 2018).

The issue of power and the tensions experienced in a participatory project are not easy to navigate and require a commitment to redressing power asymmetries. Aldridge (2015) highlighted the methodological diversity in participatory research studies where studies have been described variously as participatory, action, or emancipatory, “but that all have a common objective and intention to engage more effectively with participants and in ways that facilitate more empathetic and democratising approaches to research participation” (p. 9). In navigating the tensions of location of power, it was important that I maintained a reflexive approach and an awareness of the potential influence of power imbalances on the insights and experiences shared by the participants. For example, when participants expressed their ideas about health and well-being, I was aware that I would bring my own interpretation of what they were expressing. Therefore, it was important that I constantly checked with the participants during the data collection processes that I had correctly interpreted the information they shared, thus adhering to the principle of credibility.

Kindon (2002) argued that PV, if used within carefully negotiated relationships, has potential to disrupt power relationships and create spaces for transformation by providing a practice of looking *alongside* rather than at research participants. I believe the learning from this study about the issue of power is that participatory processes can help *reduce* the researcher-participant power imbalance through the co-production of knowledge while, at the same time, there is a need to maintain a reflexive attitude.

For those contemplating the use of PV in research, there are a different ways in which researchers employ PV methods (Boni et al., 2020; Park et al., 2017; Pfeiffer, 2013). I facilitated PV workshops which ran over a period of 5-days, where each day included different activities. The workshops were facilitated by me and a colleague, along with two support workers. The workshops were time intensive (up to 6-hours each day) and required access to an appropriate venue that allowed us to run the workshops for 5 consecutive days. Authors have discussed other methods of using PV which are useful to consider. For example, Sitter et al. (2019) used weekly/monthly meetings over a 12-month period with filming taking place outside of regular meetings. Park et al. (2017) conducted their PV study during a summer youth programme using 60-minute sessions twice weekly for 4-weeks. There are also different methods of facilitation where outside facilitators have used other methods. However, facilitation of a PV

workshop requires careful planning and organisation including finding an appropriate venue for the workshops, procuring video and technical equipment, provision of materials for the activities, and suitable facilitators. Each situation will vary, and practitioners need to invest time in familiarising themselves with the environment and the community in which they will be working. One thing I would suggest when deciding on facilitators for a workshop is having both male and female facilitators to provide gender balance when working with youth.

Another insight regarding the methods used in this project is the importance of a community advisory group. In my opinion, a CAG is essential for any PV project as they help to build and maintain relationships between researchers and the community networks so that the researcher understands the nature of the community and the context in which the research takes place (Nakhid, 2015). For this study, it was important to have connections to the community where the participants lived. As an 'outsider' it was challenging for me to connect with refugee communities and required time to build these relationships. Working with the CAG was critical in forming relationships with community leaders and seeking their advice about working with refugee youth in the community.

Using PV as research approach requires 'patience' having a flexible, "roll with it" attitude; and being prepared to make changes to the original plan. There are several important insights I will discuss about my experience of using PV.

Things rarely go to plan. As a researcher there were moments during the workshops when I had to stop and think, 'what is happening here?' So much goes on during a PV project that it can often feel chaotic and out of control; therefore, it is necessary to provide structure. Shaw and Robertson (1997) emphasised that if there is a lack of structure to the workshop the activities can become chaotic and meaningless, resulting in little progress. It is important that researchers prepare well in advance of any PV work taking place. The knowledge and practical skills I gained from attending a PV facilitators workshop in 2018 (InsightShare, 2018) were used in the design of the workshops. In planning for the PV workshops, I developed a schedule which included the activities for each day along with an estimated length of time for each activity. It can be difficult to know how much time each activity will take so rather than imposing a strict timetable I remained flexible with time allocations. It is important that the participants are provided with information about the project and are involved with any decisions that may impact them, such as the timing of the workshops. Providing information

and opportunities for participants to ask questions about the research demonstrates respect for the participants, an important ethical principle in qualitative research.

Reflecting on the PV process. Throughout the project I had to constantly reflect on whether the PV process was working or progressing. Although I had a structure for the workshops, I would often need to pause during the workshops and review how it was progressing and whether the activities were serving their purpose; that is, the participants were engaging in the activities, discussing their ideas, sharing their experiences, and expressing their perspectives about health and well-being. The workshops which were scheduled for 6-hours each day were intense and required co-ordination by the facilitators. We also had to gauge the participants' energy levels throughout the day and ensure there were plenty of breaks. When energy levels appear to be waning, I recommend regular 'energiser' activities during the workshops. These activities can be as simple as stretching and breathing exercises or a short game, preferably outside, to get some fresh air. Chambers (2002) provides excellent resources which were helpful in planning the participatory workshops for my project. I find the following quote from Chambers is helpful in keeping things in perspective when running a PV workshop; "Good workshops are more like a sea voyage than putting up a building. There is less a syllabus to tick off, and more a direction to travel in and a process to experience" (p. xiv).

