Parenting in migration: Culture, child supervision, and community support for immigrant and refugee families in Montreal, Canada

Christina L. Klassen

Department of Psychiatry

Division of Social and Transcultural Psychiatry

Faculty of Medicine

McGill University, Montreal

April 2020

A thesis submitted to McGill University in partial fulfillment of the requirements of the degree of Master of Science in Medicine, Department of Psychiatry, Division of Social and Transcultural Psychiatry

Table of Contents

Abstract

As international migration increases, migration-associated challenges to parenting arise. In the context of migration, supportive parenting can help buffer against the negative effects that migration-related stresses can bring to children, particularly in the face of the often traumatic events driving instances of forced migration. The provision of adequate child supervision is an important part of this supportive parenting and more research is required into how migration influences its practice. In Article 1, we examine child supervision practices in migration to Montreal, Canada, from the perspectives of children (n=25) and caregivers (n=19) through focus groups and look at differences in caregiving before and after migration. Results show that migrant caregivers often equip their children to caregive and that this and cultural differences in caregiving practices are often poorly understood by host country community members as well as child and youth protection professionals. They also show that children and adult caregivers at times have different views on the role of child caregiving in migration and that lack of social support in the host country influences child supervision practices. Article 2 looks at how child supervision practices evolve across the different stages of refugee migration, according to semi-structured interviews with 20 Syrian refugee mothers who resettled in Montreal and Laval, Canada, since 2015. Findings reveal the multiple protective benefits of child supervision throughout refugee migration, some of the challenges to providing adequate child supervision, the way mothers prioritized providing this supervision, and how some mothers described supervision as being associated with their maintenance of maternal authority. Mothers also shared ways in which they used supervision to promote their children's wellbeing. In both studies, overall results suggest that both culture of origin and families' migration trajectories and their related adversity, including war and discrimination, should be considered when assessing child supervision in migrant families or developing parental support programs. These and other implications of findings for research

and practice are discussed, such as the importance of considering pre-resettlement migratory experiences in developing parental support programs and responding to cases of alleged child maltreatment with cultural sensitivity.

Résumé

Alors que la migration internationale augmente, les difficultés liées à la migration pour le rôle parental se manifestent également. Dans le contexte migratoire, avoir des parents qui soutiennent bien leurs enfants peut aider à protéger ces enfants des effets négatifs du stress lié à la migration, et notamment quant aux évènements souvent traumatisants à l'origine des migrations forcées. La surveillance adéquate des enfants est un élément important de ce soutien parental et davantage de recherches sont nécessaires pour déterminer comment la migration influence sa pratique. Dans le premier article, nous étudions les pratiques de surveillance des enfants dans le contexte de la migration à Montréal, au Canada, et ce, du point de vue des enfants (n = 25), des parents et des tuteurs (n = 19) à travers des groupes de discussion. Nous analysons les différences dans la prestation de soins avant et après la migration. Les résultats montrent que les parents et les tuteurs migrants préparent souvent leurs enfants à prendre soin des autres enfants, et que ce phénomène, ainsi que des différences culturelles dans les pratiques de soins des enfants, est souvent mal compris par les membres de la communauté du pays d'accueil et les professionnels de la protection de l'enfance et de la jeunesse. Nos résultats révèlent également que les enfants et les parents ou tuteurs adultes ont parfois des points de vue différents sur le rôle de la garde des enfants dans le contexte de la migration, et qu'un manque de soutien social dans le pays d'accueil influence les pratiques de surveillance des enfants. Le deuxième article examine comment les pratiques de surveillance des enfants évoluent à travers les différentes étapes de la migration des réfugiés, selon des entretiens semi-structurés avec 20 mères réfugiées syriennes qui se sont réinstallées à Montréal et à Laval, Canada, depuis 2015. Les résultats révèlent les multiples avantages protecteurs de la surveillance des enfants tout au long de la migration des réfugiés, certains défis posés par la fourniture d'une supervision adéquate des enfants, la manière dont les mères accordent la priorité à cette supervision et la manière dont certaines mères décrivent

la supervision comme étant associée au maintien de leur autorité maternelle. Les mères ont également expliqué comment elles utilisaient la supervision pour promouvoir le bien-être de leurs enfants. Dans les deux études, les résultats globaux suggèrent que la culture d'origine, les trajectoires migratoires des familles et l'adversité associée, y compris la guerre et la discrimination, devraient être prises en compte lors de l'évaluation de la surveillance des enfants dans les familles de migrants et dans l'élaboration de programmes de soutien parental. Les conséquences de ces résultats pour la recherche et la pratique sont discutées, telles que l'importance de prendre en compte les expériences migratoires pré-réinstallation dans l'élaboration de programmes de soutien parental et l'importance de répondre aux cas de maltraitance présumée d'enfants avec une sensibilité culturelle.

committed to social action. I am thankful for how she has connected me with other folks working on migration-related topics and for how she makes herself available to help her students. I am also grateful for how she facilitated my research recruitment through collaboration with the SyRIA.lth project. Dr. Garine Papazian-Zohrabian provided welcome insight on my Master's research based on her own work with Syrian families who have experienced and are experiencing life as refugees. I am thankful for her willingness to provide feedback and support throughout my research process; her perspectives and comments have been so helpful in shaping my thinking on these topics.

My parents, Brad and Angela Klassen, and my siblings, Joshua and Anna-Marie, have been incredible supporters and cheerleaders throughout this journey. Thank you for your many encouraging conversations, surprises in the mail, visits to Montreal, and unconditional love. Thank you also for your understanding during the times I have had work come with me on family trips and for always providing a restful place to come home to during this, at times, stressful process. Joshua's partner Michelle has been a part of that, and I have loved her fellow enthusiasm for research!, as have my wonderful aunts, uncles, and cousins. My Grandma Lillian Klassen and my Omi Gretel Henseleit have been rocks throughout my life, including during this degree; thank you both for always being interested in what I'm studying, for sharing with your friends and other relatives, and for consistently keeping me in prayer. Although my Nanna Meta Helwing passed away just before I started this program, her and my Omi's story, as well as the experience of my Grandma's parents, of being refugees in Europe and ultimately seeking refuge in Canada are part of what established my interest in studying these topics and wanting to work for justice for those seeking refuge. In that spirit, I would also like to name my Grandpa, the late William Klassen, and my Opa, the late Werner Henseleit. I am so thankful for and deeply blessed by my heritage and the legacy of faith that comes along with it. Thank you all for your unconditional love.

thank you to my amazing participants and their families – thank you for opening up your homes to Lana and I and sharing parts of your lives and stories. It was truly a joy and an honour to hear them and get to know you.

Finally, I would like to thank my church communities in Montréal, including Rosemount Bible Church, whose members, along with the Waldhaus Family Foundation and others, helped support me to go to Lebanon for the first time (2016-2017), and who helped Montréal to feel like home right from 2011. I would also like to thank my current Montréal church home, the Église du Christ de Montréal, for supporting me during the latter part of my Master's, in life, study, and in knowing and loving God and others more deeply. Finally, I want to thank God – it feels a bit strange to thank a divine being in an acknowledgements section, but in Him I "live and move and have [my] being" as the apostle Paul pointed out, so thank Him I will! He is my guide, my friend, my Saviour, my Lord, my source of love, hope, joy, peace, and salvation, and the one whose love has motivated me to pursue work with those living through vulnerable, challenging circumstances since the beginning (e.g., Isaiah 58, Matthew 22:36-40, Matthew 25:31-46, and James 1:27). I am thankful that He is the one supportive rock I can always depend on and that His love is perfect.

Contribution of Authors

I wrote Article 1 with edits and feedback provided primarily by Dr. Mónica Ruiz-Casares, who was the P.I. for the Geographies of Care project; data used in Article 1 was collected as part of this project. Emilia Gonzalez contributed edits and feedback on the writing of the paper and helped with some of the focus group discussions (FGD), along with Dr. Ruiz-Casares. Dr. Richard Sullivan contributed further edits and suggestions to the writing of the paper.

I designed the study for and wrote Article 2 with the support and guidance of Dr. Mónica Ruiz-Casares and Dr. Cécile Rousseau. Dr. Jill Hanley and Dr. Garine Papazian-Zohrabian also provided feedback and support in the study design and writing of Article 2; Dr. Jill Hanley also facilitated my participant recruitment for this second study.

Introduction

Globally, migration is increasing (UN, 2017), with growing humanitarian crises contributing to this rise in cross-border movement . In 2016, following the October 2015 election of a new federal government and corresponding change in Syrian refugee intake policy, Canada saw an 83% rise in the number of individuals migrating as refugees and a 12% increase in those migrating for family reasons compared to 2015 (OECD, 2018). Canada is also one of the major refugee receiving OECD countries (OECD, 2018). In 2015, immigration to the province of Quebec represented 18% of Canada's overall immigration for the year (Gouvernement du Québec, 2017), and when Canada decided to focus on taking in Syrian refugees, Quebec took in over 20% of the total number welcomed throughout the country (IRCC, 2019). Furthermore, the proportion of births for which at least one parent is an immigrant exceeded 30% in Quebec in 2015, and has been increasing regularly since 1990, meaning that considering the influences of culture and migration on parenting is becoming increasingly important both nationally and provincially (Gouvernement du Québec, 2017).

When considering how to promote child wellbeing, it is important to look first to family environment and wellbeing, as this provides a base for positive parenting practices (Newland, 2015), which in turn are among the biggest influences on children's development. Even in challenging circumstances, such as war and conflict, positive parenting can function protectively for children's wellbeing (Elbedour, Ten Bensel, & Bastien, 1993). Across the world, the majority of cultural groups ascribe to collectivist views of family (McGoldrick, Giordano, & Garcia-Preto, 2005), which shapes parenting beliefs and practices (Sawrikar, 2014). As globalisation increases and rates of migration rise worldwide (UN, 2017), it is important to support families through the transitions that migration brings and ensure that

both migrant parents and host communities understand the ways that migration can affect parenting in order to support the wellbeing of children.

At times, there can be misunderstanding and misinformation on the parts of both migrant families and host communities with regard to parenting practices and expectations and how these fit with host community norms (Sawrikar & Katz, 2014b). When migration is forced rather than anticipated and prepared for, families often face different and, at times, greater challenges to parenting, in part due to family members' exposure to pre-migration conflict and violence (Dalgaard & Montgomery, 2017; McMichael, Gifford, & Correa-Velez, 2011). Perhaps in part due to exposure to trauma and in part due to misunderstanding of migrants' parenting practices, in some Western countries, immigrant and refugee families are overrepresented in the child and youth protection (CYP) systems (Hassan et al., 2011; Lewig, Arney, & Salveron, 2010).

Inadequate child supervision has been shown to be one of the most common forms of child neglect in Canada (Trocmé et al., 2010). Furthermore, in work looking at immigrant generation and child maltreatment in the US context, only supervisory neglect was linked significantly to immigration generation, in that first-generation immigrant children were more likely to be inadequately supervised (i.e., left home alone) than their third generation peers (Hussey, Chang, & Kotch, 2006). Work with refugee families has also shown the protective influence of child supervision in migration in low- and middle-income countries (Tol, Song, & Jordans, 2013).

This thesis brings together work with migrant families, both immigrant and refugee, in Montreal and Laval, Canada with a view to explore caregivers' (Articles 1 and 2) and children's (Article 1 only) views and experiences of child supervision in migration. Article 1 focuses on parenting in immigration and the role of community support and CYP's perceptions of caregiving in other cultural contexts, while Article 2 looks at child supervision

across the stages of refugee migration. Together, both studies seek to better inform social service providers working with migrant families and parenting in migration.

ARTICLE 1*

"I'm just asking you to keep an ear out": Parents' and children's perspectives on caregiving and community support in the context of migration to Canada

Christina L. Klassen, B.A. [a], Emilia Gonzalez, B.A. & Sc. [a], Richard Sullivan, Ph.D. [b],

Mónica Ruiz-Casares, Ph.D. [a]

[a]Department of Psychiatry, McGill University, [b]School of Social Work, University of British Columbia

Abstract

International migration to North America continues to rise, and with it the meeting of different cultural norms surrounding child caregiving and supervision. Previous research shows that high rates of reporting of supervisory neglect involving migrant families may partly result from these different norms and challenges particular to the migrant context. In this study, five focus groups were conducted with migrant caregivers (n = 19) and children aged 12–17 years (n = 25) to explore their experiences surrounding caregiving changes in migration as well as factors that help and hinder child supervision in migrant communities in Montreal, Canada. Results following thematic analysis indicate that family roles change in migration, but that caregivers and children perceive these changes differently. Families perceive and experience discrimination and judgment of their parenting practices from community members and fear that those will be labelled neglectful. Change in families' social support, especially at the neighbourhood level, has an important influence on caregiving practices. Results also show that parents' preparation of children to provide care for siblings and others is often not recognised as a strength by service providers in direct contact with families. Directions for future research and implications for practice are discussed.

Introduction

Globally, international migration has been steadily increasing: North America alone is home to 58 million international migrants and 42% of its population growth between 2000 and 2015 was due to positive net migration (UN, 2017). With migration comes the meeting of different socio-cultural values, norms, and expectations, including those related to family and childrearing (Ayika, Dune, Firdaus, & Mapedzahama, 2018; Sawrikar, 2014). Parents must also contend with various other stressors that accompany migration (Dow, 2011), including changes in social support, which can affect how they parent and supervise their children (Chuang & Costigan, 2018). Likewise, child and youth protection (CYP) professionals are increasingly confronted with navigating differing cultural values and social contexts around parenting as populations diversify. Given the over-representation of ethnic minority families in North American CYP systems (Hassan et al., 2011), there is a need to better understand the specific challenges of caregiving, child supervision, and sibling care that can arise in migration contexts. Literature exploring these challenges among migrant families in a Canadian setting is limited, particularly research soliciting young people's voices. This research explores the views and experiences of both children and adults in regards to changes in caregiving roles among family members, including children, in the migration context as well as community factors that help or hinder the provision of adequate supervision. Ultimately, the study aims to contribute to unpacking misunderstandings between migrant families and CYP professionals in order to improve interventions to strengthen community relations in ethno-culturally diverse settings.

Caregiving and culture

What is considered normative practice in terms of child caregiving and supervision varies across societies and cultures (Ruiz-Casares, Nazif-Muñoz, Iwo, & Oulhote, 2018) with many societies regularly practicing sibling caregiving (Hafford, 2010; Ruiz-Casares &

Heymann, 2009) and some ethnic groups preferring informal kinship childcare arrangements over formal ones (Flores, 2018). A study by Tseng (2004) found that youth from migrant families emphasise family interdependence and take on more caretaking and other household responsibilities than children of US-born parents. Cultural practices of both the majority and minority groups may be associated with other factors to predict development and wellbeing outcomes for children (Newland, 2015) and in some cases, the parenting practices and family environments of immigrant families may contribute to certain mental health advantages (Goodman, Patel, & Leon, 2010). However, majority-member CYP professionals tend to view their practices as setting norms for caregiving, and often see the parenting practices of immigrants in a less favourable light (Chand & Thoburn, 2005; Sawrikar & Katz, 2014b). While CYP professionals may operate within state-established child protection parameters and in the best interest of the child, and some cultural norms surrounding childcare may not align with state-established child protection laws, given the lack of consistent definitions of child neglect (McSherry, 2007) and the variability in what is considered child maltreatment and adequate child supervision across and even within countries and cultures (Miconi, Beeman, Robert, Beatson, & Ruiz-Casares, 2018), professionals' personal interpretations naturally play a role in decision-making. Personal interpretations, in turn, may give way to (un)conscious personal biases, making it important for CYP professionals to explicitly consider culture in the provision of services that are best attuned to children's needs and to avoid unnecessary parent–child separation (Hafford, 2010; Korbin, 2002).

