

Evidence Brief

Eight Good Practices to Engage Racialized, Newcomer & Refugee Youth

How Did We Compile This Evidence?

We searched YouthREX's Library for Youth Work and searched online databases using the following key terms: "youth engagement," "newcomer youth," "racialized youth," "refugee youth," and "health promotion."

Summary of Evidence:

Eight Good Practices to Engage Racialized, Newcomer, and Refugee Youth*

1. Understand youth in terms of their strengths and assets.

Organizations can better serve racialized youth by adopting a strength-based approach and recognizing their assets. This differs significantly from the deficit-based approach that many organizations and mainstream institutions adopt. Organizations can engage with youth in a more humanizing, empowering way, by seeing the 'problems' they face as connected to broader social issues, where **the deficit is located in society and social structures, not in youth themselves** (Baldrige, 2014). Develop an organizational culture in which staff recognize young people's strengths, such as resilience, resourcefulness, and agency.

2. Recognize and address barriers to participation.

Organizations should consider the challenges that youth with intersecting identities may face, and provide support to address barriers to participation – for example, provide food, transportation, flexible meeting times, stipends, etc. (Ontario Centre of Excellence for Child and Youth Mental Health, 2016). Also, remember that this project or program is not the only interest or commitment in their lives; **match the level and intensity of their responsibilities in your project with their life circumstances** (Council of Europe, 2008; Pereira, 2007; Marx, Finger & Mahler, 2005; mindyourmind, n.d.).

3. Be a witness to youth's challenges.

Watson (2015) found that young people's experiences of chronic trauma was made worse by feeling as though they were having these experiences alone – feeling invisible and unheard.

* The final two practices are specific to engaging racialized, newcomer, and refugee youth in health promotion.

Moreover, other authors stress the importance of **acknowledging intergenerational trauma** and the impacts that it continues to have on youth today (YouthREX, 2017; Roy, Noormohamed, Henderson & Thurston, 2015; Tello & Acosta, 2012).

4. Create spaces for peer support.

Spaces for youth to support each other are key, as they allow youth to feel seen and connected to others who share similar experiences. This may also support the (re)creation of a sense of community or healthy social relationships, which researchers have argued is often damaged/destroyed by environments affected by violence (Watson, 2015).

5. Raise critical consciousness.

Many newcomer, racialized or refugee youth want to talk about the issues affecting their lives, but schools and educators may shy away from, or shut down, these conversations. Organizations can facilitate *critical consciousness* – “the ability to perceive and interrogate the various forms of oppression that shape one’s life, and to take collective action against the status quo” (Lavie-Ajayi & Krumer-Nevo, 2013, p. 1701). Staff can apply this approach by listening to youth, offering validation, and **encouraging them to reflect on the broader political and social context(s)** of their lived experiences.

6. Translate critical consciousness into empowered action.

Research shows that youth can benefit from *critical consciousness*, but talking about systems of oppression can also leave youth feeling disempowered. Some research shows, for example, that talking excessively about anti-Black racism can cause Black youth to want to distance themselves from identifying as Black. While youth programs should create space for youth to talk about their experiences, these messages “must be balanced by a strong emphasis on agency, empowerment, and the overcoming of obstacles” (Briggs, 2018, p. 547).

In addition to supporting youth to recognize the structural causes of individual hardship, programs should support youth **to take action to change these unjust conditions** (Ginwright, 2010; Kuwee Kumsa, 2010). It is important to note that the actions youth take to initiate change may not take the traditional forms that come to mind when we think of ‘civic engagement’ (e.g. volunteering, campaigning for a politician). Rather, Ginwright (2010) has found examples of youth challenging police harassment or advocating for supplies needed in the classroom. By coming to understand individual adversities as a result of systemic oppression, youth learn not to blame themselves, and by taking constructive action to improve their lives and communities, they may gain a sense of possibility and hope (Herr, 2017; Ginwright, 2010).

7. Avoid reproducing what is not culturally-relevant or representative of people of colour.

Mainstream health promotion materials and approaches are not created to include or reflect the lived experiences and cultures of many racialized, newcomer, and refugee youth. For example, Canada's Food Guide includes examples of 'healthy' and balanced meals that may not reflect what racialized, newcomer, or refugee youth prefer to eat, or what foods might be available to these families and communities.[^] Organizations can critically reflect on the health approaches and materials they use, and, wherever possible, strive to use culturally-appropriate materials to promote or discuss health. As part of their work to promote health literacy, programs may wish to promote young people's critical consciousness by reflecting on the ways that 'health' is discussed and defined.

8. Avoid pathologizing youth's health habits and coping mechanisms by labelling them 'good' or 'bad.'

Organizations should strive to understand the context of young people's lives and environments when discussing health behaviours and health habits. Organizations can integrate an anti-oppressive approach into their work by recognizing how health behaviours serve youth and the accessibility of coping strategies or health habits. Watson's 2015 study details many ways that youth experiencing violence and poverty in an urban area cope on a daily basis. He contends that rather than calling some coping mechanisms 'negative' (e.g. substance use) and others 'positive' (e.g. physical activity), it's helpful to acknowledge that youth's behaviours are influenced by their contexts and the conditions in which they live. By taking this approach, health promotion practitioners can avoid further stigmatizing youth who likely already face daily criticism and challenges.

[^] The Ontario Public Health Association advised Health Canada of the need for Canada's Food Guide to be culturally-relevant in 2016: <https://goo.gl/xQtdDV>

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