Answering the research question. Another important insight related to methodological congruency and checking for consistency between what I was investigating and the method I was using to answer the research question. Participatory research involves the participants in decision-making about what they see as important issues affecting their lives. Herein lies tensions between what the researcher intends to find out through their research question and using participatory methods where the participant leads the process.

In regards to using participatory methods, such as PV, there is no prescribed way to practice. Kim (2016) contended that participatory researchers have not clearly distinguished between the different participatory research methods; rather, have used them interchangeably by incorporating their key elements. I believe this flexibility allows the researcher to fit the method to suit the purpose of the research. While it is understood that the key components of participatory action research are action and participation, my position is that the degree to which these components are enacted depends on the context of the research, the researcher, and the participants. PV is based on collaboration where the researcher and participants work together; essentially it is teamwork, and everyone is encouraged to be involved.

Location of the PV project. It is important to consider where a PV project takes place. Lunch and Lunch (2006) emphasised that the location of a PV project carries important cultural significance because people are 'shaped' by stories that make the spaces in which they work and play culturally rich places. They advise making an initial visit to the project/community site to discuss the PV process and logistics with community representatives (Lunch & Lunch, 2006). In this study I had the support of the CAG in helping me to find a suitable venue for the workshops. I believe it helps the participants feel more connected with the project if they are familiar with the location in which the project takes place.

Looking after the participants. It is important to be aware of the cultural and social backgrounds of the participants in a PV project and to consider the need to provide cultural support. In this study there were eight young people representing six different cultural backgrounds. To support the participants, I recruited two adult community members who were former refugees and were well connected to the participants' communities. They had volunteered their time to attend the workshops each day and provide support to the young people.

Strengths of the Study

The strengths of this PV study lie in its amenability to engage young people in research activities and are supported by several factors.

PV promotes social interaction and community building. The value of child participatory research, which utilises creative research methods, has gained increased recognition in the literature (Coyne & Carter, 2018; Egli et al., 2021; Horgan, 2017). Participatory research with children and youth is primarily group and activity based as a basis for group interaction and discussion. However, it is not the methods themselves but the social relations involved in the co-production of knowledge that makes the research participatory (Gallagher, 2008). An important goal of PV is to facilitate individual growth and stimulate self-expression through the context of the group process (Shaw & Robertson, 1997). A strength of this study is that PV as a participatory and visual method engaged eight young people with refugee backgrounds in group activities that stimulated discussion between the participants about health and well-being. The innovative games and activities that were used as part of the PV process enabled young people to work together with the researcher in co-producing knowledge about their experiences and identifying the issues that impact on their health and well-being. Conducting participatory research with young people values their own knowledge and, in an adult world, highlights the need to understand how they view and experience health and well-being. This

study demonstrates that while culture plays an important role in the lives of refugee young people, they desire to fit in with their peers and not be perceived as different, but rather as similar to other young people.

PV promotes communication. Okahashi (2000) suggested the potential for using PV with marginalised groups lies in its accessibility; when the printed word is less accessible, video offers a different literacy. PV can aid communication as it bypasses the barriers of literacy allowing transfer of information without writing or reading. Similarly, Lunch and Lunch (2006), from a community development perspective, suggested that in remote regions around the world where there is a low level of literacy, visual documentation through PV provides content in a form that can be more easily understood. They claimed this gives PV a “decided advantage” over the written word in documenting local innovation. This was evident in my study where some participants struggled with expressing themselves because of their proficiency in the English language; however, they appeared more at ease working together as a group participating in games and activities where they could learn filming techniques and practice their skills. PV is dynamic process that can stimulate self-expression and interaction within the participant group.

PV facilitates empowerment. Shaw and Robertson (1997) suggested that there are many benefits of video which can be seen to contribute towards empowerment of participants. In my study, PV provided a creative space for participants to share their stories and perspectives. This process enabled the participants to express their voices and raise awareness of the issues that are important to their health and well-being, and the possibilities to take action to improve their situation. By being actively involved in the creation process, participants gained a sense of agency and ownership over the content they produced. This empowered them to shape the narrative and ensured the final product genuinely reflected their views and experiences. The participants also gained valuable skills in video production, including storytelling, filming, editing, and technical aspects of video creation. These skills can enhance their confidence and provide new opportunities for personal growth (Lunch & Lunch, 2006). The video, as a product of the PV process, can generate change by providing a means for the participants to communicate their needs to those with decision-making power. However, in this project I did not have a consensus among the participants to share their videos with their community; therefore, advocacy was not realised at this point in time.