Ethnic minority families and child and youth protection

Perhaps reflecting, in part, some of the difficult childcare decisions that parents must make due to the challenges of migration and sociocultural integration, as well as the ways in which these decisions can be misinterpreted, immigrant and/or ethnic minority families are over-represented in the CYP systems in countries such as Canada and the US (Hassan et al.,

2011; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). The review by Hassan et al. (2011) of data from these two countries indicated that ethnic minority children are screened up to 8.75 times more often and reported up to four times more often for child maltreatment than their ethnic majority counterparts, yet do not appear to be at greater risk for maltreatment (Sedlak & Schultz, 2005). CYP services are mandated to safeguard young people and their wellbeing by investigating potential cases of child maltreatment and intervening where such cases are substantiated. In circumstances where certain groups are over-reported for child maltreatment, not only are unnecessary resources used, but families can also be exposed to undue stress due to stigmatisation and may experience intrusiveness (Alvarez, Donohue, Kenny, Cavanagh, & Romero, 2005), 'loss of face', and feelings of shame (Sawrikar & Katz, 2014a) in contexts where they may already be going through the challenges of integrating into a new society. Such over-representation may partially result from racial biases, cultural differences in understandings of what childrearing should look like, or inadequate understanding of the migrant context and its influence on childcare practices (Lavergne, Dufour, Trocmé, & Larrivée, 2008; Sawrikar & Katz, 2014b). A study looking at child maltreatment and immigrant generation in the US found that, among the different forms of child maltreatment, only supervisory neglect was significantly correlated with immigrant generation, with first-generation immigrant children being 1.55 times as likely to be home alone compared to third-generation-plus respondents, according to self-report (Hussey et al., 2006).

Caregiving in migration: social support and community contexts

When working with migrant communities, factors particular to the migrant experience must be considered (Sawrikar, 2016). For example, recentness of family migration will influence other neglect risk factors, such as lack of social support (Dow, 2011; Hassan et al., 2011) due to the loss of prior social support networks (Grumi, Milani, & Di Blasio, 2017) and

the long time it takes to develop new ones (Berman et al., 2009). Low social support combined with high life event stress has been associated with a greater risk of child abuse reports (Kotch et al., 1997), and social isolation and lacking social support can lead families to provide inadequate supervision (Coohey, 2007). Conversely, higher social support levels have been linked to mothers' lower incidence of depression and more overall positive parenting practices (Lyons, Henly, & Schuerman, 2005; Rajendran, Smith, & Videka, 2015), as well as a lower risk of child maltreatment in cases where the social support comes from strong kinship networks (Albarracin, Repetto, & Albarracin, 1997). In addition to lack of social support, in Canada, recently immigrated families have a 13 times greater likelihood of living with chronically low income compared to individuals who were born in Canada or immigrated to Canada more than 20 years ago (Campaign 2000, 2017).

Researchers such as Hafford (2010) have stated that a better understanding of how sibling caregiving is practiced in migration contexts can help CYP professionals to be more culturally sensitive in their interventions. It is also important to understand how the new society's community setting may help or hinder supportive child caregiving practices in migrant families, as neighbourhood context is associated with positive parenting (Cuellar, Jones, & Sterrett, 2015). Having a space where families feel a sense of belonging can help guard them against the isolation and sense of difference that can accompany migration (Phillips & Robinson, 2015). A Canadian report highlighted children's and parents' perspectives on how multiple community factors can facilitate wellbeing and integration, and also demonstrated the distinct experiences and concerns of children and caregivers when discussing the same topics (Brown et al., 2013). In general, however, researchers have infrequently solicited children's opinions on matters concerning them, leaving a dearth of literature on how children perceive caregiving changes in migration and (un)supportive characteristics of new communities. When studying topics that are directly related to services

focused on children's wellbeing and protection, it is crucial to listen to children's perspectives whenever possible (Reading et al., 2009).

Framing our study is Elias, Blais, Williams, and Burke (2018) work on child neglect that seeks to shift the conversation on neglect from one that reduces inadequate childcare to a problem of 'neglectful parents' to one that considers how caregivers, community members, and broader social structures contribute to meeting children's needs. This paper takes a similar approach in thinking beyond the child maltreatment literature's current focus on improving parental efficacy to instead consider how parental opportunity to meet children's needs is embedded in broader environmental factors. In our case, we focus on families in the context of migration. By eliciting the experiences of migrant caregivers and children, this study elucidates how caregiving practices change between participants' countries of origin and Canada, as well as the host community characteristics that support or diminish caregivers' ability to adequately supervise their children.

Methods

Participants

Forty-four recent and second-generation migrants from 16 Afro-Caribbean and Latin American countries participated in five focus group discussions (FGD). Three FGD were conducted involving 25 children aged 12–17 years old (two Afro-Caribbean FGD n = 6, 10; one Latin American FGD, n = 9) and two FGD were conducted with 19 adult caregivers of children (Afro-Caribbean, n = 10; Latin American, n = 9). According to recruitment criteria, caregivers were required to be the primary caregiver of at least one child aged less than 18 years (range = 1–5 children) and caregivers and children had to have lived in the province of Quebec for at least five years. Caregivers and children were not from the same households; no questions were asked regarding prior involvement with CYP services.

Materials and procedures

FGD were part of a larger project on the perspectives of caregivers, children, and professionals on childcare and supervision in ethno-culturally diverse families in Montreal, Canada (Geographies of Care). Because FGD regard participants as expert informants on a given topic, they can be particularly useful with disenfranchised and/or harder to reach groups, such as ethnic minority group members and children (Barbour, 2005; Peterson-Sweeney, 2005). Recruitment for the FGD was done in Montreal in collaboration with well-established community-based organisations serving different ethno-cultural communities. FGD lasted between 1 and 1.5 h and were conducted in English and Spanish. There were one facilitator and one note-taker present for all FGD. All FGD were conducted between May 2016 and 2017 and were recorded digitally, transcribed verbatim, translated into English from Spanish where necessary, and detailed notes were taken both during and after group discussions.

To establish trust and safety within the FGD, either a member from the recruiting organisation was present with the facilitator or an organisation member introduced the facilitator, and/or the FGD took place at the organisation itself. Participants were told that the study was about how people from different cultural and economic groups think about child supervision and its practice and that they would be asked to share about their experiences and perspectives on this issue.

Analysis

FGD transcripts and notes were analysed using NVivo 11 (QSR International 2015) software that facilitates coding and the development of themes for qualitative data analysis. The two coders (including the second author) double coded several transcripts to ensure code agreement and developed the codebook based on this. Themes and sub-themes were developed inductively (M. B. Miles, Huberman, & Saldaña, 2014) and were compared and

contrasted across each FGD and across participant type (child or caregiver) using Excel and discussed at length within the research team, noting the frequency of certain themes' presence as well as any disconfirming remarks made within discussion groups (Braun & Clarke, 2006). Collectively, the authors speak English, French, and Spanish and brought many years of diverse personal and professional experience with migration to the research process. Two of the authors are native Spanish speakers, including the fourth author, who facilitated both Latin American FGD and the Afro-Caribbean caregivers FGD. To evaluate the trustworthiness of interpretations, all authors were involved in the reading of transcripts. The first and third author developed the themes and discussed these with the second and fourth authors, who were also familiar with the FGD data. At least one of the authors was present for four of the five FGD, and for the fifth FGD, the authors discussed codes and themes with the facilitator and note-taker present.

Aware that children were older while living in Canada than they were during the experiences they drew upon from their countries of origin, any reflections on caregiving responsibility changes from children were considered in light of how they could correspond to changes in developmental expectations at the time of migration. Thus, these statements were cautiously interpreted and considered carefully alongside other children's stated experiences.

Ethics

The study received ethics approval from McGill University's Faculty of Medicine's Institutional Review Board and the Integrated Health and Social Services University Network for West-Central Montreal. Special attention was put to develop trust-based relationships with and cultural safety for the communities involved.

Results

Results are grouped under key elements affecting caregiving practices among migrant background families. Table 1 summarises the main themes as identified by each and both participant groups.

Table 1. Summary table of main themes		
Children only	**Caregivers only**	**Shared**
• Children are required to caregive • Children's responsibilities increased since coming to Canada • What factors make caregiving feasible • Mixed view of neighbours and society in Canada, some positive, some negative • Rules and supervision based on physical safety • Canada overall physically safer than country of origin, yet different forms of violence are experienced in Canada and often overlooked by parents	• Caregivers cannot be as protective in Canada • Reasons why children are required to caregive • Experienced high level of mutual care and exchange among neighbours in country of origin; overall agreement that communities in Canada (school, neighbourhoods) were less helpful, supportive, and connected • Challenges of child supervision associated with winter conditions • Canada less safe than countries of origin due to lack of community support and networks • Parents equip their children to caregive but this is not always recognised by local residents and authorities	• Older children are capable of caring for or supervising younger children with proper instruction • In the country of origin, children learn more practical skills and can take better care of themselves at a younger age than in Canada • Caregiving is a part of children's role in the family • Neighbours less involved in Canada than in country of origin • Physical safety (overall physically safer in Canada) • Neighbours and other members of society pose a threat of reporting caregivers to Child and Youth Protection services and the police

Cultural differences in caregiving norms

With regard to child caregiving practices, parents were broadly described as being expected to provide for children's practical (e.g. material, education, and health needs), emotional (love, presence), education (engagement with children's education), and safety-related needs (protection). They were also expected to teach norms and values (discipline, preparing to be independent). Parents from one FGD shared that their role as a protector of children changed after coming to Canada, since, compared to the country of origin, '[In Canada] (...) You cannot be as protective!'.

Parents' caregiving practices were impacted by whether or not they had to work, the CYP system, the availability of supportive care from community members, and the shift in parental role expectations following migration. Both children and parents agreed that older children were, with proper instruction, capable of caring for or supervising their younger siblings. However, they also described changes in children's roles between the country of origin and Canada.

"Back there (…) I would be a kid"

Parents referenced children's capacity to care in a matter of fact manner, whereas children framed their capacity to care more in terms of being required to care for younger siblings or as an imposition from their parents. Some children felt that compared to their countries of origin, in Canada, they had more responsibilities in caregiving, although some participants disagreed. One child shared the following, which was supported by other children:

> When I was raised there [the Caribbean], it was me being a kid, either – even if I
> go back there now, I still could be a kid. But here, I have to give that mother role
> or that grown woman role (…) at home, I have to be the mother to my sisters,
> when my mom is not home.

25

Differences in age-appropriate responsibilities of and expectations for children

Despite children's statements that they often had lesser caregiving roles in their countries of origin, parents and children agreed that, in the country of origin, children learn more practical skills, are able to care for themselves, and begin helping with chores at a younger age. Parents summarised children's knowledge by saying that, 'Kids back home are more street smart'. Children overall agreed, saying that, 'In the Caribbean (...) they're already grown from, 5-year old is already making the bed, cleaning themselves, everything, home-work, reading books, everything's there. Done. At 3'. For parents in one FGD, this practical skills acquisition was linked to schooling, with parents unanimously agreeing with the following statement:

> He [child] should be able to wipe his butt by himself, bathe, brush his teeth, put
>
> on his clothes. In the Caribbean we have a thing called basic school. That's like
>
> elementary here. Right? So, when the kids get up, (...) the only thing we do as
>
> parents is just, 'Here is your lunch box'. We walk them to school. By the time
>
> they reach 6 they're walking themselves.

Parents combined stories of their children with their own experiences to illustrate skills acquisition expectations in their countries of origin, as in the following example:

> [In Canada] there's more responsibility put on the parents to do a lot of the (...)
>
> teaching. Whereas, (...) I went to school in Barbados when I was three, and I
>
> knew a whole bunch of things that my kids would not be taught here. (...) But (...)
>
> in the islands (...) a five- six year-old...the curriculum, what they learn, what they
>
> know, life skills...there's no comparison.

Migration-specific challenges to caregiving: necessity, changes in social support, changes in physical environment

Reasons for child caregiving

Caregivers shared reasons why children were required to caregive; these centred around themes of the pride associated with children being independent at a young age, the importance of developing children's independence and self-sufficiency, and because it allowed parents to work and accomplish necessary tasks. Many parents mentioned children taking on added responsibilities in the context of the parent's needing to work to provide for their family. Children focused their reflections on what factors made child caregiving feasible; nonetheless, it was overall taken as clear that it was part of their family role. Being able to leave children at home without adult supervision was often seen as necessary to facilitate parents' material provision (e.g. work and errands) for their children's wellbeing, but parents felt that this conflicted with expectations of Canadian society and CYP services, as will be later described.

Neighbours: lack of social support and collective responsibility

Children had a mixed view of neighbours and society in Canada, with some experiencing neighbours as helpful and others seeing them as unfriendly and detached. One child shared that, 'over there [in country of origin] people [neighbours] aren't as nice and as helpful as here, they aren't accessible like here'. Some statements were also made about lack of communal support in one FGD, but for every statement made about lack of friendliness in Canada, another statement was made that provided a different point of view, because 'that really depends on the people'.

Some parents had experienced a high level of mutual care and exchange between neighbours in their countries of origin, with some participants sharing that, in terms of who is responsible to provide childcare, 'Everybody is mom. Everybody is dad'. In contrast, when

discussing their caregiving experiences in Canada, lack of community support in parenting emerged as one of the most important themes in one of the caregiver FGD. Parents overall agreed that their current communities, which included school settings and neighbourhoods, compared unfavourably to their communities of origin in terms of helpfulness with child supervision and care. One parent shared, 'We don't have that sense here [in Canada] that people in the community are gonna look out for your child'. Another parent provided a powerful illustration through the following story, which provided background for his expecting little support from his neighbour(s):

> [I]n Canada, even when you just move in, yes you might have one or two neighbours come and welcome you and whatever, but (...) if I was single parent, I want to go to the store, I can't [ask my neighbour] '(...) can you take a little look on my kids and let me come back for a bit'. You know, that don't happen. (...) One time cause I had to run downstairs to my car and I knocked on the neighbour's door and I said '(...) just have a little ear out, just in case if you hear anything, (...) like baby crying or whatever'. And the guy, you know, 'I'm sorry, I'm not doing that'. (...) I was like 'you're my neighbour. (...) I'm not expecting you to like change his diaper or anything. I'm just asking you to keep an ear out'.

Another caregiver expressed having difficulty after giving birth, with people simultaneously judging her for bringing her newborn baby outside during the winter in order to take her other children to school while also doing nothing to help. She went on to say, 'If it was in the islands, I wouldn't have been moving, cause neighbours would be coming watch for me, take the kids to school; here, nobody cares'.

Some caregivers shared feeling that relations in their communities were very impersonal and that people did not readily share information, with one stating that:

People don't come out and give you that information (...) when you (...) ask around and say, '(...) I'm in the situation whatever, I need to find a solution'. You have people who will go and raise an alarm and say '(...) she can't take care of her kids'.

In order to get help caring for children, some caregivers affirmed that 'the system', referring to CYP services, was 'the only way you're gonna get help from somebody'.

These same observations about lack of community support were present for neighbours in school settings. Children observed that, 'here people do not meddle into other people's business; they are private and remain so', with another child adding, 'Because people here are like afraid [of being friendly] (...) [They are afraid] to get involved in other people's problems'. However, in this FGD, there were also statements about how neighbours could provide support, as described earlier.

With regard to the school environment, one parent shared, 'I see so much parents going with their kids (...) I said to myself "This is so funny because [at] home, (...) your neighbour is going and you say 'Can you take my son'". Over here, this country, (...) nobody help you'. The following excerpt illustrates frustration with the lack of mutual support between parents in a school setting for tasks such as school pickup and drop off:

If me as a parent, bringing my kid to school all the time and I see you, as my neighbour, I see you go to that school every day, (...) if I'm driving, I'll be like, 'Ma'am, I know you guys go to my son's school, would you like to carpool?'

The participant contrasted his willingness to task share with a lack of readiness on the part of other parents at his son's school.

Environmental concerns: Weather, control, and safety in the community

Lack of community support combined with the harsh winter weather in Canada led to further difficulties with supervision. One parent said that, 'in the winter, you feel almost like you're trapped. And the difference here is because you cannot let your kids just run outside by themselves'. Winter weather also made it harder to leave the home to accomplish practical tasks, with one caregiver sharing:

> Especially in the winter, [my two boys] don't want to go outside. And in my case, I have nobody there most of the time to be with them. (...) I'm worried because I'm ... I go out and I try to bring for them. (...) So I'm trying to walk as fast as I can 'cause I know the system here.

Some caregivers found that Canada felt safer, while others were adamant that Canada was less safe. Those who deemed Canada safer tended to focus on physical, impersonal forms of safety, as in the following example:

> Here there is a lot of control about what is safe and secure (...) At least in my country there isn't that much control about that. So, then the mother needs to teach all this to the children, it is a double effort; double work. (...) Here is different. A bit more relaxed.

Many children agreed that, '[h]ere there are less probabilities of anything bad happening', making it more acceptable in some cases for 'children to walk alone and stay alone at home'. As another child pointed out, '[h]ere there are less risks but also less supervision. So, in my country is the opposite, there are more risks but more supervision'.

In contrast to this sense of physical safety, in another FGD, caregivers almost unanimously 'felt safer back home' compared to Canada. Many participants described how,

in their countries of origin, the whole community helps with raising children, which contributes to a sense of safety. One caregiver summarised, 'You know it's weird that in Jamaica, where it's way more violent than here, for everyone to be so communicated and well-looking after each other'. Participants directly tied the absence of this kind of safety to a lack of community support or collective responsibility for children within a community, saying that, '[in Canada, people] don't have the same sensibilities or idea of responsibility for children', leading caregivers in this FGD to agree that more supervision is required in Canada.

Children expressed that rules regarding when they were outside alone were established based on the safety, or lack thereof, of their country of origin. They also shared that, while on the surface, Canada seemed to be safer to their parents, their parents were unaware of more targeted forms of danger, such as being bullied at school. As one child said:

> This doesn't mean there isn't violence or insecurity here. There is. Here there is violence and racism, there is everything. But here we see it less than what we see and experience in my country. Therefore, people [parents] feel safer here.

Prejudice and lack of cultural sensitivity in the CYP system and in the community
Parents equip their children, but this is not always recognised

When acknowledging their children's ability to caregive, parents frequently cited proper instruction as an important part of developing this ability in children. One parent shared how she 'taught her [daughter] to be independent and mature. Because it is important that you teach your children to be mature since they are very young'. In situations where parents had to leave children home alone, they shared how they would leave rules with their children and create environments to support them to stay safe. In one example, a parent shared how she would tell her children to not answer the doorbell and also put them in a room

with a TV so that '[t]hey wouldn't hear the doorbell so they're not tempted to go to the door to answer'.

Some parents felt that the fact that they teach their children how to caregive was poorly understood by people in the Canadian context:

> If your neighbours see that [13 year old babysitting a two or three year old child] they're gonna call the cops. (...) And see in our community it's okay. (...) The kid is older (...)

> The thing is we teach our kids to help out the little ones. So even if it's like changing diapers, making milk, they know how to do it (...). We educate them.

Parents shared feeling that certain caregiving practices, such as letting children and grandparents caregive, were often not recognised as responsible caregiving despite the fact that, 'for us, it's normal. And the way of doing things and what we think is proper because we're also teaching our children (...) to be responsible'. Another caregiver shared that, 'I have to judge my children, myself, as capable to do this', and participants agreed that they made thoughtful judgments about which children were able to care that went beyond the child's age and focused more on maturity and ability. There was a sense of frustration in one of the caregiver FGD of being mislabelled as neglectful despite doing their best to provide for their children. Participants expressed a desire 'to create our voice [in Canada] to (...) speak together as a culture and say "these things for us are normal"'.

Relationships in the community: threat of reporting

Caregivers and children in two FGD expressed feeling that neighbours and other members of society were likely to report caregivers to CYP services if they ever left their children unsupervised. Neighbours were seen, overall, in these groups more as potential

threats than potential allies in child supervision. Caregivers described neighbours and other community members as 'nosey', likely to 'call the cops', or to 'raise an alarm' in situations that they perceived as being 'not ... normal'. Children echoed the sentiment that 'people are quick to call the police'.

Discussion

Overall, participants reported that changes in cultural and environmental context played an important role in how families supervise children and in the perceived quality of their care. Family role changes were described as occurring in migration but were perceived differently by caregivers and children, highlighting the strengths and challenges of sibling care in migration. Many participants described experiencing discrimination and judgment towards the way they caregive from community members and CYP professionals. In particular, parents felt that these individuals did not recognise the ways they equipped their children to caregive. Many participants also experienced changes in the amount and types of support they could expect from neighbours and other community members, which also influenced their caregiving experiences. Results will be discussed with consideration for how challenges particular to migration, such as changes in cultural norms, loss of social support networks, economic struggles, and overarching discrimination, influence caregiving.

Changes in caregiving roles and cultural norms before and after migration

Caregivers and children described differences in caregiving practices between their communities of origin and those in Canada, such as the increase in child caregiving in Canada described by some child participants. It is well established that changes in caregiving practices and family roles can occur in migration (Ayika et al., 2018; Chuang & Costigan, 2018). Differences in sociocultural norms between migrants' countries of origin and the host society contribute to this, as does the fact that children tend to adapt more quickly to the new

society than their parents which can lead to children taking on more traditionally adult roles (Flores 2018).

This study adds to the literature by illustrating the differences between parents' and children's perceptions of child caregiving responsibilities in Canada versus the country of origin. Few studies have looked at both young people's and caregivers' opinions about changes in caregiving roles following migration, and it is important to see that there is a difference in how children may perceive and thus be affected by their caregiving role changes. The fact that some children strongly expressed having more responsibilities in Canada than in their country of origin contrasted with many parents' opposing assertions. Although this may be due to sample limitations outlined in the Methods section, broader explanations are likely at play given the strength of this theme. Because migrant families tend to be smaller, with fewer extended family members, and because both parents are often working long hours, it is also possible that the parents' socio-economic precariousness is associated with a subjectively increased burden for both children and parents, as compared to the situation in the country of origin. It is also possible that some parents have an exaggerated sense of children's capabilities in relation to developmental stage and may have expectations for what their children could or would have been responsible for in the country of origin above and beyond what they actually could have carried out, which would echo Yildirim and Roopnarine's (2018) summary of parents' and teachers' expectations for students in several Caribbean countries. It is important to consider that many of parents' examples for children's greater responsibility in the country of origin centred on the age at which children acquired certain practical skills and the ability to look after themselves, rather than specifically sibling caregiving, which is what many children were referring to when they described having more responsibilities in Canada. Further research should investigate whether this difference between children's and caregivers' perceptions of responsibility before and after migration is

present in other migrant groups and what factors contribute to influencing each group's perceptions of responsibility.

While in some cases parents appreciated how teaching children to caregive helped them to learn independence, leaving children unsupervised and/or giving children responsibilities, such as caring for younger children, was often motivated by parents' lack of alternative care options (Ruiz-Casares & Heymann, 2009). In both Canada and the US, immigrants are more likely to be of lower socio-economic status than their native-born peers (Millett, 2016; Oxman-Martinez et al., 2012). This lack of economic resources can contribute to being unable to provide adequate care arrangements, particularly when combined with the loss of social support migrants experience (Pitt, Sherman, & Macdonald, 2015). We thus echo other scholars who advocate for a social ecological approach to unpacking caregiving situations rather than attributing inadequate supervision to parental failings (Elias et al., 2018). It is worth noting that many FGD participants were aware of supervision-related reasons for which CYP services might be called but felt that they had no other options for caregiving and were forced to take this risk. On occasion, participants worried about leaving an adolescent unsupervised, fearing that neighbours would report this, which highlights the lack of clarity in the province of Quebec surrounding when children can be home alone. In Quebec, no statutory norm indicates when young people can be home alone, although twelve years of age is generally recognised as acceptable, with babysitting courses offered to children eleven years and older (Ruiz-Casares & Radic, 2015). Recognising both the material constraints and lack of clarity in Quebec laws that lead to certain parenting decisions can provide inroads for social service workers to have productive conversations on putting safe childcare arrangements in place, in situations where CYP services may become involved. In some cases, online resources for children left unsupervised such as those offered by Kids Help Phone (https://kidshelpphone.ca/) and Youth Space (https://www.youthspace.ca/) can

help buffer against potential negative effects of being home alone. Efforts to increase awareness and access to such resources, such as translating them into more languages, advertising their availability in centres serving migrants, and educating social service workers about their benefits so that they can inform clients, are advised (Ruiz-Casares, Rousseau, Currie, & Heymann, 2012). Evaluating these interventions and further exploring ways to support migrant parents and children, through online and other resources, will be important moving forward.

Participating caregivers equipped their children to caregive consistent with their cultural norms but remained fearful of being reported as neglectful or labelled 'bad parents' due to discrimination from community members and CYP professionals as well as cultural and environmental caregiving differences in Canada. We do not assume all differences in perceived adequacy of child supervision to be attributable to cultural differences; some parents may simply adapt their assessment of their child's capacity to the high demands of their current environment and to the absence of support. This may result in over-burdening the children, while trying to justify it because of the absence of alternatives. In other situations, family strains may have been among the 'push' factors in migration. However, differences in cultural caregiving norms remain an important result from our FGD. In a study conducted with ethnic minority migrant families from collectivist cultures involved with CYP services in Australia, Sawrikar (2014) found that, similarly to caregivers in our FGD, for many families, caregiving norms around child supervision were based more on children's responsibility level than their age, a finding echoed by Miconi et al.'s (2018) scoping review on child supervision norms in low- and middle-income countries. Some of the families in Sawrikar's (2014) study also described equipping their children to caregive. We agree on the importance of training culturally competent, and furthermore, culturally safe (Kirmayer, 2012), CYP professionals. Generally, migrant parents are concerned with their children's

wellbeing, with consideration for their children's future success and 'best interests' often driving the decision to migrate (Hutchins, 2011; Pitt et al., 2015). Our results fit within this reality, with parents discussing the ways they equip their children for the responsibilities they are given and some parents even lamenting the fact that parents and teachers are less protective of children in Canada than in their country of origin. Caregivers also expressed how different cultural norms in Canada can both limit their ability to provide adequate care for their children and also lead neighbours unfamiliar with their parenting practices to misconstrue them as neglectful. These examples illustrate the thoughtful parenting that often co-exists with behaviours that can be labelled neglectful. We advocate for a strengths-based approach to CYP services that would support CYP professionals to educate migrant families around Canadian cultural norms, help address practical barriers to child supervision, and deploy strengths of both children and caregivers in making the best possible childcare arrangements.

Factors that help and hinder childcare and supervision in the community

Participants felt a lack of community cohesion in the new society compared to their communities of origin. The fact that participants highlighted this as a key source of difficulty in providing adequate supervision post-migration supports the literature on social support networks being a protective factor against child maltreatment (Ayón, 2011). The families in Sawrikar's (2014) study of migrant families in the CYP system also emphasised their perceived lack of collective caretaking in Australia compared to their countries of origin, where neighbours were described as caring more for each other's children. The families in Sawrikar's study differed from ours in that they were living in Australia, were recruited in the CYP system, and were from different ethnic backgrounds than those in our sample. Nonetheless, the similarities in caregiving challenges in transitioning from a collectivist to an individualist society are noteworthy. Previous work on the role of social environments in

caregiving has highlighted how having at least one social support member in the neighbourhood can positively influence parents' caregiving practices and ability to provide appropriate alternate forms of care for their children (Freisthler, Thomas, Curry, & Wolf, 2016). Comments from our FGD that some parents see CYP services as the only source of help in caring are particularly telling regarding the lack of community support experienced by many families post-migration.

As described by Melton (2010), social isolation has increased significantly in North America since the 1970s, such that any cultural differences in communal caregiving experienced by migrants are further exacerbated by these trends, which affect families who have lived in North America for many generations as well as those who have more recently arrived. Melton also highlighted that families who experience social isolation are particularly likely to see their neighbourhoods as dangerous for their children. The link participants made between lack of collective responsibility for the care of children and lack of perceived safety in one's community adds to the literature on neighbourhood perceived danger and parenting, as it suggests that the way some families experience safety is related to the presence of socially supportive neighbours. This goes beyond current constructs that associate perceived danger with violence, crimes, and physical degradation of buildings in the community (Cuellar et al., 2015). Participants' assertion that, when there is more danger, there is an increase in child supervision or monitoring of children is also found in previous studies on safety and parenting practices in both minority and majority communities in North America and Europe (Jones, Forehand, O'Connell, Armistead, & Brody, 2005; Vieno, Nation, Perkins, Pastore, & Santinello, 2010). The mixed results around perceived community safety echo results from other discussions with parents and children in a Canadian migrant sample (Brown et al., 2013). The statement that safety is not always as present at school as parents may expect is supported by a systematic review that found that first-generation immigrant

youth are more likely to experience bullying and other forms of aggression from peers than native-born and third generation youth (Pottie, Dahal, Georgiades, Premji, & Hassan, 2015).

Previous work in the US soliciting neighbourhood residents' opinions on how neighbours can help protect children emphasised reporting possible cases of child maltreatment to the proper authorities and also helping directly, whether by intervening in cases of suspected maltreatment or supporting parents in childcare provision (Korbin & Coulton, 1996). However, participants from Korbin and Coulton's study highlighted the risk of misreporting cases of child maltreatment, such as upsetting neighbours and disrupting neighbourhood relations. Indeed, participants in our own study described feeling the threat of being reported as detrimental to the development of trusting neighbourhood relations. Participants' sense that neighbours are 'nosey' may be partly due to a lack of awareness of societal norms of reporting to CYP services, an experience of social change inherent in the migrant context (Sawrikar & Katz, 2014b). However, it is likely most strongly coloured by some neighbours' lack of understanding of parenting norms in migrant families' cultures and outright racism or discrimination, which many migrants experience both in Montreal, Canada and globally (Pitt et al., 2015; Yakushko, 2009). These experiences are a form of micro-aggression regularly experienced by ethnic minority community members (Fleras, 2016) and the racism experienced by study participants was described by some as existing alongside violence. These perceptions and experiences of discrimination created an environment that left participants feeling fear and distrust from and towards their neighbours. In order to aid migrant families in providing adequate childcare and to take some of the burden off of children to care, community interventions could benefit from targeting the development of positive relationships between community members. According to participants, mutual trust, understanding of different cultural caregiving norms, and desire to work cooperatively in childcare arrangements are important factors in building such communities. In order to do

this, underlying issues such as fear of the 'other' in majority-minority relations (Rousseau, Jamil, Bhui, & Boudjarane, 2015) and racism must be addressed through interventions that target both individual attitudes and beliefs as well as systemic, environmental issues (Buhin & Vera, 2009). Some non-governmental organisations in Montreal have created discussion groups where parents can share challenges of raising children in a new environment and group leaders can provide information on norms in the host community and also introduce the idea of the negotiation of these norms. Such peer-led groups, where migrant parents with experience in the host country speak to other parents, can foster mutual trust and community building by providing a non-threatening space in which different norms on delicate issues, such as child discipline, can be discussed and negotiated.

Winter conditions posed another challenge to caregiving that was exacerbated by lack of community support. Harsh weather has previously been linked to a lack of gathering areas for children to play (Castonguay & Jutras, 2010) and described as a multi- faceted challenge to wellbeing in other work with migrants in Canada (Pitt et al., 2015).

Throughout the FGD, caregivers emphasised the importance of understanding the dual influence of context and culture on childcare-related decision-making. The question of how the CYP system can best balance accepting different caregiving practices versus educating families to comply with current standards for care warrants further discussion. Nevertheless, it would be helpful for CYP professionals to approach cases of alleged inadequate supervision with migrant families with the knowledge that approaches to caregiving tend to prioritise collective care as well as children's responsibility level as perceived by the parent. This can be combined with more general considerations of a family's economic position and how this may influence caregiving options (Elias et al., 2018). CYP professionals would do well to incorporate community development strategies among the

methods they employ with migrant families in the process of adjusting to their new living circumstances.

Limitations

Although FGD were conducted with self-identified members of the Latin American and Afro-Caribbean communities in Montreal, we cannot make generalisations about these groups as a whole, due to the study's small sample size, recruitment method, and because of the dynamic nature of culture and how cultural practices interact with personal and family dynamics and histories (Korbin, 2002). The fact that children had spent varying amounts of time in the country of origin, including shorter visits and moving back and forth between the country of origin and Canada could shape their views and contribute to a 'vacation-like' experience in the country of origin with fewer responsibilities compared to daily life in Canada. These limitations were taken into consideration during analysis. Despite these limitations, the study design supported a more nuanced look at the experience of children and caregivers around child caregiving and supervision in migration.

Conclusion

Migrant families face specific challenges to child caregiving and supervision, in particular those related to changes in cultural norms and lack of supportive social networks and communities. Children frequently take on caregiving roles for both cultural and contextual reasons, which can be interpreted as inadequate supervision by neighbours and CYP professionals even in cases where parents deem children adequately responsible to care. Participants also highlighted the important role of social support in providing adequate care. The absence of support from neighbours in Montreal was characterised as a significant change from most participants' communities of origin and one that affected their sense of safety in the community as well as their caregiving decisions. This study provides insights about what characteristics of neighbourhoods are (un)helpful in child supervision and

suggests that understanding the role of host country prejudices toward migrant parents is key in the promotion of more supportive communities.

Acknowledgements

References

Albarracin, D., Repetto, M. J., & Albarracin, M. (1997). Social support in child abuse and neglect: Support functions, sources, and contexts. *Child abuse & neglect, 21*(7), 607-615.

Alvarez, K. M., Donohue, B., Kenny, M. C., Cavanagh, N., & Romero, V. (2005). The process and consequences of reporting child maltreatment: A brief overview for professionals in the mental health field. *Aggression and Violent Behavior, 10*(3), 311-331.

Ayika, D., Dune, T., Firdaus, R., & Mapedzahama, V. (2018). A Qualitative Exploration of Post-Migration Family Dynamics and Intergenerational Relationships. *SAGE Open, 8*(4), 2158244018811752.

Ayón, C. (2011). Latino families and the public child welfare system: Examining the role of

    social support networks. *Children and Youth Services Review, 33*(10), 2061-2066.

    doi:https://doi.org/10.1016/j.childyouth.2011.05.035

Barbour, R. S. (2005). Making sense of focus groups. *Medical education, 39*(7), 742-750.

Berman, H., Mulcahy, G. A., Forchuk, C., Edmunds, K. A., Haldenby, A., & Lopez, R.

    (2009). Uprooted and displaced: A critical narrative study of homeless, Aboriginal,

    and newcomer girls in Canada. *Issues in mental health nursing, 30*(7), 418-430.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research*

    in Psychology, 3(2), 77-101. doi:10.1191/1478088706qp063oa

Brown, J., Tarc, P., Hamel, N., Moreno, D., Gonzalez, I., Ji, J., . . . Abdulrahim, S. (2013).

    Toward Healthy Welcoming Communities: Newcomer Youth and Parents Speak Out.

    Retrieved from London, ON, Canada: http://p2pcanada.ca/library/toward-healthy-

    welcoming-communities-newcomer-youth-and-parents-speak-out/

Buhin, L., & Vera, E. M. (2009). Preventing racism and promoting social justice: Person-

    centered and environment-centered interventions. *The Journal of Primary Prevention,*

    30(1), 43-59.

Campaign 2000. (2017). *2017 Report Card on Child and Family Poverty in Canada*.

    Retrieved from Toronto, ON: https://campaign2000.ca/wp-

    content/uploads/2017/11/EnglishNationalC2000ReportNov212017.pdf

Castonguay, G., & Jutras, S. (2010). Children's use of the outdoor environment in a low-

    income Montreal neighborhood. *Children Youth and Environments, 20*(1), 200-230.

Chand, A., & Thoburn, J. (2005). Research review: Child and family support services with

    minority ethnic families: What can we learn from research? *Child & Family Social*

    Work, 10(2), 169-178.

Chuang, S. S., & Costigan, C. L. (2018). *Parental Roles and Relationships in Immigrant Families: An International Approach*. Cham: Springer.

Coohey, C. (2007). Social networks, informal child care, and inadequate supervision by mothers. *Child Welfare: Journal of Policy, Practice, and Program, 86*(6), 53-66.

Cuellar, J., Jones, D. J., & Sterrett, E. (2015). Examining parenting in the neighborhood context: A review. *Journal of Child and Family Studies, 24*(1), 195-219.

Dow, H. D. (2011). An overview of stressors faced by immigrants and refugees: A guide for mental health practitioners. *Home Health Care Management & Practice, 23*(3), 210-217.

Elias, T. I., Blais, N., Williams, K., & Burke, J. G. (2018). Shifting the Paradigm from Child Neglect to Meeting the Needs of Children: A Qualitative Exploration of Parents' Perspectives. *Social work in public health*, 1-12.

Fleras, A. (2016). Theorizing Micro-aggressions as Racism 3.0: Shifting the discourse. *Canadian Ethnic Studies, 48*(2), 1-19.

Flores, A. (2018). The Descendant Bargain: Latina Youth Remaking Kinship and Generation through Educational Sibcare in Nashville, Tennessee. *American Anthropologist, 120*(3), 474-486.

Freisthler, B., Thomas, C. A., Curry, S. R., & Wolf, J. P. (2016). *An alternative to residential neighborhoods: An exploratory study of how activity spaces and perception of neighborhood social processes relate to maladaptive parenting.* Paper presented at the Child & youth care forum.

Goodman, A., Patel, V., & Leon, D. A. (2010). Why do British Indian children have an apparent mental health advantage? *Journal of Child Psychology and Psychiatry, 51*(10), 1171-1183.

Grumi, S., Milani, L., & Di Blasio, P. (2017). Risk assessment in a multicultural context: Risk and protective factors in the decision to place children in foster care. *Children and Youth Services Review, 77*, 69-75. doi:10.1016/j.childyouth.2017.04.009

Hafford, C. (2010). Sibling caretaking in immigrant families: Understanding cultural practices to inform child welfare practice and evaluation. *Evaluation and program planning, 33*(3), 294-302.

Hassan, G., Thombs, B. D., Rousseau, C., Kirmayer, L. J., Feightner, J., Ueffing, E., & Pottie, K. (2011). Evidence-based clinical guidelines for immigrants and refugees. Appendix 12: Child maltreatment: evidence review for newly arriving immigrants and refugees. *Canadian Medical Association Journal, 183*(12), 1-15.

Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics, 118*(3), 933-942.

Hutchins, T. (2011). 'They Told Us in a Curry Shop': Child–Adult Relations in the Context of Family Migration Decision-Making. *Journal of Ethnic and Migration Studies, 37*(8), 1219-1235. doi:10.1080/1369183X.2011.590926

Jones, D. J., Forehand, R., O'Connell, C., Armistead, L., & Brody, G. (2005). Mothers' perceptions of neighborhood violence and mother-reported monitoring of African American children: An examination of the moderating role of perceived support. *Behavior Therapy, 36*(1), 25-34.

Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural Psychiatry, 49*(2), 149-164. doi:10.1177/1363461512444673

Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. *Child abuse & neglect, 26*(6-7), 637-644.

Korbin, J. E., & Coulton, C. J. (1996). The role of neighbors and the government in neighborhood-based child protection. *Journal of Social Issues, 52*(3), 163-176.

Kotch, J. B., Browne, D. C., Ringwalt, C. L., Dufort, V., Ruina, E., Stewart, P. W., & Jung, J.-W. (1997). Stress, social support, and substantiated maltreatment in the second and third years of life. *Child abuse & neglect, 21*(11), 1025-1037.

Lavergne, C., Dufour, S., Trocmé, N., & Larrivée, M.-C. (2008). Visible minority, Aboriginal, and Caucasian children investigated by Canadian protective services. *Child Welfare, 87*(2), 59-76.

Lyons, S. J., Henly, J. R., & Schuerman, J. R. (2005). Informal support in maltreating families: Its effect on parenting practices. *Children and Youth Services Review, 27*(1), 21-38.

McSherry, D. (2007). Understanding and addressing the "neglect of neglect": Why are we making a mole-hill out of a mountain. *Child abuse & neglect, 31*(6), 607-614.

Melton, G. B. (2010). Angels (and neighbors) watching over us: Child safety and family support in an age of alienation. *American Journal of Orthopsychiatry, 80*(1), 89-95.

Miconi, D., Beeman, I., Robert, E., Beatson, J., & Ruiz-Casares, M. (2018). Child supervision in low-and middle-income countries: A scoping review. *Children and Youth Services Review, 89*, 226-242.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis : a methods sourcebook* (Third edition. ed.). Thousand Oaks, Califorinia: SAGE Publications, Inc.

Millett, L. S. (2016). The healthy immigrant paradox and child maltreatment: A systematic review. *Journal of Immigrant and Minority Health, 18*(5), 1199-1215. doi:http://dx.doi.org/10.1007/s10903-016-0373-7

Newland, L. A. (2015). Family well-being, parenting, and child well-being: Pathways to healthy adjustment. *Clinical Psychologist, 19*(1), 3-14. doi:10.1111/cp.12059

Oxman-Martinez, J., Rummens, A. J., Moreau, J., Choi, Y. R., Beiser, M., Ogilvie, L., & Armstrong, R. (2012). Perceived ethnic discrimination and social exclusion: Newcomer immigrant children in Canada. *American Journal of Orthopsychiatry, 82*(3), 376-388.

Peterson-Sweeney, K. (2005). The use of focus groups in pediatric and adolescent research. *Journal of Pediatric Health Care, 19*(2), 104-110.

Phillips, D., & Robinson, D. (2015). Reflections on migration, community, and place. *Population, Space and Place, 21*(5), 409-420.

Pitt, R. S., Sherman, J., & Macdonald, M. E. (2015). Low-income working immigrant families in Quebec: exploring their challenges to well-being. *Canadian Journal of Public Health, 106*(8), e539-e545.

Pottie, K., Dahal, G., Georgiades, K., Premji, K., & Hassan, G. (2015). Do first generation immigrant adolescents face higher rates of bullying, violence and suicidal behaviours than do third generation and native born? *Journal of Immigrant and Minority Health, 17*(5), 1557-1566.

Putnam-Hornstein, E., Needell, B., King, B., & Johnson-Motoyama, M. (2013). Racial and ethnic disparities: A population-based examination of risk factors for involvement with child protective services. *Child abuse & neglect, 37*(1), 33-46.

Rajendran, K., Smith, B. D., & Videka, L. (2015). Association of caregiver social support with the safety, permanency, and well-being of children in child welfare. *Children and Youth Services Review, 48*, 150-158.

Reading, R., Bissell, S., Goldhagen, J., Harwin, J., Masson, J., Moynihan, S., . . . Webb, E. (2009). Promotion of children's rights and prevention of child maltreatment. *The Lancet, 373*(9660), 332-343.

Rousseau, C., Jamil, U., Bhui, K., & Boudjarane, M. (2015). Consequences of 9/11 and the

war on terror on children's and young adult's mental health: A systematic review of

the past 10 years. *Clinical Child Psychology and Psychiatry, 20*(2), 173-193.

Ruiz-Casares, M., & Heymann, J. (2009). Children home alone unsupervised: Modeling

parental decisions and associated factors in Botswana, Mexico, and Vietnam. *Child

abuse & neglect, 33*(5), 312-323.

Ruiz-Casares, M., Nazif-Muñoz, J., Iwo, R., & Oulhote, Y. (2018). Nonadult supervision of

children in low-and middle-income countries: Results from 61 national population-

based surveys. *International journal of environmental research and public health,

15*(8), 1564.

Ruiz-Casares, M., & Radic, I. (2015). *Legal Age for Leaving Children Unsupervised Across

Canada*. Retrieved from Montreal, QC:

Ruiz-Casares, M., Rousseau, C., Currie, J. L., & Heymann, J. (2012). 'I Hold on to My

Teddy Bear Really Tight': Children's Experiences When They Are Home Alone.

American Journal of Orthopsychiatry, 82(1), 97-103.

Sawrikar, P. (2014). Inadequate supervision or inadequate sensitivity to cultural differences

in parenting? Exploring cross-cultural rates of neglect in an Australian sample.

Qualitative Social Work, 13(5), 619-635.

Sawrikar, P. (2016). *Working with ethnic minorities and across cultures in Western child

protection systems*: Routledge.

Sawrikar, P., & Katz, I. (2014a). 'Normalizing the Novel': How Is Culture Addressed in

Child Protection Work With Ethnic-Minority Families in Australia? *Journal of Social

Service Research, 40*(1), 39-61.

Sawrikar, P., & Katz, I. (2014b). Recommendations for improving cultural competency when working with ethnic minority families in child protection systems in Australia. *Child and Adolescent Social Work Journal, 31*(5), 393-417.

Sedlak, A., & Schultz, D. (2005). Racial differences in child protective services investigation of abused and neglected children. *Race matters in child welfare: The overrepresentation of African American children in the system*, 97-118.

Tseng, V. (2004). Family interdependence and academic adjustment in college: Youth from immigrant and US-born families. *Child Development, 75*(3), 966-983.

Vieno, A., Nation, M., Perkins, D. D., Pastore, M., & Santinello, M. (2010). Social capital, safety concerns, parenting, and early adolescents' antisocial behavior. *Journal of Community Psychology, 38*(3), 314-328.

Yakushko, O. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist, 37*(1), 36-66.

Yildirim, E. D., & Roopnarine, J. L. (2018). Early Childhood Education in the Caribbean Region. In J. L. Roopnarine, J. E. Johnson, S. F. Quinn, & M. M. Patte (Eds.), *Handbook of International Perspectives on Early Childhood Education* (1st ed., pp. 13-30). New York: Routledge.

Bridge

In Article 1, we saw how children and caregivers at times have different perspectives from one another on children's caregiving roles. We also saw the ways in which new communities in migration can play a significant role in the level of support (or lack thereof) experienced by migrant families, particularly when discrimination from CYP or neighbours is present. The fact that parents equip their children to caregive in diverse ways is important, as caregiving experiences have implications for the wellbeing of both children and caregivers, particularly in challenging migration contexts. This idea is explored further in Article 2, as we look at how refugee mothers caregive and prioritise child supervision during the stresses of refugee migration. Mothers' parenting styles play a significant role in children's wellbeing (Pittman & Chase-Lansdale, 2001) and in Arab families, mothers often carry the most immediate responsibility for child-rearing (Abudabbeh, 2005). In the following paper, we move from looking at the relevance of cultural differences in parenting in migration and how this influences experiences of discrimination from neighbours and CYP services to how child supervision is perceived and experienced by Syrian refugee mothers across the stages of migration.

ARTICLE 2

"Like a fox. One eye open and one eye closed": Child supervision in the migration trajectories of Syrian refugee mothers resettled in Canada

Christina L. Klassen, B.A. [a], Cécile Rousseau, M.D. [a], Jill Hanley, Ph.D. [b], Garine Papazian-Zohrabian, Ph.D. [c], Mónica Ruiz-Casares, Ph.D. [a]

[a]Department of Psychiatry, McGill University, [b]School of Social Work, McGill University, [c] Department of Educational Psychology and Adult Education, University of Montreal

Abstract

In the context of increasing forced migration globally and the accompanying challenges to children's mental health, supportive parenting can be a protective factor in the promotion of children's wellbeing. Adequate child supervision is an important component of such supportive parenting, and yet is understudied in the refugee migration context. This study looks at Syrian refugee mothers' parenting practices across the four stages of refugee migration (country of origin, pre-flight/conflict, flight/transit, and resettlement) through 20 semi-structured interviews with mothers resettled in the region of Montreal, Canada, since 2015. Findings show how the practice of child supervision was experienced by mothers and evolved across the different stages of refugee migration. Although valued prior to conflict, child supervision was less of a concern given the familiarity of families' environments and close social networks. This was disrupted by the security concerns raised in the pre-flight/conflict and flight/transit stages of migration, leading to difficulty providing adequate supervision. Mothers reported varied attempts to supervise and create as secure an environment as possible for children, while also promoting family cohesion, given events and contextual changes beyond mothers' control. In resettlement, some mothers described using a

high level of supervision to promote children's wellbeing, including through socialisation and integration into the new environment in a way that allowed mothers to feel comfortable and maintain their maternal authority. Other mothers struggled to preserve family cohesion and maintain this authority in resettlement, described as being due in part to a lessened ability to supervise. Implications for future research and clinical practice, such as the need to consider both cultural background and migration experiences in clinical intervention and development of parental support programs, are discussed.

Introduction

When children live through violent conflict and forced displacement, the associated disruptions in their environment can have a considerable negative impact on their wellbeing and development given the importance of stability and family cohesion for healthy child development (Harden, 2004; Negussie, Geller, & DeVoe, 2019). In light of this, it is essential to understand how different components of parenting can help buffer against the loss in stability experienced by refugee families. Worldwide, the number of people who have been forcibly displaced is higher now than it has ever been at nearly 70.8 million, 37% of whom are refugees (UNHCR, 2019). At present, more than twice as many refugees come from Syria than from any other country (6.6 million), with nearly half of these being children (UNHCR, 2017b, 2019), making study in this area more urgent than ever. Supportive parenting, including adequate supervision, has been shown to be an important factor in promoting children's wellbeing in contexts of conflict and migration (Tol, Song, & Jordans, 2013). However, no research has yet looked specifically at changes in child (sometimes called parental) supervision across the different stages of refugee migration.

Since November 2015, Canada has welcomed more than 44,000 Syrian refugees, over 20% of them in Quebec (IRCC, 2019). These refugee families navigated four stages of migration: country of origin (i.e., Syria before war); pre-flight, conflict contexts (i.e., Syria during war); transit and forced migration, sometimes called flight or perimigration stages (i.e., flight from Syria, time in transition countries such as Lebanon); and resettlement (i.e., Canada) (Hadfield, Ostrowski, & Ungar, 2017; Williams, 2010). Each stage brings its own stressors to parenting and can have long-term effects on parents' and children's mental health and wellbeing (Dalgaard & Montgomery, 2017; El-Khani, Ulph, Peters, & Calam, 2016) as well as on their relationships (Betancourt et al., 2015). Our study explored how Syrian

refugee mothers resettled in Canada since 2015 perceived and experienced child supervision and how their ideas and practices evolved across their refugee migration trajectories.

Parenting as a protective factor of child wellbeing

Studies have shown that children who have lived under war and conflict are at high risk for developing posttraumatic stress disorder (Baddoura & Merhi, 2015), depression (Thabet, Abed, & Vostanis, 2004), anxiety (Attanayake et al., 2009), and psychosomatic problems (Özer, Sirin, & Oppedal, 2013). Research with Syrian refugee children and adolescents who have lived through the pre-flight/conflict and transit stages of migration has confirmed the relevance of these findings to Syrian young people (Ghumman, McCord, & Chang, 2016; Sirin & Rogers-Sirin, 2015). This means that many of the Syrian refugee children resettling in Quebec and Canada may face such mental health difficulties (Hadfield et al., 2017).

Family environment and parental care influence how well conflict-affected children cope with environmental stressors and psychological distress (Betancourt & Khan, 2008; Panter-Brick, Goodman, Tol, & Eggerman, 2011; Punamäki, Qouta, & El-Sarraj, 2001; Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009). Loving, supportive, and caring parenting can promote children's psychological wellbeing in contexts of war and violence (Eltanamly, Leijten, Jak, & Overbeek, 2019; Qouta, Punamäki, & El Sarraj, 2008) as well as in the often stressful context of refugee resettlement (McMichael, Gifford, & Correa-Velez, 2011). Thus, in seeking to improve refugee children's mental health and wellbeing, interventions should focus on and address parenting practices and needs (Tol et al., 2011).

Research with Syrian refugee families in the transit/flight stage of migration has highlighted how environmental and parent-specific challenges, such as psychological distress, contribute to maladaptive parenting practices and parental concerns about their ability to parent effectively (El-Khani et al., 2016; El-Khani, Ulph, Peters, & Calam, 2017).

Resettlement also brings challenges to parenting, including financial struggles, reduced social support due to distance from family, friends, and supportive relations, lack of familiarity with public services and common sociocultural practices, and parent-child role reversal (Dachyshyn, 2008; Dalgaard & Montgomery, 2017). Child supervision is an important component of healthy parenting; lower levels of certain forms of child supervision have been related to poor mental health outcomes for adolescents (Arat & Wong, 2016) and inadequate supervision is the most common form of child neglect in Canada (Trocmé et al., 2010). Given the large number of recently resettled Syrian refugees in Canada, there is an urgent need to investigate how each stage of the migration experience and parental psychological state have shaped parents' attitudes and practices regarding parenting, in order to best support refugee children and their families as they adjust to life in Canada.

Child supervision in refugee migration

Adequate child supervision generally requires watching children closely enough to prevent harm, providing adequate substitute childcare when necessary, protecting children from potentially nefarious third parties, and preventing children from engaging in harmful or dangerous activities (Coohey, 2003). Child supervision can also be seen as a way of expressing care for children (Duncombe, Havighurst, Holland, & Frankling, 2012; Knutson, DeGarmo, Koeppl, & Reid, 2005). The specific ways of ensuring children are adequately supervised vary across cultures and can be influenced by migration contexts (Klassen, Gonzalez, Sullivan, & Ruiz-Casares, 2020). Tol et al. (2013) demonstrated the importance of child supervision and parental support through a systematic review of quantitative and qualitative studies on resilience and mental health among children and adolescents in armed conflict settings in low- and middle-income countries; this was a key moderating factor in protecting and promoting mental health.

Although statistics on unaccompanied minors in refugee migration are readily available (Bhabha & Abel, 2019) and there has been serious study on the effect of the absence of parental supervision on refugee minors' mental health (see Huemer et al., 2009 and Mitra & Hodes, 2019 for reviews of the literature), there is a dearth of literature specifically focusing on child supervision practices across the stages of refugee migration in situations where parents are present. Research investigating how and in what contexts child supervision is practiced and changes across the stages of migration is therefore important in order to better support refugee families at all stages of migration, including in resettlement contexts such as Canada.

Methods

Study design

The study used a cross-sectional, qualitative research design, which allowed participants to voice their experiences in their own words, facilitating a rich account of their migration and parenting experiences (Green & Thorogood, 2013). These retrospective accounts represent a reconstruction of the past that can provide some insight into the ways participants cope with the past and/or the present, and have been employed in other studies on parenting experiences and migration experiences (Colville et al., 2009; Ward & Styles, 2005).

Participants and recruitment

Participants were recruited through the Canadian Institutes of Health Research-funded *Refugee integration and long-term health outcomes in Canada (SyRIA.lth)* project's Montreal site's existing database of Syrian refugee adults. SyRIA.lth is a longitudinal study of resettled Syrian refugees' settlement strategies and social integration. The project seeks to improve new Canadians' health and wellbeing through increased understanding of pathways to successful outcomes in integration and to inform resettlement programs that would better meet the needs and circumstances of newcomers. The SyRIA.lth team identified participants

who met the eligibility criteria for this study and who had previously agreed to be contacted for participation in qualitative studies during the course of the project. Eligible participants were then contacted by telephone by the first author and a SyRIA.lth project interviewer who also acted as a co-interviewer for this study. During recruitment, eligible participants were provided with information about the study and their rights as potential interviewees and then invited to participate.

A sample of 20 Syrian refugee mothers was recruited, with half of participants being government-assisted (GAR) and half being privately sponsored (PSR) refugees (IRCC, 2019) who had resettled in Quebec since 2015. GARs are selected and supported (financially and in terms of integration) by the Canadian government while PSR are identified by Canadian individuals, families, and groups that meet certain criteria, sometimes through the help of a NGO, who then take responsibility for the PSR's living expenses in the first year and are expected to support the PSR's social integration. In order to be included in the study, mothers must have had at least one child who was born between 1999 and 2011, when the Syrian civil war began (i.e., no older than eighteen at the time of the interview) (UNHCR, 2017a). Recruitment stopped after 20 participants as this was the point when data saturation was achieved (Guest, Bunce, & Johnson, 2006). GARs and PSRs often have different migration trajectories prior to arrival in Canada and previous research has shown that PSRs may experience more successful integration in Canada than GARs (Beiser, 2003). Initial results from the *SyRIA.lth* project's Montreal site have also shown that GARs tend to be more socially isolated (Hanley et al., 2018; Hynie et al., 2019). The choice to select half of participants as GARs and half as PSRs was made in order to capture these elements of diversity within parenting experiences.

Materials and procedures

Individual, semi-structured interviews (Seidman, 2013) were conducted with Syrian refugee mothers to discuss their experiences of parenting and childcare across the four stages of refugee migration. Interviews were conducted by the first author and the primary interviewer, who is a Syrian psychologist born and raised in Damascus and native speaker of Levantine Arabic to ensure optimal understanding of the cultural and Arabic dialect heterogeneity present within the Syrian refugee diaspora (Hassan et al., 2015). The researcher (fluent in conversational Levantine Arabic) probed as necessary and took notes with special attention to participants' facial expressions, gestures, and the surrounding environment. All interviews were audio recorded with permission of participants, transcribed verbatim, and translated into English. Interviews took place in participants' homes for all but two participants, one of whom was interviewed in her friend's home, and the other in a cafeteria of her choice in her neighbourhood.

Analysis

NVivo 11 (QSR International, 2015) was used to conduct thematic analysis of interview results in order to capture both latent and manifest content from interviews, and to facilitate both a deductive and inductive approach to data analysis (Braun & Clarke, 2006; Vaismoradi, Turunen, & Bondas, 2013). Themes were developed based on interview data and analysed by the four stages of refugee migration (country of origin, pre-flight/conflict, flight/transit, and resettlement) described by Williams (2010); non-verbal data were incorporated in the analysis process through the use of annotations in NVivo and were considered in developmental discussions with the research team. The flexible approach afforded by thematic analysis (Braun & Clarke, 2006) as well as its ability to allow the researcher to analyse participants' meaning within their own context (Joffe & Yardley, 2004) make it well-suited to this research project.

The level of analysis combined both emic and etic approaches, in that interviews were structured to discuss parenting practices more broadly and so results on child supervision were described in the participants' own words, with the researcher, in consultation with the research team, determining what practices could be categorised as pertaining to supervision for the purposes of analysis. This approach stemmed from a desire to communicate participants' experiences in their own voices as much as possible (Green & Thorogood, 2013). As outlined by Green and Thorogood (2013), analysis therefore began as soon as the first data were collected and was shaped by an iterative and reflective process during the course of the research. Reflection was carried out in particular through discussion between the researcher and her Syrian co-interviewer, and drawing on the researcher's experience working with Syrian refugee families in Lebanon for 10 months, as well as conversations and relationships with Syrian refugee-background friends and colleagues. Additionally, an advisory committee member for the research project was a Lebanese-Canadian scholar with extensive experience working with Syrian families, and she was consulted during the analysis process. In analysis, themes from interviews were supplemented by information gleaned from the researcher's observational notes during interviews. Demographic data, such as socioeconomic status before and after migration, city and/or region of origin in Syria, language(s) spoken, and religious-cultural group, were also considered when comparing results and developing themes, given Syria's demographic diversity, and the fact that each of these can provide insight on participant identity and background (Hassan et al., 2015).

The positionality of the researcher and primary interviewer were considered during analysis as well, given the researcher's identity as an unmarried, white Canadian graduate student, and the primary interviewer's identity as a French-PhD-educated unmarried Syrian woman born and raised in Damascus, which could evoke a sense of social distance when participants were less educated or came from more rural regions of Syria. Care was taken

during the interviews to find common ground with participants while maintaining a professional, ethical distance, and all participants appeared to enjoy the interview process, with many inviting the researchers to visit again.

Ethical considerations

There was a small risk of refugees experiencing psychological distress when discussing events surrounding migration and their new environment in Canada and how these influence parenting. Given that sensitive topics could emerge, all necessary measures were taken to conduct interviews in a supportive environment and to connect participants to services as needed. The researcher and the primary interviewer both have experience working with Syrian refugees discussing difficult experiences surrounding refugee migration and both were trained on how to sensitively ask questions and respond to distress from participants. Due to the semi-structured nature of the interviews, participants were able to choose which elements of their migration and parenting experiences they wanted to share and in how much detail. Participants were offered a list of mental health resources in the Montreal area when necessary. This list included contact information for organisations such as RIVO (Intervention network for persons affected by organised violence), which offers free counselling services to refugees and other persons affected by organised violence, as well as other community agencies and provincial health services. No participants exhibited acute distress. Ethics approval was granted by the Institutional Review Board (IRB) of the McGill Faculty of Medicine. Pseudonyms are used throughout the manuscript to preserve participant confidentiality.

Results

Profile of participants

Participants were half Muslim (n=10) and half Christian (n=10) and came from diverse backgrounds in terms of level of religiosity and branch within their respective

religion. Nine out of ten Muslim participants were GARs and 90% of Christian participants were PSRs. Mothers had between one and seven children each, and on average had 3.4 children, with ages ranging from one and a half months at the time of interview to 37 years of age. Despite this variety, each mother had at least one child who was school-aged (i.e., between the ages of seven and eighteen). Five of 20 families had (a) child(ren) of only one sex (female only=3, male only=2); only one family had an only child. Participants were from many different cities in multiple regions of Syria, and 12 out of 20 spent more than 6 months in a transit country; 11 out of 20 spent two years or more. Of the 10 GAR participants, nine spent more than two years in a transit country (range for GARs=2 months to 5 years). 80% of all mothers passed through Lebanon as a transit country, and others passed through Jordan (n=2), Egypt (n=1), and Turkey (n=1). All PSR mothers passed through Lebanon as the country of transit. Mothers left Syria between 2011 and 2015, and arrived in Canada in or after 2015.

Mothers' descriptions of their child supervision experiences are grouped according to the stage of migration, from Syria prior to conflict, through experiences in Syria during conflict and time in transit countries, to mother's experiences in the stage of resettlement in Canada's greater Montreal area.

Syria prior to conflict

In Syria prior to conflict, family relationships were described almost uniformly as very close, both within the immediate and extended families. Families often engaged in leisure activities together, as one participant, Reem, said: "In Syria, (…) wherever we go there're [children] with us" and mothers were overall in charge of the home and raising children:

Before the war, like we were living, like happy, comfortable, my kids were

young, you know, the mom, when she has control over the kids and the house, all

of it (Ibtissam)

Friday and Saturday we would go to restaurants, we would take them [children]

out to play, we would go to pools, we would go, like you know (…) like you saw

our social relationships, like uncles, aunts, their grandparents, and so on (…) All

of them in Aleppo I mean, and these were our habits (…) like my parents were

right next to me, like I used to go about 20 times a day to see my parents

(Youmna)

The fact that mothers were often at home was perceived as facilitating child

supervision, as was the fact that most families had parents and other relatives who could help

watch children when mothers held employment or otherwise could not be at home:

Some days, for example, I could not take them [children] with me. I would leave

them at home. I gave my mother the key. (…) She would come to the house. (…)

She knows they're awake now, she would come to the house and see them

(Fatima)

Before the war, although some mothers shared that children would diligently inform

parents of their whereabouts, families generally felt safe to let their school-aged children play

with less parental supervision outdoors, in extracurricular activities, and with neighbours,

relatives, and friends. Familiarity with the community, environment, and people (friends,

relatives, and neighbours) was described as playing a significant role in this comfort.

62

They [children] would go downstairs to play (…). They would ride their bikes,

yes! Like we had no problems, my son was registered in a horse-riding club, he

would come and go, the club's bus would take him and bring him. The other one

was registered in basketball, he would come and go, my daughter, I registered her

in gymnastics, like I would take her and bring her, like there was no problem at

all (Youmna)

Here, there's a difference, like in our community in Syria we used to know

everyone, I used to know the neighbours, if you told me I'm going to my friend,

I'm at your friend's, I don't have a problem because I know her, and I know her

parents (Farah)

Syria during conflict

As conflict began to affect participants' cities and regions, this comfort disappeared.

Whereas, before the war, "if [your son is] out too late, at night, you get worries", after the

war began, "you would get scared" (Ibtissam). A common concern among mothers with

teenage sons was that they would be apprehended and forced to join the military, as happened

to one mother who had left to Lebanon with her family when her son went back to Syria to

celebrate Eid in Damascus.

The challenges brought by the conflict forced some families to choose between their

priorities of family unity and providing for their children's future through education, as well

as between their attachment to home and community and safety for their families. For

example, in one family, the parents chose to have their oldest son stay in Syria to continue his

medical education in a relatively safer city, rather than migrate with the family to Canada.

During the conflict, some mothers shared how social support from neighbours came instead

in the form of updates on which areas were safe and free from missiles, shells, and other dangers.

Throughout this period, mothers shared how their social habits were completely disrupted: even visiting family down the street became dangerous, activities with extended family all but disappeared, children were no longer permitted to move anywhere alone, and mothers often shared the domestic space with their husbands full time. The level of threat participants experienced varied in severity and influenced the extent of disruption in these domains. Only a few mothers described situations of immediate threat (e.g., daily bombings or attacks, warzone context), while more mothers described simply living under threat of violence (e.g., possibility of bombings or attacks, potential for the area to become a warzone). Nonetheless, disruption in social habits was common to all participants. This shift in proximity and increase in shared space for many families was described both positively, as it facilitated closer supervision, and negatively. In some cases mothers described the family as coming closer together, however, they also got upset with one another more easily. Tensions arose between children, father, and mother:

> It [having everyone in one space due to security concerns] had an effect on me because my husband was sitting all day at home, and so you know like, the woman isn't used to her man staying all day at home (laughs) (...) So problems would arise I mean (...) Like he would get involved, not just this, he would take it out on us because (...) Like me, I was emotionally under pressure, and he was the same, and the kids (...) So it was always, you feel like, everyone was at each other's throats for the smallest things (Youmna)

Transit

Families' transit experiences were varied, with most PSR participants spending less time in transit countries and GAR spending up to five years in transit countries. Some participants were also internally displaced for protracted periods of time. Supervision experiences in transit varied across many factors, such as length of time in transit, socioeconomic status, neighbourhood or region in the transit country, and transit country attitudes towards Syrian refugees. Participants who lived in transit countries for long periods of time often struggled with providing adequate supervision for their children. This was primarily due to lack of or diminished social support from extended family members. This, in turn, led to difficulties for some parents with learning certain parenting techniques, including those related to the provision of developmentally appropriate care. For example, one participant shared how, while living in Lebanon, she fed her infant daughter bread, causing her to choke. A neighbour who was present at the time told her that this was not appropriate for a child of her daughter's age, and the realisation that she could have harmed her child caused the mother distress and guilt. In this case, even though her eldest child was born in Syria, at that time the extended family had lived together and her mother and other relatives had helped with and even taken over many caregiving and supervision responsibilities.

Security concerns were also present in the transit country. Fears for their children's safety caused some mothers to impose strict time restrictions or to not let their children, in particular their daughters, leave their homes. This was eloquently described by Ibtissam and her daughter:

> P: [I would] remain fear, fearful over them [children], even when they go out and
>
> go around and so on, I would remain worried, like I couldn't wait for them to get
>
> home

P's daughter: She [Ibtissam] would call us like "Where are you? Come on, come

home!"

P: Yes, I mean like it's fear

P's daughter: There was this thing, like, there was nothing that was according to

what I wanted to do, no she would call for example "if you want to go at this

time, and you need to return at 3 o'clock", for example, and I would return at 3

Another participant was even more restrictive with her three teenage daughters due to safety

concerns but sent her 15-year-old son to live in a more remote area in Lebanon's mountains

to do construction work with his uncle's sons because he was always being beaten in the area

they lived in in Beirut's outskirts:

P: I was scared for [my girls], we locked them in the room, the older ones. I don't

let [others] see them. Locked [there] for safety's sake, because there is kidnapping

in Lebanon. (…) I told him, my son, go [to the mountains], live there, the

important thing is that I don't stay scared for you.

I: He is the one who was beaten most of all?

P: Because he's a boy, and the boy wants to go out, he can't stay and sit at home,

with boys, it's hard. Now girls, I told them, I locked [imprisoned] them in the

house, but the boy, I can't lock him up (Bouchra)

Family relationships in transit countries were impacted by tension associated with

cramped physical space - for example, some families, like Bouchra's, lived in one-room

houses with multiple children and both parents. Opportunities to socialise were also described

as severely limited, and one participant shared the feeling that her son's shyness with other

children in Canada was due to the fact that he had had no opportunities to socialise with

children his own age while living in transit in Lebanon:

When I left Syria, David was 2 years and half. He did not understand the social

relationship with his age – other children. During the entire time I was in

Lebanon, David was spending his time in that room. (…) He didn't play with

other kids. (…) I used to take him out but he didn't see kids on the street to play

with. I also didn't know anybody who had kids his age to play with. (…) When I

came to Canada, I stayed 1 year or maybe 8 months staying here alone (…) Now,

my son, David, has a problem with kids (Amira)

In the face of fears for their children's safety while in insecure transit contexts, mothers were

innovative in finding ways to preserve a sense of maternal authority and protection for their

children. When education centres were opened for Syrian refugees in Egypt, Fatima

combined her need for work with her uncertainty about the schools' distance from home to

come up with a way to continue supervising her children:

Most people started complaining that (…) [the education centres were] too far

away, like you don't trust to send [your children] that far. (…) so I went and

I worked and applied for a school, I worked in it as a [bus] supervisor (…) so

I would bring the kids and deliver them, and I would stay sitting in the school

(Fatima)

Resettlement in Canada

Mothers identified three common barriers to support in child supervision in Canada:

Lack of trust due to not knowing friends and neighbours well, being unfamiliar with the

Canadian environment, and lack of time on their and others' parts. Mothers were hesitant

about letting unknown outside influences into their families. This meant that families who

had no extended family nearby in Montreal suffered from this absence, while those who had

supportive, present family nearby described appreciating this support.

67

You can't, like, leave the children to anyone. With the family, you could – (…)

They removed a big load. But here, you can't trust for anyone to take the child

(Rima)

In addition to feeling that those outside the family or who were not well known could not be trusted to care for their children, many mothers shared about the change in pace of life that they experienced in Canada and how this impacted both their ability to parent and others' willingness to help:

I don't know anyone I can depend on. (...) Because if I needed someone and I asked something from them, they might ponder it before they agree, they wouldn't tell me yes immediately. Even the ones we know, they're our friends, not more (...) But not because they don't like to. (...) They too are either busy with their school, or their work (Reem)

In Canada, although many mothers described challenges with caregiving, the fact that the children were physically safe eased their worries: "Even here, there is tiredness, but here, what relaxes you is, first thing, the children are psychologically comfortable from their end. They come and go." (Fatima)

Some mothers described how, due to holding employment in Canada, they were unable to spend as much time with their children. In some cases where the children were perceived to have grown more independent and/or rebellious, mothers attributed this to the fact that they were not physically present with their children, as in the case of Reem's eight-year-old daughter:

P: [I]n regards to misbehaviour, (…) they've really become impolite (…) because first of all I'm leaving them alone, (…) they're going out with their friends, and

they're coming, now [my daughter] when I go to work, you see these her friends? (…) From the morning she's with them, till I come back, you know? For example, yesterday she told me "Let me go to the pool", I told her "No". She said "No, in fact I'm going", and I replied "Did I tell you yes?". She got dressed, and she went with her friends. This is not the only time it happens, it has happened a few times. (…)

P: There are a few words they say too, when I hear them, like, um, like ill-mannered, swear words (…) they learn from each other (…) She'll tell me, "It's not me who said it, it's my friend who said it"

(…)

R: and it wasn't like this in Syria

P: No, of course not (…) Of course not, because I was always sitting with them (…) And now, I'm here not working 5 days, I'm working only 3 days a week

(Reem)

Mothers were eager to facilitate their children's integration, in particular through friendships, education, and employment, but wanted to do so in a way that allowed them to be fully informed on the influences that these opportunities could have.

[My 16-year-old son] told me "I want to be employed", I told him "go sign up" (...) I would also like for him to work for example, just for a few hours so he can gain experience in this culture (...) [and not] stay (...) in isolation (...) I let him now (...) he made a CV and gave it in and so on, like, if he got work I would let him work, but (...) under my watch (...) like I'll know where he's coming and going, "Mama," for example "today I applied here, I applied here" not by himself,

he goes out in the morning and doesn't come back until evening and I don't know where the kid is… (Youmna)

[T]he parents of the friends, we go and sit in the park, like, I reassure myself that I'm watching after my own daughter, and it's a public space. Not like at someone's house or something (…) I am sitting and speaking with them and watching my daughter, this is a good thing (…) I'm not taking away their fun, like, I let them speak to everyone. (…) and regarding to the older one, the first time she wanted to go see her friends, I went with her. Like, I visited the parents, and I saw the house, (…) I liked the situation. Like she is a normal mom, regular, a family, there's a father, like the situation was suitable for me. Like this, her relationship with her friend continued (…) The (…) places I haven't gone to, she's not allowed to go (Farah)

Like now my other son he's a bit older now, he's 16 now, so he's registered in a gym by himself (...) But my daughter no, I take her and I bring her I mean, like she tells me I want to go to the pool here for example, in the park near us (...) I'm scared (...) Yes and I go with her, for example, or there's a camp she can go with (...) if she wasn't accounted for 100% I wouldn't send her. Yes, but they have friends, and with their cousins here, like now my two sisters are here, and my two brothers are here (Youmna)

Mothers were especially eager to carefully supervise their children when it came to helping them develop strong moral and cultural values. They were aware of the influence that children's friendships could have, for better or for worse, and wanted to be the strongest influence in their children's character development.

I have to stay monitoring [my children]. Like a fox. One eye open and one eye

closed. Even [if] I am tired in the afternoon and have fed them and I want to

relax, I would like, uh, to lay down next to them. Even if it's on the sofa. I lay

down and they're around me. I don't feel like I'm comfortable unless they are

with me. I hear what they talk about. (…) I feel safe if they are near me. The day

we arrived, all of the children in the building came here. I tell them, "Stay here.

Don't go out." (…) I see them, I listen to them. You see who your children are

interacting with. What if you want to turn them away, for example, from an idea

they are talking about. Here, you will intervene. You want to see the children and

their upbringing and you intervene as you wish, because the children always

affect each other. (…) You have to stay monitoring and listening (Khawla)

Some mothers also described the ways in which they were working to help repair the

negative effects of their children's social development being interrupted during transit

country and conflict experiences by modifying supervision practices to facilitate healthy

social relationships. Below, Amira continues to share about her son David's difficulties while

describing how she has tailored her supervision to promote his positive social development:

This is because he did not play with other kids in the first 5 years of his life.

Either he watches TV or hangs out with his dad and me. Or plays with his toys

(…) I feel he lacks something. (…) That's why, now, I let him play a lot. (…) I

watch him from the window, for example, but I do let him play as long as

possible. I don't know if this is the right thing to do – compensating for the things

he lost (Amira)

Overall, mothers tied their wellbeing to their perception of their children's wellbeing and to

the wellbeing of their relationships with their children. Mothers who had older children who

were unable to be in Canada tended to be distressed about this and repeatedly came back to this in interviews, with more than one mother saying they were overall happy except for the absence of their child(ren).

Role reversal also occurred between parents and their children, and in most of the cases where this was described, it was due to children's more rapid language learning. As one mother, Sirvart, stated, "Over there [in Syria], [my son] was dependent on [us,] his parents. Here, no. We are the ones depending on him. 'Come here and explain. Come here and take us there.'"

Discussion

Although the 20 mothers we interviewed came from diverse religious, ethnic, educational, and socioeconomic backgrounds, and regions within Syria, a common thread was the value they placed on their children's wellbeing and the way supervision was linked to promoting this wellbeing, maintaining maternal authority, and uniting the family. This commonality is noteworthy given the heterogeneity of the Syrian population (Hassan et al., 2015) and our own study sample. Previous studies have drawn attention to the fact that parental monitoring or supervision of children promotes positive mental health outcomes for children (Tol et al., 2013), yet these have primarily focused on supervision as one component of broader measures of supportive parenting. Our results highlight the way child supervision was an important focus in mothers' efforts to promote their children's wellbeing in that, although our semi-structured interview schedule did not centre on child supervision, it emerged as an important theme and topic of concern that our participants repeatedly brought up and emphasised in unsolicited ways. Across the stages of migration, participants paired supervision practices with their descriptions of family wellbeing and maternal peace of mind (or absence thereof). As they were able, mothers adapted their supervision practices in line with the freedoms or constraints of their contexts and migration stage in order to best suit

their perception of their children's needs and to promote their own personal and relational wellbeing, including sense of maternal authority. Throughout migration, mothers worked to maintain family connection and unity, whether across oceans or while living in one-room apartments in unsecure transit country communities.

Evolution over the stages of migration

The evolution of child supervision and family relationships across the four stages of refugee migration for our sample could broadly be described as follows: Prior to conflict, mothers relied primarily on extended family members for support in supervising and caring for their children and were most often present themselves to supervise; relationships within the immediate and extended family were overall close, with mothers emphasising the importance of family unity and time spent together, including in leisure activities. There was less concern about children's safety in coming and going from the home compared to future stages of migration. Other work discussing Syrian family relationships has underscored the important role that the extended family ("ahl", or kin) has in Syrian culture, with relatives expected to support one another with childrearing and other responsibilities (Haboush, 2005).

During conflict, routine, security, social support, and relationships were all disrupted, patterning with other summaries of the chaos that conflict can wreak on parenting contexts (Murphy, Rodrigues, Costigan, & Annan, 2017). Similarly to other studies showing how economic suffering and overcrowded living could lead to elevated expressions of emotions such as anger (Eggerman & Panter-Brick, 2010), our participants also described how living in cramped quarters due to security concerns or destruction of property led to family tensions and heightened supervision and protection at a level that was stressful over time. Interestingly, a few participants also shared how these experiences brought the family closer together. The fact that participants experienced conflict to varying degrees, as described in the results, is important to note, as other research reviewing multiple studies on parenting in

war has found that immediate threat situations are more likely to create factors leading to limited parental warmth and support, while the context of living under threat, despite creating high stress, did not leave parents wholly unable to support their children emotionally and materially. In these contexts, parents often demonstrated an increase in warmth and even overprotection, which patterns with our results (Eltanamly et al., 2019).

Mothers' descriptions of experiences in transit echoed the challenging contexts described in other studies of Syrian refugees living in transit countries such as Lebanon (Sim, Fazel, Bowes, & Gardner, 2018) and results from studies bringing together research on a variety of refugee background and host country contexts (E. M. Miles, Narayan, & Watamura, 2019). During both conflict and transit migration stages, supervision seems to become one of the mechanisms by which mothers feel they are able to ensure children's safety to some degree in an insecure environment outside of their control. The extent to which mothers are able to provide some level of stability, security, and family cohesion through supervision has important implications for children's development, given the importance of family stability and cohesion for healthy child development (Harden, 2004; Negussie et al., 2019). Some mothers' descriptions of their struggle to provide safe contexts for play and socialisation for their children in conflict and transit (e.g., Amira), primarily due to unsafe environments and/or lack of social network, and their efforts to facilitate this securely through supervision in resettlement (e.g., Farah) similarly has implications for children's development, as opportunities to play help facilitate children's healthy development (MacMillan, Ohan, Cherian, & Mutch, 2015; Milteer, Ginsburg, & Mulligan, 2012).

The gender-related differences in supervision were also noteworthy, such as the idea that boys need freedom – i.e., they cannot be kept inside – even when it is dangerous outside, whereas girls can be kept inside for protection when there is the threat of danger. This would

seem to pattern with results from work on children's play in refugee migration, which showed that girls demonstrated more limited outdoor play (based on drawings of primarily outdoor play) pre-migration to Australia than boys (MacMillan et al., 2015). Although our participants did not live for protracted periods in refugee camps, the uncertainty and lack of control over their surroundings was similar to the experiences described by Syrian refugee participants in camp contexts in Turkey and Syria (El-Khani et al., 2016). These and other environmental challenges that limited children's engagement in activities that promote their wellbeing have been shown to precipitate caregiving changes such as decreased child supervision in other studies with Syrian families in transit in Lebanon (E. M. Miles et al., 2019).

Other studies with Syrian refugee mothers in Lebanon have demonstrated the importance that social support, specifically emotional support, can have in promoting mothers' psychological resilience (Sim, Bowes, & Gardner, 2019). Based on the distress described by many of our participants at feeling socially isolated and unsupported in Lebanon, we agree with Sim et al.'s (2019) recommendation to investigate interventions that seek to increase mothers' access to social support in transit contexts. The few participants who described having an easier time in lengthy transit contexts were those who were also observed to most likely be of higher SES background (e.g., one participant, Myrna, whose daughter moved from a private French school in Syria to a private French school while in Lebanon). It is important to note that all of our participants who lived in Lebanon for more than two years, with the exception of Myrna, described experiencing high levels of stress, safety concerns, and difficulty adequately supervising their children while there. Our participants were selected to come to Canada in 2015-2016 and restrictions on and stressors for Syrian refugees living in Lebanon have only increased since then due to multiple complex socio-political factors and changing laws (see Kerbage et al., 2019 and Akesson & Coupland,

2018). It is thus reasonable to expect that some of the challenges of parenting in Lebanon have increased, emphasising the need for continued attention to the challenges of Syrian refugees living in countries where permanent resettlement is unfeasible and supporting the call for increasing the number of refugees to be taken in in resettlement countries such as Australia, Canada, New Zealand, the U.K., and the U.S.A.

In resettlement, although some mothers were overwhelmed by the dramatic cultural shift to Canada, it appeared that the change was more manageable and appealing over time because of the opportunities that living in Canada were perceived as offering their children over the long term and because of the overall physical security participants described feeling. In this setting, mothers were able to shift their focus more to facilitating friendships and social and educational advancement for their children, while maintaining a comfortable level of supervision and involvement in these processes. The importance of supervision for mothers was noteworthy, given that multiple mothers provided examples of how supervision was directly related to their sense of maternal authority and ability to promote family unity and other cultural values. Mothers' reluctance to rely on non-kin carers for supervision echoes work on Arab families stating how, although highly valued, non-family relationships are never as important as those within the family (Abudabbeh, 2005) and family is seen as the first source of support (Hassan et al., 2015). Some mothers had to take up employment in Canada in order to help provide financially for their families, and the way this decreased their ability to supervise their children and how this in turn was perceived as negatively influencing the parent-child relationship and contributing to children's poor behaviour is echoed by work with Syrian refugee families in Lebanon (Sim et al., 2018).

The way that mothers emphasised the fact that they were happy in Canada, except for the absence of key family members, further highlights participants' desire for togetherness, family unity, and ability to positively influence the direction of their children's lives and

development. This unity could be seen in some senses as an extension of supervision and rounded out interpretation of what the emotionally supportive component of child supervision can look like. It also seems that, by supervising their children, mothers were able to decrease some of their own anxiety stemming from their forced migration experiences.

Implications and future research

Mothers worked to promote family cohesion through chaotic circumstances. This is promising given the accumulating evidence that family communication, family cohesiveness, and social support can protect against the negative effects of conflict on children's wellbeing (Figley, 1983; Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009). Role reversal and perceived loss of maternal authority can cause stress for caregivers, particularly in a culture where parental authority and family hierarchy are considered a meaningful part of parental identity and role (Haboush, 2005). Given this, it is important to consider how opportunities for supervision can promote this authority in a healthy way in the midst of the parent-child role reversals that often accompany refugee migration. Mental health professionals and social service providers working with families at any stage of migration can look at ways in which mothers can be supported to restore or rebuild a certain level of supervision for children and accompanying sense of maternal control or authority in the resettlement environment. Those intervening at the resettlement stage can also consider how these have been lost and/or evolved across migration stages prior to resettlement in the host country. Even in the transit stage of migration, it has been demonstrated that parenting support is sought after by some Syrian refugees in camp and humanitarian settings (El-Khani, Ulph, Peters, & Calam, 2018). It is important that such interventions be informed by an awareness of the diverse benefits that providing adequate supervision can have for overall family wellbeing, such as by supporting healthy family relationships (e.g., by promoting family unity) and maternal wellbeing (e.g., by helping mothers regain and/or retain a sense of agency in uncontrollable

77

circumstances), as well as by promoting child mental health and wellbeing (e.g., by providing for children's safety and creating a sense of stability in chaos). In this process, it is also important for both professionals and parents to be aware of the negative impact that over-protective parenting can have on children's mental health, as shown by work with Syrian refugee children in Turkey (Eruyar et al., 2020). Further research exploring the sense of time moving more quickly in Canada than in Syria and how this influences parental self-efficacy, social support, and ability to provide adequate supervision would also be of interest.

Some limitations of our study need to be considered. Our sample was relatively small and restricted to a handful of neighbourhoods in the neighbouring municipalities of Montreal and Laval, Canada, and no fathers or other family members were interviewed. Nonetheless, given the roles mothers typically fulfill as primary caregivers for children, and the diversity of backgrounds and balance of migration trajectories represented by our 20 participants, results still contribute toward a deeper understanding of the Syrian refugee migration experience. Small sample size also prevents us from comparing experiences based on the country of transit except for Lebanon, where over three-fourths of participants spent time prior to resettling in Canada. Furthermore, the cross-sectional approach makes it possible that participants may transform, idealise, or avoid some elements of the past when sharing their experiences. However, parents' subjective perceptions and accounts of their parenting experiences are nonetheless an important data source. Since only mothers were interviewed, the information they provided could not be triangulated, except by observation of the home environment and brief interactions with other family members during the course of the visit.

Future research should examine children's and adolescents' perceptions of supervision and its relative importance in their parents' support of their wellbeing in the refugee context (Eruyar, Maltby, & Vostanis, 2020), as well as parents' explicit descriptions of the value of this component of parenting in maintaining their and their families' wellbeing

and cohesion. Further research with Syrian refugee fathers on their views on child supervision would also be valuable given their underrepresentation in the literature on refugee parenting (Bond, 2019).

Despite these limitations, this study highlights the crucial role of child supervision in the context of parenting in migration. Indeed, a key takeaway from our results is the readiness with which mothers brought up child supervisory practices when asked questions about parenting and changes in parenting across the stages of migration. Ability to supervise was linked by mothers to other factors that have been shown to influence child wellbeing in conflict and buffer against trauma and stress, such as supportive family relationships. Syrian mothers' efforts to provide a supportive environment and to promote their children's wellbeing through the provision of adequate supervision throughout the challenging refugee migration experience is a remarkable example of resilience in action. Strengths-based interventions for refugee families that acknowledge and find ways to facilitate this supervision are likely to be most supportive in promoting both children's and mothers' wellbeing.

References

Abudabbeh, N. (2005). Arab Families: An Overview. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 468-486). New York: Guilford Press.

Akesson, B., & Coupland, K. (2018). Seeking safety, finding fear: Syrian families' experiences of (im) mobility and the implications for children's rights. *Canadian Journal of Children's Rights, 5*(1), 6-29.

Arat, G., & Wong, P. W. (2016). The relationship between parental involvement and adolescent mental health in six sub-Saharan African countries: Findings from Global

School-based Health Surveys (GSHS). *International Journal of Mental Health Promotion, 18*(3), 144-157.

Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle Jr, F., & Mills, E. (2009). Prevalence of mental disorders among children exposed to war: a systematic review of 7,920 children. *Medicine Conflict and Survival, 25*(1), 4-19.

Baddoura, C., & Merhi, M. (2015). PTSD among children and adolescents in the Arab world. *Arab Journal of Psychiatry, 26*(2), 129-136.

Beiser, M. (2003). Sponsorship and resettlement success. *Journal of International Migration and Integration/Revue de l'integration et de la migration internationale, 4*(2), 203-215.

Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: resource loss, acculturative stress, and caregiver-child relationships in Somali refugee families. *Cultural diversity & ethnic minority psychology, 21*(1), 114–125. https://doi.org/10.1037/a0037538

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317-328. doi:10.1080/09540260802090363

Bhabha, J., & Abel, G. (2019). Chapter 8: Children and Unsafe Migration. In IOM (Ed.), World Migration Report 2020. New York: UN.

Bond, S. (2019). The essential role of the father: fostering a father-inclusive practice approach with immigrant and refugee families. *Journal of Family Social Work, 22*(1), 101-123.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Colville, G., Darkins, J., Hesketh, J., Bennett, V., Alcock, J., & Noyes, J. (2009). The impact

 on parents of a child's admission to intensive care: integration of qualitative findings

 from a cross-sectional study. *Intensive and Critical Care Nursing, 25*(2), 72-79.

Coohey, C. (2003). Defining and classifying supervisory neglect. *Child maltreatment, 8*(2),

 145-156.

Dachyshyn, D. M. (2008). Refugee families with preschool children: Adjustment to life in

 Canada. In L. D. Adams & A. Kirova (Eds.), *Global migration and education:*

 Schools, children and families (pp. 251-262). New York, NY: Routledge.

Dalgaard, N. T., & Montgomery, E. (2017). The transgenerational transmission of refugee

 trauma: Family functioning and children's psychosocial adjustment. *International*

 Journal of Migration, Health and Social Care, 13(3), 289-301.

Duncombe, M. E., Havighurst, S. S., Holland, K. A., & Frankling, E. J. (2012). The

 contribution of parenting practices and parent emotion factors in children at risk for

 disruptive behavior disorders. *Child Psychiatry & Human Development, 43*(5), 715-

 733.

Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and

 cultural values in Afghanistan. *Social Science & Medicine, 71*(1), 71-83.

El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2016). Syria: The challenges of parenting in

 refugee situations of immediate displacement. *Intervention, 14*(2), 99-113.

El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2017). Syria: Coping mechanisms utilised by

 displaced refugee parents caring for their children in pre-resettlement contexts.

 Intervention, 15(1), 34-50.

El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2018). Syria: refugee parents' experiences

 and need for parenting support in camps and humanitarian settings. *Vulnerable*

 Children and Youth Studies, 13(1), 19-29. doi:10.1080/17450128.2017.1372651

Eltanamly, H., Leijten, P., Jak, S., & Overbeek, G. (2019). Parenting in times of war: a meta-analysis and qualitative synthesis of war exposure, parenting, and child adjustment. *Trauma, Violence, & Abuse*, 1524838019833001.

Eruyar, S., Maltby, J., & Vostanis, P. (2020). How do Syrian refugee children in Turkey perceive relational factors in the context of their mental health? *Clinical Child Psychology and Psychiatry, 25*(1), 260-272.

Figley, C. R. (1983). Catastrophes: An overview of family reactions. In H. I. McCubbin & C. R. Figley (Eds.), *Stress and the Family*. New York: Brunner/Mazel.

Ghumman, U., McCord, C. E., & Chang, J. E. (2016). Posttraumatic stress disorder in Syrian refugees: A review. *Canadian Psychology/psychologie canadienne, 57*(4), 246.

Green, J., & Thorogood, N. (2013). *Qualitative methods for health research* (J. Seaman Ed. 3rd ed.). Thousand Oaks, CA: SAGE Publications Inc.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods, 18*(1), 59-82.

Haboush, K. L. (2005). Lebanese and Syrian families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 468-486). New York: Guilford Press.

Hadfield, K., Ostrowski, A., & Ungar, M. (2017). What can we expect of the mental health and well-being of Syrian refugee children and adolescents in Canada? *Canadian Psychology/psychologie canadienne, 58*(2), 194-201.

Hanley, J., Al Mhamied, A., Cleveland, J., Hajjar, O., Hassan, G., Ives, N., Khyar, R., Hynie, M. (2018). The Social Networks, Social Support and Social Capital of Syrian Refugees Sponsored to Settle in Montreal: Indications from their early experiences of integration. *Canadian Ethnic Studies* 50(2): 123-149.

Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 31-47.

Hassan, G., Kirmayer, L. J., Mekki-Berrada, A., Quosh, C., el Chammay, R., Deville-Stoetzel, J., . . . Coutts, A. (2015). Culture, context and the mental health and psychosocial wellbeing of Syrians: A review for mental health and psychosocial support staff working with Syrians affected by armed conflict. *Geneva: UNHCR*.

Huemer, J., Karnik, N. S., Voelkl-Kernstock, S., Granditsch, E., Dervic, K., Friedrich, M. H., & Steiner, H. (2009). Mental health issues in unaccompanied refugee minors. *Child and adolescent psychiatry and mental health, 3*(1), 13.

Hynie, M., McGrath, S., Bridekirk, J., Oda, A., Ives, N., Hyndman, J., . . . McKenzie, K. (2019). What Role Does Type of Sponsorship Play in Early Integration Outcomes? Syrian Refugees Resettled in Six Canadian Cities. *Refuge: Canada's Journal on Refugees/Refuge: revue canadienne sur les réfugiés, 35*(2), 36-52.

IRCC. (2019). Canada - Admissions of Syrian Refugees by Province/Territory and Census Metropolitan Area (CMA) of Intended Destination and Immigration Category [Data file]. Retrieved January 14, 2020, from Immigration, Refugees, and Citizenship Canada (IRCC) http://open.canada.ca/data/en/dataset/01c85d28-2a81-4295-9c06-4af792a7c209

Joffe, H., & Yardley, L. (2004). Content and thematic analysis. In D. F. Marks & L. Yardley (Eds.), *Research methods for clinical and health psychology* (1st ed., pp. 56-69). London: Sage Publications.

Klassen, C. L., Gonzalez, E., Sullivan, R., & Ruiz-Casares, M. (2020). 'I'm just asking you to keep an ear out': parents' and children's perspectives on caregiving and community support in the context of migration to Canada. *Journal of Ethnic and Migration Studies*, 1-19. doi:10.1080/1369183X.2019.1707647

Knutson, J. F., DeGarmo, D., Koeppl, G., & Reid, J. B. (2005). Care neglect, supervisory neglect, and harsh parenting in the development of children's aggression: A replication and extension. *Child maltreatment, 10*(2), 92-107.

McMichael, C., Gifford, S. M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies, 14*(2), 179-195. doi:10.1080/13676261.2010.506529

Miles, E. M., Narayan, A. J., & Watamura, S. E. (2019). Syrian caregivers in perimigration: A systematic review from an ecological systems perspective. *Translational Issues in Psychological Science, 5*(1), 78.

Mitra, R., & Hodes, M. (2019). Prevention of psychological distress and promotion of resilience amongst unaccompanied refugee minors in resettlement countries. *Child: Care, Health and Development, 45*(2), 198-215.

Murphy, K. M., Rodrigues, K., Costigan, J., & Annan, J. (2017). Raising children in conflict: An integrative model of parenting in war. *Peace and conflict: journal of peace psychology, 23*(1), 46.

Negussie, Y., Geller, A., & DeVoe, J. E. (2019). Fostering Caregiver Well-Being Toward Healthy Child Development. In Y. Negussie, A. Geller, & J. E. DeVoe (Eds.), *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*: National Academies Press (US).

Özer, S., Sirin, S. R., & Oppedal, B. (2013). *Bahçeşehir study of Syrian refugee children in Turkey*. Retrieved from Norwegian Institute of Public Health: https://www.fhi.no/globalassets/dokumenterfiler/studier/ungkul/bahcesehir-study-report.pdf

Panter-Brick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental health and
childhood adversities: A longitudinal study in Kabul, Afghanistan. *Journal of the
American Academy of Child & Adolescent Psychiatry, 50*(4), 349-363.
doi:https://doi.org/10.1016/j.jaac.2010.12.001

Punamäki, R.-L., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting
psychological adjustment after political violence among Palestinian children.
International Journal of Behavioral Development, 25(3), 256-267.
doi:10.1080/01650250042000294

Qouta, S., Punamäki, R.-L., & El Sarraj, E. (2008). Child development and family mental
health in war and military violence: The Palestinian experience. *International Journal
of Behavioral Development, 32*(4), 310-321.

QSR International. (2015). NVivo qualitative data analysis Software (Version 11). Doncaster,
Australia: QSR International Pty Ltd.

Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in
education and the social sciences* (4th ed.). New York, NY: Teachers College Press.

Sim, A., Bowes, L., & Gardner, F. (2019). The promotive effects of social support for
parental resilience in a refugee context: A cross-sectional study with Syrian mothers
in Lebanon. *Prevention Science, 20*(5), 674-683.

Sim, A., Fazel, M., Bowes, L., & Gardner, F. (2018). Pathways linking war and displacement
to parenting and child adjustment: A qualitative study with Syrian refugees in
Lebanon. *Social Science & Medicine, 200*, 19-26.

Sirin, S. R., & Rogers-Sirin, L. (2015). *The educational and mental health needs of Syrian
refugee children*. Retrieved from Migration Policy Institute, Washington, DC:
https://www.migrationpolicy.org/research/educational-and-mental-health-needs-
syrian-refugee-children

Thabet, A. A., Abed, Y., & Vostanis, P. (2004). Comorbidity of PTSD and depression among refugee children during war conflict. *Journal of Child Psychology and Psychiatry, 45*(3), 533-542.

Thabet, A. A., Ibraheem, A., Shivram, R., Winter, E., & Vostanis, P. (2009). Parenting support and PTSD in children of a war zone. *International Journal of Social Psychiatry, 55*(3), 226-237.

Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., . . . Van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: linking practice and research. *The Lancet, 378*(9802), 1581-1591.

Tol, W. A., Song, S., & Jordans, M. J. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict–a systematic review of findings in low-and middle-income countries. *Journal of Child Psychology and Psychiatry, 54*(4), 445-460.

Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., . . . Holroyd, J. (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings*. Retrieved from Ottawa:
http://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf

UNHCR. (2017a, May 30, 2017). Syria emergency. Retrieved from
http://www.unhcr.org/syria-emergency.html

UNHCR. (2017b, December 5, 2017). Syria Regional Refugee Response. Retrieved from
http://data.unhcr.org/syrianrefugees/regional.php

UNHCR. (2019). *Global trends: Forced displacement in 2018*. Retrieved from Geneva, Switzerland: https://www.unhcr.org/5d08d7ee7.pdf

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). *Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study* (Vol. 15).

Ward, C., & Styles, I. (2005). Culturing settlement using pre- and post-migration strategies. *Journal of Psychiatric and Mental Health Nursing, 12*(4), 423-430. doi:10.1111/j.1365-2850.2005.00853.x

Williams, N. (2010). Establishing the boundaries and building bridges: A literature review on ecological theory: Implications for research into the refugee parenting experience. *Journal of Child Health Care, 14*(1), 35-51. doi:10.1177/1367493509347116

Conclusion

Through both studies, we have seen the ways in which the migrant caregiver and child participants described the importance of providing adequate child supervision. The immigrant families in the first paper discussed the many challenges to supervision posed by the change in environmental context after migrating to Canada, while the refugee mothers in the second paper described how supervision provided a way for them to maintain some level of maternal authority and promote their children's wellbeing in challenging migration circumstances.

In Article 1, the main findings included the fact that caregivers and children sometimes perceive caregiving role changes in migration differently, highlighting the importance of soliciting children's views on caregiving and other matters concerning their wellbeing whenever possible. Participants also described experiencing discrimination following migration to Montreal, Canada, part of which was attributed to the new country's community members (i.e., neighbours, children's classmates' parents, CYP professionals) being unfamiliar with the ways participants taught their children to caregive, as well as other cultural differences in caregiving. Many caregiver participants also described the challenges associated with caregiving following migration, in particular the limited social network and resources present, as well as the difficulty of adjusting to other environmental factors, such as different societal expectations of communal care for children. In many participants' countries of origin, neighbours were described as generally being more involved in helping to raise children, while neighbours in Montreal were seen as less supportive. The change in working schedule for some families also made it more difficult for some caregivers to stay home with their children. Winter weather was further described as posing a challenge to the provision of adequate supervision, since it made it more difficult to let children play outside, and also made it harder to bring (particularly young) children out of the house to run errands.

Article 2 also addressed the challenges of having a more limited social network, particularly one involving relatives, in the different refugee migration stages, and participants shared how this made providing adequate supervision less straightforward at times. More, though still not many, participants in Article 2 described having extended family members living in their resettlement city than in Article 1, and this was broadly described as providing a positive source of supervision and general parenting support. The financial need to work in Canada also led to decreased ability for some Article 2 participants to supervise their children as they would like to, as it did for some participants in Article 1. Participants in Article 2 were forced migrants, and the migration journey from Syria through conflict and transit to resettlement in Canada was an essential part of the interviews, whereas, in Article 1, participants generally did not specify their migration status or path. Furthermore, some participants in Article 1 had been in Canada for many years – some child participants had even been born in Canada – whereas all participants in Article 2 had been in Canada for three years or less at the time of interview, and their migration experiences had occurred within the preceding seven years (beginning with the onset of the Syrian conflict in 2011). Through pre-flight/conflict and transit, many mothers had intensified their supervisory efforts out of concern for their children's safety, and, in some ways, in a seeming effort to create a semblance of stability in highly unpredictable environments. Following these stages, many participants emphasised the importance of being able to adequately supervise their children in resettlement in order to restore some sense of maternal authority and family stability and cohesion in a new and unfamiliar environment. Future work on child supervision through the stages of refugee migration would benefit from increasingly including refugee children's perspectives where possible (Eruyar, Maltby, & Vostanis, 2020).

Together, both studies paint a picture of the ways in which migrant parents prioritise their children's wellbeing, albeit through varied ways, both in their countries of origin,

through refugee migration (in Article 2), and in resettlement. It is important for professionals working with (forced) migrant families to understand their diverse perspectives on and experiences of child supervision, as well as the culturally rooted and at times trauma-informed ways they put caregiving into action. In this way, service providers can better meet the needs of migrant families by recognising and supporting the correction of potentially maladaptive caregiving practices developed under stressful circumstances, and also by recognising and working with the strengths and adaptive parenting practices caregivers have brought with them from their countries of origin and grown through adversity. In this way, the wellbeing of caregivers, children, and the family unit can be more effectively promoted, through a better understanding of individuals' migration backgrounds, potential struggles, and recognition and harnessing of their caregiving strengths.

References

Abudabbeh, N. (2005). Arab Families: An Overview. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 468-486). New York: Guilford Press.

Albarracin, D., Repetto, M. J., & Albarracin, M. (1997). Social support in child abuse and neglect: Support functions, sources, and contexts. *Child abuse & neglect, 21*(7), 607-615.

Alvarez, K. M., Donohue, B., Kenny, M. C., Cavanagh, N., & Romero, V. (2005). The process and consequences of reporting child maltreatment: A brief overview for professionals in the mental health field. *Aggression and Violent Behavior, 10*(3), 311-331.

Arat, G., & Wong, P. W. (2016). The relationship between parental involvement and adolescent mental health in six sub-Saharan African countries: Findings from Global

School-based Health Surveys (GSHS). *International Journal of Mental Health Promotion, 18*(3), 144-157.

Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle Jr, F., & Mills, E. (2009). Prevalence of mental disorders among children exposed to war: a systematic review of 7,920 children. *Medicine Conflict and Survival, 25*(1), 4-19.

Ayika, D., Dune, T., Firdaus, R., & Mapedzahama, V. (2018). A Qualitative Exploration of Post-Migration Family Dynamics and Intergenerational Relationships. *SAGE Open, 8*(4), 2158244018811752.

Ayón, C. (2011). Latino families and the public child welfare system: Examining the role of social support networks. *Children and Youth Services Review, 33*(10), 2061-2066. doi:https://doi.org/10.1016/j.childyouth.2011.05.035

Baddoura, C., & Merhi, M. (2015). PTSD among children and adolescents in the Arab world. *Arab Journal of Psychiatry, 26*(2), 129-136.

Barbour, R. S. (2005). Making sense of focus groups. *Medical education, 39*(7), 742-750.

Beiser, M. (2003). Sponsorship and resettlement success. *Journal of International Migration and Integration/Revue de l'integration et de la migration internationale, 4*(2), 203-215.

Berman, H., Mulcahy, G. A., Forchuk, C., Edmunds, K. A., Haldenby, A., & Lopez, R. (2009). Uprooted and displaced: A critical narrative study of homeless, Aboriginal, and newcomer girls in Canada. *Issues in mental health nursing, 30*(7), 418-430.

Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: resource loss, acculturative stress, and caregiver-child relationships in Somali refugee families. *Cultural diversity & ethnic minority psychology, 21*(1), 114-125. doi:10.1037/a0037538

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3), 317-328. doi:10.1080/09540260802090363

Bhabha, J., & Abel, G. (2019). Chapter 8: Children and Unsafe Migration. In IOM (Ed.), World Migration Report 2020. New York: UN.

Bond, S. (2019). The essential role of the father: fostering a father-inclusive practice approach with immigrant and refugee families. *Journal of Family Social Work, 22*(1), 101-123.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Brown, J., Tarc, P., Hamel, N., Moreno, D., Gonzalez, I., Ji, J., . . . Abdulrahim, S. (2013). *Toward Healthy Welcoming Communities: Newcomer Youth and Parents Speak Out*. Retrieved from London, ON, Canada: http://p2pcanada.ca/library/toward-healthy-welcoming-communities-newcomer-youth-and-parents-speak-out/

Buhin, L., & Vera, E. M. (2009). Preventing racism and promoting social justice: Person-centered and environment-centered interventions. *The Journal of Primary Prevention, 30*(1), 43-59.

Campaign 2000. (2017). *2017 Report Card on Child and Family Poverty in Canada*. Retrieved from Toronto, ON: https://campaign2000.ca/wp-content/uploads/2017/11/EnglishNationalC2000ReportNov212017.pdf

Castonguay, G., & Jutras, S. (2010). Children's use of the outdoor environment in a low-income Montreal neighborhood. *Children Youth and Environments, 20*(1), 200-230.

Chand, A., & Thoburn, J. (2005). Research review: Child and family support services with minority ethnic families: What can we learn from research? *Child & Family Social Work, 10*(2), 169-178.

Chuang, S. S., & Costigan, C. L. (2018). *Parental Roles and Relationships in Immigrant Families: An International Approach*. Cham: Springer.

Colville, G., Darkins, J., Hesketh, J., Bennett, V., Alcock, J., & Noyes, J. (2009). The impact on parents of a child's admission to intensive care: integration of qualitative findings from a cross-sectional study. *Intensive and Critical Care Nursing, 25*(2), 72-79.

Coohey, C. (2003). Defining and classifying supervisory neglect. *Child maltreatment, 8*(2), 145-156.

Coohey, C. (2007). Social networks, informal child care, and inadequate supervision by mothers. *Child Welfare: Journal of Policy, Practice, and Program, 86*(6), 53-66.

Cuellar, J., Jones, D. J., & Sterrett, E. (2015). Examining parenting in the neighborhood context: A review. *Journal of Child and Family Studies, 24*(1), 195-219.

Dachyshyn, D. M. (2008). Refugee families with preschool children: Adjustment to life in Canada. In L. D. Adams & A. Kirova (Eds.), *Global migration and education: Schools, children and families* (pp. 251-262). New York, NY: Routledge.

Dalgaard, N. T., & Montgomery, E. (2017). The transgenerational transmission of refugee trauma: Family functioning and children's psychosocial adjustment. *International Journal of Migration, Health and Social Care, 13*(3), 289-301.

Dow, H. D. (2011). An overview of stressors faced by immigrants and refugees: A guide for mental health practitioners. *Home Health Care Management & