Research Article

Virtual Care and Social Support for Refugee Mothers during COVID-19: A Qualitative Analysis

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Abstract:

Introduction: The intersection of gender, motherhood, and migration status creates distinct challenges for refugee mothers, but social support can facilitate their navigation of migration and motherhood. Taking a Salutogenic Theory approach (Antonovsky, 1979), we examined refugee mothers' access to virtual social support during the COVID-19 pandemic. Our objective is to understand the provision of virtual social support for refugee mothers from the perspective of service providers and recently arrived refugee mothers to Canada. **Methods:** Virtual semi-structured interviews were conducted with three service providers and five refugee mothers in one settlement agency in Ontario, Canada. Data were subjected to thematic analysis. Six main themes emerged. **Results:** From interviews with service providers the themes include: virtual adaptation of services; unique barriers to virtual services emerging from the intersection of gender, culture, and migration status; and supporting women's agency and independence. From interviews with mothers, we identified the following themes: gratitude for instrumental support; organization as a link between self and society; and usefulness of virtual support, but preference for in-person support. **Discussion:** Providers acknowledged clients' diverse circumstances. They developed flexible strategies to identify client needs and help them build skills. Clients found virtual services essential to resettlement, if not ideal. **Conclusion:** With tailored programming, virtual services can be effective in providing support. Moreover, refugee mothers acquired digital skills to independently navigate virtual resources, despite limited digital literacy. This demonstrates the value of using of virtual services for vulnerable or hard to reach populations.

Keywords: Women, Refugee Mothers, Resettlement, Social Support, Virtual Services, COVID-19

Atención virtual y apoyo social a las madres refugiadas durante la COVID-19 pandemia: Un análisis cualitativo

Resumen:

Introducción: La intersección del género, la maternidad y el estatus migratorio genera distintos retos para las madres refugiadas, aunque el apoyo social puede facilitar el proceso de su navegación en el ámbito migratorio y de la maternidad. Adoptando un enfoque de la teoría Salutogénica (Antonovsky, 1979), examinamos el acceso de las madres refugiadas al apoyo social virtual durante la COVID-19 pandemia. Nuestro objetivo es entender el tema de la prestación de apoyo social virtual a las madres refugiadas, desde la perspectiva de los proveedores de servicios y de las madres refugiadas recién llegadas a Canadá. **Métodos:** Se realizaron entrevistas semiestructuradas virtuales con tres proveedores de servicios y cinco madres refugiadas en una agencia de asentamiento en Ontario, Canadá. Los datos se sometieron a un análisis temático del que surgieron los siguientes seis temas principales. **Resultados:** De las entrevistas con proveedores de servicios los temas incluyen: adaptación virtual de los servicios; barreras únicas a los

servicios virtuales que surgen de la intersección de género, cultura y estatus migratorio; y apoyo a la agencia e independencia de las mujeres. De las entrevistas con las madres los temas identificados son: gratitud por el apoyo instrumental; organización como vínculo entre la madre y la sociedad; y la utilidad del apoyo virtual, pero con preferencia por el apoyo en persona. **Discusión:** Los proveedores reconocieron las diversas circunstancias de los clientes; desarrollaron estrategias flexibles para identificar las necesidades de los clientes y ayudarles a desarrollar sus capacidades. Los clientes consideraron que los servicios virtuales son esenciales para su asentamiento en Canadá, aunque no fueron ideales. **Conclusión:** Los servicios virtuales pueden ser eficaces siempre y cuando la programación atienda las necesidades de las madres. Las madres refugiadas adquirieron habilidades digitales para navegar de forma independiente el acceso a recursos virtuales, esto a pesar de su limitado conocimiento y uso de la tecnología digital. Esto demuestra el valor del uso de servicios virtuales para poblaciones vulnerables o de difícil acceso.

Palabras clave: Mujeres, madres refugiadas, reasentamiento, apoyo social, servicios virtuales, COVID-19

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Introduction

Data from the UN Refugee Agency (2022) indicate that there are approximately 100 million forcibly displaced people worldwide. Canada has taken in over a million refugees since 1980, with just over 130,000 refugees arriving in Canada during 2021 (The UN Refugee Agency, 2021). Refugees face a myriad of risks throughout the migration process that may greatly impact their mental health and well-being. Such risks exist both premigration and during migration, including trauma, disruption of social support networks, and precarious living environments (Kirmayer et al., 2011). Postmigration risks include unemployment, loss of community and difficulty with adaptation to the host country (Kirmayer et al., 2011). Researchers have identified several areas for supporting refugee mental health post-migration. These include facilitating access to care, providing information about service availability, and training health care professionals to work with refugees (Priebe, Giacco & El-Nagib, 2016).

Refugee Mothers and Social Support

Refugee mothers have been identified as a vulnerable group who face distinct challenges as they navigate both motherhood and migration (Thomas & Thomas, 2004). In a systematic review of reviews looking at perinatal health outcomes among asylum seekers and refugees, all twenty-nine systematic reviews included in their study reported higher incidences of perinatal mental health challenges and post-traumatic stress disorder in migrant women in comparison to women of the host country (Heslehurst et al., 2018). Stress and lack of support were the most consistently reported risk factors leading to the development of mental health problems among refugee women. Other risk factors included having minimal family or social support, whereas having close relationships with a partner and other forms of social support was highlighted as being protective.

Social support refers to a social network or interpersonal relationship that provides psychological benefits and the provision of resources to an individual (Cohen, Underwood & Gottlieb, 2000). Social support may be perceived or received and is organized into three categories: emotional support (feeling cared for), informational support (receiving guidance), and instrumental support (receiving tangible assistance) (O'Mahony & Donnelly, 2010). Social support has been identified as an important component of the resettlement process, as it helps facilitate access to available services, reduces feelings of isolation and helps alleviate other mental health challenges (Hawkins et al., 2021).

Global social support research also indicates the positive impact of having just one supportive relationship on a person's health and well-being. In a study looking at factors associated with perinatal depression and anxiety in Rwanda, researchers found that women who had a positive relationship with their partner were less likely to experience symptoms of perinatal depression (Umuziga, Adejumo, & Hynie, 2020). Similarly, lack of partner support was found to be a strong predictor of depressed mood in pregnant women from South Africa (Hartley et al., 2011). These findings suggest that having one supportive relationship, rather than an entire network, can make a positive impact on a refugee woman's experience, particularly if that relationship is with their romantic partner.

The Shift to Virtual Services

The current COVID-19 pandemic not only poses a distinct risk for individuals' mental health, but it has changed the ways in which people are able to seek and receive support. The mental health and well-being of vulnerable populations such as refugees has been greatly impacted, with increases in self-reported depression, anxiety, and loneliness (World Health Organization, 2020). Mental health problems have been exacerbated due to the COVID-19 pandemic, particularly for vulnerable populations such as refugees. A large shift to virtual care was also seen during the pandemic, with fewer in-person appointments (Benjamen et al., 2021). While virtual services hold value for increasing access to care, uptake of virtual care has been hindered by difficulty with technology, limited technological literacy, and concerns with privacy (Benjamen et al., 2021). In the context of the COVID-19 shift toward virtual care, it is therefore imperative to understand how refugees are navigating virtual services and engaging with virtual support. Moreover, for refugee mothers, virtual care has the

potential to change the ways they can access needed social supports. Thus, it is important to explore whether virtual services are able to facilitate social support networks for refugee mothers, what the barriers to access are, and how refugee mothers perceive this shift in service provision.

Theoretical Framework

The current research draws from Antonovsky's (1979) Salutogenic Theory of health. In contrast to the common medicalization and pathologization of human experience, this theory focuses on factors supporting health and well-being. This includes the capacity for individuals to use resources during times of stress. While migration and motherhood may both be considered life stressors, from a Salutogenic approach they are seen as challenges for an individual to overcome through mobilization of available resources (Viken, Lyberg & Severinsson, 2015).

Two concepts underlie the Salutogenic Theory: a) General Resistance Resources (GRRs) and b) Sense of Coherence (SOC). The GRRs are characteristics of a person, family or community that may be used by individuals to cope during challenging life circumstances (Antonovsky, 1979). These resources, which may be internal (such as knowledge) and external (such as social support), become an ingrained part of one's life and the driving force behind their SOC. SOC refers to an individual's capacity to use resources in the face of stress in order to promote health. In the context of maternal care, it has been suggested that the Salutogenic Theory may help shift the current focus from "surveillance and risk aversion" to that of health promotion and maintenance (Perez-Botella et al., 2014). While the current study aims to understand how social support may be facilitated through virtual services for refugee mothers, the study will focus on refugee mothers' innate capacity to overcome challenges, utilize resources to improve their health and well-being, and underscore the role service providers can have in supporting them. The study utilizes the perspectives of women and service providers in assessing how resettled refugee mothers in Canada have made use of virtual services to access social support.

Methods

Participants

Service Provider Demographics

Providers consisted of male (n = 1) and female (n = 2) participants ranging in age from 39-55 years. Each provider worked at the settlement agency as a case manager supporting government-assisted refugees (GARs). The number of years the providers had worked with this population ranged between 6-16 years (M = 12.3 years).

Refugee Mother Client Demographics

Clients consisted of refugee mothers (n = 5) who ranged in age from 31 to 45 years old (M = 39.6, SD = 5.31) who had arrived in Canada within the last year, either from a host country (n = 3) or directly from their country of origin (n = 2). Participants' countries of origin were Syria (n = 4) and Iraq (n = 1). All of the participants spoke Arabic. Participants all had between three to five children, the youngest child was 6 years old and the oldest was 24 years old (M = 14.65, SD = 5.09). One participant was pregnant at the time of the interview. Two of the participants were married and three were widowed.

Participant Recruitment and Procedures

Participants were recruited from a settlement agency in Southern Ontario. The Agency provides settlement services, community connection programs, and English language classes. An introductory meeting was held with staff to provide a project overview and collaborate on project goals and questions of interest. The project proposal was also shared with staff members via e-mail. All staff member participants were able to speak to the types of services being provided and the associated benefits and challenges.

Snowball technique was used to recruit from the clients of the Agency. Inclusion criteria were being newcomer refugee mothers, with elementary or high-school aged children, who had been receiving virtual support services through the Agency. A project overview was translated into Arabic and shared with staff members who could pass on the information to their clients. Five clients volunteered to take part in the study and their contact

information was provided to the researcher by a staff member.

Data Collection

Interviews were held virtually by Zoom or phone between April-May 2022. Each interview lasted between 30-60 minutes. Zoom meetings were held with all three service providers and were recorded and later transcribed verbatim. Phone interviews were conducted with all five mothers and detailed notes were taken. The purpose and goals of the study were explained to participants prior to obtaining their consent. Consent forms were provided in Arabic for the refugee mothers. Compensation was provided to all of the participants with either a $30 e-transfer or gift card.

Participants were asked a series of open-ended questions about the services being provided virtually, any challenges or barriers to accessing services, whether services provided by the agency helped increase social support networks for clients, and how clients felt about the services being utilized (see Appendix A). Suggestions for enhancements to service programming and delivery were also discussed. An Arabic interpreter was present for all of the interviews with refugee mothers.

Ethics approval was granted by the first author's Institutional Review Board.

Qualitative Analysis

A thematic analysis was used to organize data and identify themes across participants (Braun & Clarke, 2006). Following transcription, transcripts were read numerous times to begin the process of familiarization with the data. Initial codes were created through this process with corresponding quotes and phrases from the interviews. Codes were then collated into themes, which were refined and named.

Findings

Some overlap existed in the information provided by the service providers and mothers; both touched on many of the challenges associated with shifting to virtual care (Table 1). Themes from the service providers are highlighted first, followed by those from interviews with the mothers.

Table 1. Summary of Themes

Service Providers	Refugee Mothers
Theme 1: Virtual Adaptation of Services	**Theme 1:** Gratitude for Instrumental Support
Theme 2: Unique Barriers Emerging from the Intersection of Gender, Culture, and Migration Status	**Theme 2:** Organizations as a Link between Self and Society
Theme 3: Supporting Women's Agency and Independence	**Theme 3:** Usefulness of Virtual Support, but Preference for In-Person Support

Service Providers

Three themes emerged from the interviews with service providers: virtual adaptation of services, unique barriers emerging from the intersection of gender, culture, and migration status, and supporting women's agency and independence.

Virtual Adaptation of Services

All three service providers spoke of the ways in which they made adaptations throughout the course of the pandemic, continuously evolving to meet clients' needs. They highlighted the challenges that arose from quickly having to pivot their approach and learn how to adapt their existing services to an online model, while continuing to engage clients.

An important part of adaptations included first identifying challenge areas for clients and then changing the types of services offered. This involved creating digital literacy and life skills sessions, as well as virtual parenting sessions. Digital literacy skills were highlighted as a crucial part of navigating society and accessing

resources but identified as being lower in women than men. One service provider explained:

> It became a life skill, right? And you know, if you cannot work your phone and you know, click on a link and…attend your appointment virtually, it meant that you in some cases, [you] were not able to gain access to health care (Service Provider 1).

Another participant highlighted how, prior to the pandemic, digital literacy skills were not viewed as important, however, it became evident that they needed improvement in order for clients to engage virtually to access services. With this knowledge, a life skills worker was hired to teach clients how to use Zoom and email. Another service provider considered the challenges of engaging women in digital literacy sessions, given the barriers involved in initially getting connected online. For one client who had low literacy and felt overwhelmed by having to navigate the internet, support was provided by sending a life skills worker to the client's home to help her connect.

Service providers also discussed the flexibility they employed in service delivery throughout the pandemic. While certain restrictions were put in place due to government-enforced regulations, providers explored how to continue to engage clients in ways that helped them feel most comfortable such as using texts, hybrid models, emojis, and calling clients on the phone.

One participant highlighted the ways service providers drew on clients' strengths and knowledge to pivot the ways they delivered support services. She noted that although clients were not familiar with Zoom, they had used WhatsApp to keep in touch with family back home. She explained how they utilized this knowledge of WhatsApp, saying: "So, we used that strength…to use what they are familiar with in order to help them as much as possible" (Service Provider 3). With one client who could not read or write, a service provider began using emojis to communicate important messages using WhatsApp, for example an emoji of a handyman with time displayed to indicate when a service provider would be visiting the client's house.

Unique Barriers Emerging from the Intersection of Gender, Culture, and Migration Status

Gender and gender-specific roles were discussed both as part of benefits and challenges to participating in virtual care. Service providers discussed the numerous barriers faced by refugee mothers which resulted from intersections of different parts of their identities. Such challenges included navigating childcare, having limited digital literacy, specific gender roles, and differences in cultural backgrounds. One provider explained how these barriers intersected and impacted mothers:

> Women, unfortunately, tend to be lower…on the technology literacy, I would say, just because culturally back home, usually the heads of family who are men…are the ones who are basically doing everything for the family…while the moms are…stay at home moms and they take care of the children and the household (Service Provider 1).

One provider noted the importance of recognizing cultural differences and interacting with clients based on their individual experience, rather than seeing them as a homogenous group. Another participant discussed how the gender roles varied from family to family, but often the women tended to the children and household management, while men would make decisions for the family and answer questions during support calls. This made it difficult to engage with mothers on the phone, in contrast to in-person visits where all family members were present and could participate. Such barriers not only impacted whether and how mothers were able to engage with virtual care, but importantly, shaped how providers were able to interact with them. It was also noted that the age of women's children had a huge influence on her experience of virtual care. One participant explained that some mothers hold their babies and breastfeed during virtual appointments, whereas mothers with older children can find sufficient privacy in their home to attend appointments.

Supporting Women's Agency and Independence

An important part of service providers' role was their ability to connect women to different kinds of support, facilitate their independence and promote agency. Participants discussed that service providers fulfilled these roles by encouraging women to access resources

and information, discussing equal rights, connecting them to women's groups, and providing support.

Participants spoke about supporting women through trauma disclosure and building a trusting relationship so that women could feel comfortable opening up when they were ready. They also discussed the importance of discussing mental health with their clients and referring them to a counsellor as early as possible. Given the potential for mental health stigma, they utilized the term "emotional well-being." Importantly, participants discussed the significance of pairing clients with a counsellor who can understand their cultural and linguistic background as this helps to build trust, saying: "We understand that it's very important for the clients to have someone that speaks the same language so that nothing is missing in between" (Service Provider 3).

Service providers encouraged mothers to attend information sessions and learn life skills for independence. This included helping mothers enroll in language courses and get their driver's license. One participant described how it was important to encourage women to learn digital literacy skills, join virtual sessions, and have the ability to receive information that might not otherwise be available. The participant described the positive side of the pandemic was that mothers were more likely to attend virtual sessions because they did not have to find childcare. As a result, attendance for virtual groups increased and mothers joined sessions on parenting, housing, and sponsorship. This helped empower women to access information and resources on their own. Participants also discussed how other women, staff members or clients with shared cultural backgrounds and similar experiences could be role models and foster more agency and independence. One service provider noted:

> They feel empowered by… hearing from other women how they succeeded in Canada… So just hearing from other women…makes them feel empowered just to, you know, just to give them confidence, just to give them strength to keep going (Service Provider 1).

Refugee Mothers

Three themes emerged from the interviews with clients: gratitude for instrumental support, organizations as a link between self and society, and usefulness of virtual support, but preference for in-person support.

Gratitude for Instrumental Support

All five clients spoke of the importance of instrumental support, above all other forms of support. Examples of instrumental support include receiving help to enroll in classes, understanding important documents, and applying for a driver's license. Some clients discussed receiving support through their local religious organization in the form of receiving food, though the majority of women expressed not receiving support other than through the agency.

Clients highlighted how helpful it had been to receive support from the Agency with completing paperwork, applying for government-issued identification, booking appointments, and having themselves and their children enrolled in school. One client expressed this when she said:

> The [Agency] supported me with everything. They helped and followed up to make sure I enrolled in school. They checked on me and my kids every week. They helped book appointments, translate documents, and helped get the driver's license. Everything was helpful and it was all done by the phone (Client 2).

Clients also discussed how this instrumental support was so meaningful to them in times of difficulty, with one client noting: "Communicating with [Agency] was a positive experience and gave me peace of mind. I was emotionally relieved. Because of my family, I needed support and they [service providers] were there to help me" (Client 3). While other forms of support were discussed, such as emotional (e.g., receiving care and validation) and informational (e.g., advice or suggestions), the emphasis on instrumental support (e.g., interpreting documents) indicated clients' preferences for the ways the agency could be most helpful.

Organizations as a Link between Self and Society

Some clients highlighted the importance of the settlement Agency as a key link between themselves and the broader society, without which their experience likely would not have been the same. Specifically, one client said: "From the time of arrival, they [service providers] linked me to all services I needed through [agency]… they were the link with society" (Client 3). Similarly, another client noted the importance of this link by saying: "The settlement worker was the link between me and the government" (Client 2).

Having this link was seen as being paramount to their settlement experience and being able to navigate their first year in Canada. Clients expressed gratitude for the Agency and the way in which it acted as this important connection to other organizations, government, and society. One client noted, "If it wasn't for their services, people would come here into the unknown. I am thankful for everything they do" (Client 5).

Usefulness of Virtual Support, but Preference for In-Person Support

Connecting with and engaging in virtual services was seen by clients as being useful through the pandemic. Several women discussed the ways they were able to participate in virtual services, which provided them with information, resources, and the possibility to continue classes.

> I went to a group session online for all the communities to meet each other. It was a very good session. The people at [agency] told me about virtual sessions. I am also an ESL student online. My teacher is amazing, and it is a good experience (Client 2).

Women also discussed the difficulties they faced while they had been receiving support in person, such as one woman who expressed: "Getting in person support is difficult because I don't know where to go, it's difficult to access a vehicle and there is a language barrier" (Client 2).

Communication barriers were highlighted in most interviews. Clients discussed difficulty interacting with other health care providers, organizations, and individuals. One client noted the challenge enrolling in school, saying: "For school, I need to enroll online but I can't use the computer or speak the language. That's a huge barrier" (Client 1).

While virtual services were seen as useful, clients felt as though language barriers still persisted and impacted their ability to get involved and engage with certain services or adequately receive help. "Knowing how to navigate virtual services with a language barrier was difficult" (Client 2). Challenges existed for children online as well, with the same client saying: "When my kids went virtual, their grades went down. The kids are very smart, but they couldn't communicate or ask the teacher much when online, so their level of advancement went down" (Client 2).

All but one client expressed preference for in-person services to resume once COVID-19 restrictions are lifted. The women highlighted their need for increased social interaction, "When I first came, online services were okay, and I was satisfied. Now I feel like I need to go out and socialize, learn about the country, and interact with people" (Client 2). Similarly, another client expressed feeling as though in-person support would help her become more familiar with the country and the people around her. "I would prefer in person because I want to go out and meet people…I would like to meet people and know Canada" (Client 4).

Discussion

The present study took a qualitative approach to understanding how the shift to virtual services during the COVID-19 pandemic has impacted social support for refugee mothers. Using the Salutogenic Theory to guide the research, the study highlighted both benefits and challenges to the provision of and access to virtual social support as a resource from the perspectives of service providers and refugee mothers.

Themes from interviews with service providers included virtual adaptation of services, unique barriers emerging from the intersection of gender, culture, and migration status, and supporting women's agency and independence. Themes from interviews with refugee mothers included gratitude for instrumental support,

organizations as a link between self and society, and usefulness of virtual support, but preference for in-person support. In line with the Salutogenic Theory, service providers played a key role in promoting a sense of coherence in mothers through their ability to connect mothers to numerous resources, including counselling support and social groups, as well as encouraging them to take steps to build skills that would help them access information. The mothers who participated in the study expressed their gratitude for the connection to these resources and the abundance of support that helped them in their transition to life in Canada. The majority of women spoke positively about their experience receiving services through the Agency, even during a pandemic where service providers had to quickly pivot their focus and adapt. Some mothers recognized the pressure on service providers to navigate support services.

The findings of this research echoes what has been found with virtual services for resettled refugee populations. Virtual care presents unique opportunities to address refugee health. Previous research has highlighted immigrant and refugee participants' perceptions of the benefits of digital health applications, including efficiency and flexibility (Liem et al., 2021). However, other research also points to the digital divide, or the gap between people who can access and use technology and those who cannot (Lukawiecki et al., 2022). Lukawiecki and colleagues (2022) conducted interviews with service providers working with refugees in Ontario and highlighted several challenges associated with virtual care. They noted that diverse groups of newcomers face varying levels of difficulty when navigating technology, and that newcomers can face challenges making the transition to online service provision, balancing childcare responsibilities at home, and replicating in-person social interactions (Lukawiecki et al., 2022).

Despite the positive evaluations of virtual services, both mothers and service providers in our study discussed barriers stemming from the intersection of gender, culture, and migration status. One particular challenge was these women's low levels of digital literacy, which impacted their ability to access and engage with information and resources, as well as be socially included in groups and virtual support sessions. Similarly, a recent study with Syrian refugee mothers in Canada also underscored the gendered challenges women face in the context of resettlement, including education, gender roles, and health literacy (O'Mahony et al., 2023). Other research has also demonstrated the relationship between mothers' low digital literacy and risk for social isolation during the pandemic (Im & George, 2022). Given that the interviews for the present study were virtual, this theme was apparent throughout the data collection phase. All five interviews with the mothers took place on the phone, as all but one participant expressed finding it difficult to navigate technology in order to join a Zoom session. Two participants did not read or write, making it especially difficult for them to access virtual information. One participant who had some knowledge of Zoom did not have a family member present to help her join the session online.

In a resilience framework for refugees during the COVID-19 pandemic, other researchers highlight the need for "outreach initiatives to promote availability, access to, and uptake of services" (Browne et al., 2021, p. 1145). To cultivate resilience, support services should include language availability, families should have access to required technologies, and refugees should be made aware of services available and how they can be accessed. Indeed, with skill building around digital literacy, refugee mothers were able to access resources, information, and services. The mothers in the current study described how they were able to engage with virtual support services, such as enrolling themselves and their children in courses and accessing information in different virtual sessions. Additionally, service providers discussed the surge in mothers' virtual attendance for information sessions, parenting groups and other virtual resources. This demonstrates the ways mothers were able to utilize the resources provided to them with the support and skill-building facilitated by the service providers. Further, it demonstrates the refugee mothers' capacity to adapt and navigate uncertainty and upheaval by drawing from the resources made available to them. This underlines the importance for organizations to work with their clients to identify areas of skill building in order to facilitate their participation in and access to virtual support.

Additionally, while some mothers discussed emotional and informational support, instrumental support was highlighted by every participant. Mothers spoke of actions such as assistance with government ID and school enrollment, rather than counselling they received, as allowing them to feel at ease. This emphasis on instrumental support was also found in a study by Stewart et al. (2008), which investigated how immigrants and refugees assign meaning to different types of social support. The authors describe how their participants, from both China and Somalia, also emphasized the need for instrumental support to satisfy their basic needs post-migration. Other types of support were only seen as important once basic needs had been met. This aligns with the way the Agency approached support services for their clients and may explain some of the reluctance in seeking mental health care. It also underscores the importance of continuing to understand the needs of different refugee groups and matching these needs to the appropriate type of social support to ensure they are best supported through the migration process.

Finally, it is necessary to stress the role of the interpreter in the interview process. Given that the researcher is not from the same cultural group as the participants, does not speak the same language, and had no prior involvement with the Agency, it was important to have a connection that would help facilitate trust and understanding during the interviews. The interpreter who assisted with the project identified herself as being from the same cultural background and was central to trust-building with participants. Interpreters can be considered "cultural brokers", or individuals who are able to act as a bridge in cross-cultural research while conveying the cultural meaning of participants' expressions (Denzin & Lincoln, 2008). According to Hennik (2008), "Translators are much more than neutral conduits of information in cross-cultural research; translators are more often "cultural brokers" who convey an understanding of both the words used by participants and the cultural meaning within those words" (p. 27). Not only did the interpreter translate from one language to another, she was able to build rapport through what was sometimes personal and sensitive information, getting to the heart of what participants were saying, and may have helped bridge

some of the challenges we encountered interviewing these women using a virtual modality.

Limitations and Future Directions

There are a number of limitations that existed within the present study. Firstly, mothers and service providers were recruited from the same Agency which may have had implications for mothers' comfort in sharing openly and honestly while also being clients of the Agency. There is also research pointing to the potential for mistranslations and other challenges when using an interpreter and the problem of "gatekeeping". This refers to the selective reporting of participant responses by the interpreter based on what has the potential to reflect badly on that cultural or ethnic group. Additionally, when an interpreter is from the same community as participants but holds a position of power, this potentially limits how open a participant feels they can be (Williamson et al., 2011). The interpreter used for the present study was hired from the same Agency providing services to the participants. Although she was from the same community as the participants and spoke the same language, her position within the Agency had the potential to impact the participants' comfort in sharing. Thus, the role of an interpreter in cross-cultural qualitative research cannot be overstated. Additionally, there was a small sample size which included individual experiences based on that particular city of residence and the services made available by that specific Agency. Finally, refugee mothers who participated in the study all had low digital literacy, which impacted their experience receiving support during COVID-19.

Despite these limitations, the present study highlighted the ways in which virtual services have the potential to facilitate social support for refugee mothers during the pandemic. Future studies could include other refugee groups, including elderly and youth, as well as individuals who require mental health support.

Conclusion

The COVID-19 pandemic presented a unique, albeit challenging, opportunity for many organizations to engage individuals with virtual services. With social distancing regulations starting to lift and a return to in-person or hybrid options, there is still the possibility that

virtual services will continue. The present study demonstrated that although recently arrived refugee mothers did not prefer virtual services and initially faced numerous barriers in accessing the support they needed for resettlement, flexible skill building, and services allowed these women to navigate and adapt to the circumstances and take the initiative in many aspects of their lives. Given the unique challenges associated with virtual services for vulnerable populations, attention must be paid to individuals' abilities to access support services and draw on resources around them. Such consideration proved essential in the successful application of virtual service delivery for social support.

*The authors have no conflicts of interest to disclose.

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Appendix A

Sample Interview Questions

Service Providers

1. What types of social support services are offered at your organization for refugee mothers?

a. How does your organization help refugee mothers access social support from other sources (agencies, institutions etc.)?

2. What has the shift to virtual services been like during the COVID-19 pandemic in terms of social support provision for staff in your organization?

a. In what ways do virtual services make providing social support to these clients easier?

b. What are some areas where it is hardest to provide virtual support?

3. What would help to strengthen virtual social support for refugee mothers?

Refugee Mothers

1. What was the most difficult thing for you about receiving services through phone or computer?

2. Thinking about the services or help you received in the past year, which services were the most helpful for you? How did they help you?

3. When the pandemic is over, would you want to keep receiving any of your services by phone or computer? If yes, which ones and why? If no, why not?