While the literature discusses the potential of PV as empowering, it is difficult to make this claim. In discussing participatory research with children and young people, Coyne and Carter (2024) offered the concept of agency rather than claims of empowerment. They view participatory research as being theoretically positioned within a strength-based perspective that embraces the agency and capabilities of children and young people. Taking this strength-based perspective means that young people are viewed as having competencies and agency in specific settings and different social processes. Coyne and Carter (2024) emphasised that significant work is still needed to promote choice, deepen inclusive practices, enhance agency, and implement empowerment strategies to enable children and young people to share their views on matters that affect them, and to communicate these views with adults.

Challenges Affecting the Study

I have acknowledged the strengths of PV as an approach to research but there were also challenges. One of the challenges of PV is that it can be time-consuming, particularly with processes involved with editing. The intention in this study was to teach participants how to edit their videos using editing software; however, we did not have time to complete this during the PV workshops and I had to complete the digital editing after the workshops, away from the participants. Mak (2012) discussed this same issue and questioned if facilitators edit video material without involving the people who filmed it, can it still be considered participatory? Mak contended that in cases where editing cannot be completed with the participants it could still be considered participatory as long as feedback is continually sought from the people who created the film. Milne et al. (2012) also provided insight on the issue where “questions arise about the conventions of editing someone else’s work” (p. 12). They argued that if power is an issue in participatory research, questions should be asked as to who has the power to determine what gets edited out and what is left in or edited in. In my study, to prevent potential misinterpretation during my edits of the participants’ films, I referred back to the participants’ paper edits (described in Chapter Four) and clarified any editing discrepancies with the participants during the post-workshop FGDs while viewing their videos together. On reflection, I believe I should have allowed more time to work with participants so they could edit their own video footage; for instance, adding another workshop that was dedicated to the editing process.

The COVID-19 pandemic caused a number of challenges that impacted this study. The first challenge was postponement of the PV workshops. In March 2020 the lockdown measures

restricted the movement of people confining them to their own homes or 'bubbles' as they became widely known in Aotearoa New Zealand. The lockdown meant I had to reschedule the workshops originally scheduled for September 2020 to April 2021 which significantly extended the project's completion beyond the original timeframe. This led to pressure on me to complete the PV workshops within 1 week in April 2021, as there was a likelihood of another lockdown occurring in Auckland, which did indeed happen after I completed the workshops.

A further challenge linked to the pandemic was having to conduct a FGD online. The FGD could not be conducted in person due to restrictions on people meeting together in public. I discussed the problems I encountered with the online platform in Chapter Four. These challenges have contributed to my learning about the use of FGDs in qualitative research. Morgan (2011) argued that the value in a FGD lies in the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group. I concur with Morgan that there is value to group interaction that a FGD offers. Thus, conducting a discussion online where I could not see or properly engage participants may have had less value. My dilemma was how to conduct a FGD in those circumstances. An alternative to the FGD could be to use a paper survey; however, this did not suit the purpose of meeting which was to connect with the participants in person and to show their videos and have a discussion afterwards.

There was also a situation that arose during the study which exposed some of the tensions in claims about participatory research. On the first day of the workshop a student from the high school who was known to the participants came along to attend the first workshop. Although the student had attended the meet and greet session and expressed interest in participating in the study, they did not meet the inclusion criteria; therefore, they were advised they could not take part in the study. This is an example of how situational ethics played; whereby a potential participant was excluded from the study raising ethical questions of being inclusive and participatory versus the impact this participant would have on the rest of the group and research process. Having to exclude someone from the study was not an easy decision to make and felt antithetical to participatory practices. The decision, though necessary based on the inclusion criteria, felt exclusionary and created discomfort. In future studies I will consider how the inclusion criteria impact both the study and the principles of participatory research.

Another challenge was the short time frame with which to run the workshop. While the PV process encouraged participants to share their experiences and ideas, not all participants'

ideas were included in their final videos. Participants were restricted to choosing only two topics for their videos due to logistical constraints. Participants who had an interest in the other topics did not get the opportunity to include these in their videos potentially curtailing the opportunity for more discussion about the other health issues that were important to young people. My reasons for restricting the number of topics to choose for their video was due to the timeframe for the study. This was a pragmatic decision as I had 1-week in which to complete the workshops. In future, I would recommend considering the amount of time dedicated to a PV study. For instance, more time should be allocated for the discussion regarding the choice of topics, decisions on what is important to the participants, and what they want to include in their final videos. The storyboard phase, where further analysis and discussions occur, should also be given sufficient time for in-depth exploration of the topic.

Study Limitations

There are limitations to the present study. First, while the study provides insights into the experiences of eight young people with refugee backgrounds living in Auckland, Aotearoa New Zealand, the findings are specific to their nuanced understanding of health and well-being. In addition, the research participants were all from the Auckland area; refugee youth from other regions in Aotearoa New Zealand might have provided different experiences of health and well-being. Although the findings may not be representative of other refugee groups, there will be experiences shared by other refugee youth; for example, the challenges of language acquisition and experiences of social isolation.

Second, the two video artefacts produced by the participants were not shown to the participants' friends or families as originally planned. I see this as a limitation of the study on the basis that the videos were the result of the participants' work and are important in communicating their key messages to their communities. I had discussed with the participants at the end of the workshop how they wanted their video stories disseminated. While two participants agreed to show their videos to their community, the other participants were undecided. The decision for their videos to be made available in the public domain rests entirely with the participants and because I did not gain a consensus for doing so, they remain private. However, the participants had given their consent for the videos to be used in dissemination for academic purposes. In future research I would advise researchers to clarify with participants how they would like their work to be disseminated beyond publication in a thesis. In this study I had suggested to the participants that they could share their videos with

family and friends but only if all the participants consented. Third, the project had to work within a limited budget and relied on me to provide video equipment, editing software, and other materials used in the workshops, as well as facilitate the workshops. In addition, there was only a short-time for participant training, video production, and dissemination. Projects with a larger budget and longer time scale may give different results.

Implications and Recommendations for Practice

Health Decision Makers, Government and Youth Organisations Must Commit to UNCRC to Fulfil Articles 12 & 13 and Involve Young People in Decisions that Affect Them.

A recommendation is that policy decision makers commit to articles 12 and 13 of the UNCRC in making decisions regarding health services provided for refugee children and young people. To ensure that health services and government health policies meet the needs of refugee young people, their knowledge and perspectives about health and well-being must be included at all levels of policy making. This requires governments, institutions, and policy makers to put in formal mechanisms, such as standard operating procedures or policy, that requires collaboration with all stakeholder groups, including young people and those from a refugee background. These measures should include identifying issues that impact on refugee youth, conducting research in collaboration with young people about their health needs, building coalitions that support refugee youth. Refugee youth hold valuable knowledge about what is important to their understanding and experience of health and well-being. The personal stories created by young people can be powerful companions to broader advocacy initiatives. Including young people in providing their perspectives on things that matter to them supports their active participation in decision making rather than being treated as passive consumers of health care. A recommendation of this study is that refugee youth are represented in youth advocacy groups and encouraged to participate in advocacy initiatives and contribute to the development of policies that address their health and well-being.

Focussing on well-being and health equity among refugee youth is a priority because they are a vulnerable population who may lack the agency and structural resources to advocate for themselves and their community (Springer et al., 2023). Examples of youth advocacy work in Aotearoa New Zealand include the Ministry of Youth Development, Mana Mokopuna – Children and Young People’s Commission, and the New Zealand National Refugee Youth Council. In addition, R-Seat (Refugees Seeking Equal Access at the Table www.refugees.org) is an international initiative to enhance the effectiveness of global refugee responses.

In Aotearoa New Zealand, the Ministry of Youth Development has developed a youth plan with the aim of ensuring that the voices and perspectives of young people are heard, valued, and integrated into decision-making at all levels. The youth plan highlights the importance of collaboration between government agencies and the youth and community sectors. This is one example of youth advocacy. Other areas to focus on include schools and the inclusion of refugee youth on boards where they can contribute their perspectives on education and express what is important to them. Tindall-Biggins (2020) provided a good example, highlighting the use of youth-led empowerment-based approaches like youth participatory action research to address the lack of youth voice in education.

Health Systems Must be Responsive to the Needs of Young People from Refugee and Migrant Backgrounds

Supporting Communication

A recommendation is that health service providers should collaborate with youth from refugee backgrounds and their communities to explore how to effectively use ICTs to improve the delivery of health information. The use of digital devices has become ubiquitous in young people's lives and the constant accessibility of online information means that refugee youth may come across low-quality health information and misinformation (Pottie et al., 2020). Health services must uphold the rights of children and young people to communication which includes their responsibility under the Aotearoa New Zealand government's Health and Disability Commissioner Act (1994) that information is shared in a way that is understandable and meaningful to the consumer. In using ICT to deliver health information, service providers must acknowledge the cultural and linguistical diversity of the refugee and migrant populations they serve. However, it is important that health service providers acknowledge the reality of digital poverty and the implications for young people. Further efforts are needed to investigate ways to assist refugee youth in utilising communication technologies for accessing and using reliable health information.

Interpreting Health Information

Enabling young people to communicate freely in their own language supports the development of trust, respect, rapport, cultural safety, and relationship-centred care. The use of professional interpreters in the health setting is widely recognised as beneficial for interpreting health information. However, it is important to explore other methods that can help young people interpret health information more effectively. A recommendation is that health service providers and stakeholders who work with refugee youth need to consider

additional roles that interpreters could have that will assist young people in communication. Advocacy is necessary to ensure that interpreter services are offered to young people in all health care settings and to ensure primary care and youth health providers receive the training necessary to address ethno-specific and culturally sensitive health care delivery.

Support for Health Literacy of Refugee Youth

Health service providers must acknowledge and respond to the cultural and linguistic diversity of refugee youth when planning and initiating health literacy interventions and ensure they are supported with accessing and understanding health information. Health services must support the health literacy needs of young people. Young people have the right to effective communication so that they are able to understand the information provided to them. Health services and organisations that support refugee resettlement should improve their own understandings and responsibility in regard to health literacy so that the focus is on both the consumer and the health organisations within the health system. This heightens the commitment by health systems that in order to communicate effectively they must also be aware of the diverse needs of their audience. Supporting young people to seek information about health care independently needs to be balanced with a sensitivity to cultural activities.

Health Services Need to Focus on Developing Cultural Awareness and Be Responsive to the Needs of Youth

Young people with refugee backgrounds represent the growing cultural and linguistic diversity in the Aotearoa New Zealand population. Their cultural beliefs and practices should be taken into consideration when developing health policies to ensure the provision of culturally appropriate health services. In seeking help about a potential health issue young people from CALD backgrounds could feel inhibited by perceptions that health services emphasise western biomedical concepts of illness and disregard the importance of social and cultural contexts that are important to their health and well-being.

Supporting Safety

For young people with refugee backgrounds the notion of safety is not only about physical or personal safety, it is also about *continuing* to be safe and living a life that is free from experiences of harm and trauma. While the young people in this study perceived Aotearoa New Zealand as a safe place to live, compared to their past experiences, they need ongoing support to live safely. Key areas for resettlement organisations to focus on include road safety and support for refugee youth in obtaining their driver's licence. For health policy, further research is needed to explore the impact of gender and how young women face different

challenges to young men. Finally, young people feel safe when their cultural practices are acknowledged and respected. Health services need to ensure there is appropriate training provided for those working with young people to ensure a culturally competent workforce.

Recommendations for Future Research

Further research is recommended that explores appropriate methods to engage young people in health research. PV is one approach that shows great potential for collaborating with refugee young people in health research. There is a wide scope for PV to be used in a variety of contexts; for example, health education and promotion, advocacy and awareness, policy influence, community engagement and consultation, and monitoring and evaluation. The practice of PV results in knowledge produced by and for participants and their communities and is an effective approach to working with refugee young people and other marginalised groups to engage them in research that focuses on attaining more equitable health outcomes.

Recommended areas for further research include: exploring the health literacy needs of refugee young people and how information is provided and how they receive it; the use of ICTs by refugee young people to access health information; investigating how refugee young people associate safety with well-being; exploring barriers and facilitators to mental well-being; exploring the meaning of empowerment for young people rather than assumptions made around the potential for empowerment; the use of digital media and film as a means to amplify the voice of refugee and migrant youth; and exploring how art-based activities can be therapeutic to their mental well-being.

The practice of PV results in knowledge produced by and for refugee young people and their communities and is an effective approach to engage them in research that focuses on attaining more equitable health outcomes. In the process of making films about their own social circumstances, young people learn to use the video camera to read their situation more critically, reflect on the causes of social and health inequities, and better articulate the change they want to see in improving these inequities.

PV has great potential to be used in youth advocacy work. The use of narratives and storytelling has become an increasingly common strategy in grassroots organising and advocacy efforts aimed at influencing policy change (Moyer et al., 2020). Advocacy work can be better aligned so that refugee young people are involved in the decisions that affect their health and well-being. Consideration must be given to the roles and relationships between

young people and those adults who wish to facilitate their participation in research. These opportunities will lead to enhancing young people's experiences as engaged active citizens who have an expertise regarding their own lives and the ways in which they are lived.

Conclusion

It has been a tremendous privilege to work alongside the eight young people who generously gave their time to participate in this project. I have learnt so much from them about their journey as refugees and the challenges they have faced in establishing life here in Aotearoa New Zealand. As a nurse, my experiences of working with young people with refugee backgrounds led me on this doctoral journey because I wanted to know more about their perceptions and experiences of health and well-being. Research often focusses on the risk factors for refugee youth but there is increasing interest among researchers on the importance of viewing young people's experience through a lens of recovery and resilience. Identifying the need to include young people's voices in research, I used PV as an approach that offers great potential to engage young people in research. It is my experience from this study that PV was well suited as a methodological approach to collaborate in research with young people with refugee backgrounds. For these young people it can be difficult to express themselves and share their experiences due to challenges such as language proficiency. Arts based visual methods such as PV offer visual documentation in a form that can be more easily understood compared with the written word in documenting local innovation. Video used as a tool can enrich the accounts of the lives of refugee young people and foster their involvement in the production of knowledge thus exemplifying PV and its capacity for research with this population group.

It was a rewarding experience to work alongside young people and to see them develop their communication and storytelling skills as well as using video techniques to explore their ideas and to tell their stories. The video artefacts created by the participants represent their nuanced perspectives about health and well-being. Although creating a video was an important objective and outcome of the study, it was the dynamic process of PV and its ability to stimulate self-expression and interaction within the participant group that was also important.

This practice-led doctorate was an opportunity to explore how healthcare professionals can employ participatory approaches, in this case PV, to support change. Although this study has not led directly to influencing health policy and practice there is potential to continue further research in this area and to disseminate the findings more widely. Refugee youth represent a

diverse population group and require innovative approaches to engage them in research. While PV demonstrated congruence as a research approach with young people there were challenges, and it is recommended that practitioners maintain a reflexive and open approach in using this research method.

Final Comments

In deciding on a participatory approach for this study, I recall the words scribed in a note to me by a wise academic after presenting my research proposal: “Paul I truly admire your courage and creativity. You are stepping into the unknown in so many ways.... stay mindful of the issues that could surface.” The words *stepping into the unknown* ring true as I reflect on how things played out during this study. In this project, refugee background youth shared their experiences and understandings of health and well-being. By working together through a series of PV workshops they explored the topic of health and well-being through interactive games and exercises that helped them to critically analyse their own experiences and look at the issues that were important to them. The iterative cycles of action and reflection that occur throughout the workshops engaged the participants in sharing their experiences, thoughts, and ideas about how they understand health and well-being, and what the key messages are that they want to convey to their communities and wider audiences. Although the production of a video was an important outcome of the study, it was the *process* of PV, where stories are told, experiences are shared, relationships are built between participants and the facilitators, and the opportunities for knowledge sharing and learning transpire, that were equally important.

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Appendices

Appendix A: Ethics Approval



Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

2 September 2020

Tineke Water
Faculty of Health and Environmental Sciences

Dear Tineke

Re Ethics Application: **20/158 Health Literacy: Using participatory video to explore the understandings and experiences of young people from refugee backgrounds.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 2 September 2023.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: Paul Ripley; mneufeld@aut.ac.nz; Nadia Charania

Appendix B: Consent and Release Form



Consent and Release Form

For use when photographs, videos or other image recording is being used

Project title: *Using participatory video to explore the perceptions and understandings of health and wellbeing among refugee background youth in Aotearoa, New Zealand.*

Project Supervisor: **Dr Tineke Water**

Researcher: **Paul Ripley**

- I have read and understood the information provided about this research project in the Information Sheet dated February 2021. This includes information on each aspect of the study:
 - Introductory session
 - Video Workshops
 - Post workshop debriefing and video recorded interview
- I have had an opportunity to ask questions and to have them answered.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study any data that is identifiable as belonging to me cannot be removed as this is a collective project.
- I permit the researcher to use the photographs and videos that are part of this project and any drawings from them and any other reproductions or adaptations from them, either complete or in part, alone or in conjunction with any wording and/or drawings solely and exclusively for the researcher's portfolio
- I understand that the video and photographs will be used for academic purposes only and will not be published in any form outside of this project without my written permission.
- I understand that videos/still photographs produced as part of the workshop may be presented at a public viewing however this will only occur with the consent of all participants. Even if you consent for public viewing it may not be possible if other participants do not give their consent.
- I understand that videos and photographs of me will not be anonymous and confidentiality is not protected as my participation in video and photographs are important elements of the research
- I understand that any copyright material created by the video sessions is deemed to be owned by the researcher and that I do not own copyright of any of the videos and photographs.
- I understand that interviews will be videoed recorded and transcribed.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (**please tick one**): Yes No

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

.....
.....
.....
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 2 September 2020 AUTEK Reference number 20/158

Note: The Participant should retain a copy of this form.



Parent/Guardian Consent Form

Project title: **Health Literacy: Using participatory video to explore the perceptions, understandings and experiences of young people from refugee backgrounds.**

Project Supervisor: **Dr Tineke Water**

Researcher: **Paul Ripley**

- I have read and understood the information provided about this research project in the **Information Sheet** dated February 2021.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be recorded and transcribed.
- I understand that I may withdraw my young person from the study at any time without them being disadvantaged in any way.
- I understand that my young person may withdraw from the study at any time and this will neither advantage or disadvantage them however, if they choose to withdraw then any data that is identifiable as belonging to them may not be removed due to the collective nature of the project
- I support my young person taking part in this research.
- I understand that my young person is able to refuse to give consent to take part in this research.
- I understand that my young person has read and signed a consent and release form for use of photographs, videos or other image recording being used for the purposes of the research.
- I wish to receive a summary of the research findings (please tick one): Yes No

Young Person's Name :

Parent/Guardian's signature:

Parent/Guardian's name:

Parent/Guardian's Contact Details (if appropriate):

.....
.....
.....
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 2 September 2020 AUTEK Reference number 20/158

Appendix C: Participant Information Sheet



Participant Information Sheet

Project Title

Using participatory video to explore the perceptions and understandings of health and wellbeing among refugee background youth in Aotearoa, New Zealand.

What is the purpose of this research?

Hello,

My name is **Paul Ripley** and I am a doctoral student undertaking a research project to complete a Doctor of Health Science Degree. I would like to invite you to participate in this collaborative research project.

I am a NZ registered nurse and a lecturer in nursing at AUT with an interest in the health experiences of young people.

The purpose of this research project is to explore the concept of health and wellbeing from the perspective of young people from refugee backgrounds. **Participatory Video** is a group-based activity where you will participate in a series of video workshops. During the workshops you will learn to use video equipment creatively, to record yourself and other young people and engage in group work, games, and exercises to produce a short film about your experiences of health and wellbeing. The videos may be used to communicate your perspectives of health and wellbeing to people in your community.

How was I identified and why am I being invited to participate in this research?

You have been identified as a young person who meets the inclusion criteria to participate in this project. The criteria to participate includes:

- 16 to 18 years of age
- Born overseas
- From a refugee background
- Has lived in NZ for a minimum of 2 years
- Can communicate in conversational English

How do I agree to participate in this research?

If you are interested in participating in this project please **contact me** - details are provided at the bottom of this information sheet. I will then make contact with you and provide you with more information on the project including how to provide consent. Participant numbers will be limited to 12. If you want to participate you and your parent/caregiver will be provided with a consent form to complete.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the project at any time. However, if you choose to withdraw, then any data (video recordings, photographs, written material) that is identifiable as belonging to you may not be removed as this is a collective project.

What will happen in this research?

A method called participatory video (PV) will be used where the participant (you) partners with the researcher (me) and learns how to use video to tell your story about your experiences of health literacy. Along with other participants, you will participate in:

- a 2-hour introductory session where you will meet other participants and learn more about the project. This will take place on Saturday April 10th. Time to be confirmed.
- Five video workshops which will take place either after school in **Term 1, 2021** or during the school holiday period **19th - 23rd April 2021**. Time, dates and venue are to be confirmed. The workshops will be facilitated by the lead researcher Paul Ripley and a co-facilitator Michael Neufeld and will run each day for 4-5 hours.
- a 60-minute interview after the workshops where I will interview you about your experiences of participating in the workshops. The interview will be recorded by video, and this will be discussed with you prior to the interview taking place. The interview will be transcribed by myself to be used in the discussion section of my doctoral thesis.

During the workshops you will learn to use video equipment and participate in a variety of group exercises, games and filming techniques so that you are able to create your own video at the end of the project. As a participant you are a co-researcher and therefore it is important that your voice is heard throughout this research project.

By the end of the workshop, you along with the other participants will have created a video describing your experiences, understanding and perceptions in relation to the issue of health and wellbeing. I will collect data through my observation of the PV process and partnering with you in the production of your video. The data I collect will be used for the purposes of my research and to complete the requirements of my doctoral degree. You should be aware that with your consent I may present the findings of my research with other researchers, in academic publications, and at conferences. If consent is given it is important that you understand images such as photographs and video will not be anonymous however you will control who has permission to view the video/s.

The final video/s completed by participants may be presented at a public viewing however this will only occur with the consent of all participants. Even if you consent individually for public viewing it may not be possible if other participants do not consent.

What are the discomforts and risks?

I acknowledge that it can be a bit scary and uncomfortable as a young person to be in front of a camera and to tell your story. Sometimes working in a group can be confronting particularly if you are a shy person. Telling your story may potentially open up traumatic, raw experiences previously suppressed or forgotten. Your participation is your choice and you are able to withdraw at any stage of the research project however it may not be possible to remove your data (still images, drawings, and video) as this is a collective project.

How will these discomforts and risks be alleviated?

As a co-researcher final editing rights belong to the participants so you will get to decide what information will be shared and how you wish to be represented. To help alleviate any discomfort everyone will have the opportunity to engage in icebreaker type games and activities during the video workshops. To support you with any concerns throughout the project a peer mentor will be available to you throughout the project. The mentor will be available for you to talk to in private to discuss any concerns or issues you may have during the project. Ongoing consent is maintained throughout the project to ensure that, at each step along the way, I will keep checking with you throughout the project to ensure you are happy with processes and activities during the video workshops.

AUT Health Counselling and Wellbeing is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centres at WB219 or AS104 or phone 921 9992 City Campus or 921 9998 North Shore campus to make an appointment. Appointments for South Campus can be made by calling 921 9992
- let the receptionist know that you are a research participant, and provide the title of my research and my name and contact details as given in this Information Sheet

You can find out more information about AUT counsellors and counselling on <http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling>.

You can also access the services of **Youth Line**: Free Call 0800 376 633 or Free text 234 or email talk@youthline.co.nz

What are the benefits?

You will learn video techniques and the skills to **create your own film** in a safe working space with the technical equipment necessary to produce the film. You will receive a koha (gift) of a **\$50 Westfield Voucher** for participating in the project. Refreshments will be provided during the workshops. You will be part of a video project where you produce a film about your experiences and contribute to new knowledge that will help inform and improve health information for young people from refugee backgrounds.

The benefits to the researcher are working collaboratively with young people and completing a doctoral degree.

What compensation is available for injury or negligence?

In the unlikely event of a physical injury as a result of your participation in this study, rehabilitation and compensation for injury by accident may be available from the Accident Compensation Corporation (ACC), providing the incident details satisfy the requirements of the law and the Corporation's regulations.

How will my privacy be protected?

As this project involves working alongside other young people, I cannot offer you anonymity as your participation in the video workshop is an important aspect of my research. You will have control over what you share in the video project. What is expected of you will be explained as part of the consent for this research. Ground rules for the workshop will include the importance of confidentiality and that all participants will respect individual and group privacy. However, as a co-researcher you will share in the decisions about how the project progresses and what will be shared.

What are the costs of participating in this research?

The project will expect the following from you:

- attend a 2-hour introductory session
- attend 5 video workshop sessions which last between 4-5 hours
- Attend a post workshop interview (60 minutes)
- Travel to and from the workshop venue

What opportunity do I have to consider this invitation?

You will have 4 weeks to consider my invitation.

Will I receive feedback on the results of this research?

Feedback will be provided as a two page summary of the findings. You will also get to see your final video at a special screening to be arranged at the end of the video workshop.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Nadia Charania nadia.charania@aut.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, ethics@aut.ac.nz , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Paul Ripley paul.ripley@aut.ac.nz Mobile 021 041 4658, #videoyouthvoice

Project Supervisor Contact Details:

Dr Nadia Charania, nadia.charania@aut.ac.nz

Appendix D: Study Flyer



Want to be part of a video project, learn new skills and have fun?



videoyouthvoice

What is this project about?

Using video to explore the experiences health and wellbeing among young people from refugee backgrounds living in New Zealand.

Why is this important?

Young people under the age of 18 years make up about a quarter of the New Zealand population. As New Zealand's population becomes more diverse, we will see an increase in young people from many different cultures. For youth from refugee backgrounds establishing a new life in a foreign country can be scary and exciting at the same time. Learning to find your way around a new city or town, make new friends, and settle into a new school can be daunting. But what about your health and wellbeing? Where do you find health information, and can you understand it? How do you make informed decisions about your health? This project will use a research approach called participatory video to explore the topic further.

What is Participatory Video?

Participatory Video is a group-based activity that develops participants' (young people) abilities by involving them in using video equipment creatively to make their own film. The idea behind this is that making a video is a fun and exciting way of bringing young people together to explore issues, voice concerns or simply to be creative and tell their story. **No experience of using video is required.** By attending a series of **video workshops** you will learn technical skills of video production to create a short film about your experiences and understanding of health literacy. Your video story will add to existing research and help to inform those in your community, health care providers, and others about health literacy and the issues and needs of young people.

Interested?

If you are interested please get in touch with **Paul Ripley**, AUT lead researcher. I am looking for young people **16 to 18 years of age, born overseas, from a refugee background** and who **have lived in New Zealand for two years or more** to participate in my project. The number of young people who can participate in this project will be limited to a maximum of 12. For further information or to indicate your interest please contact: paul.ripley@aut.ac.nz mob 021 041 4658 **#videoyouthvoice**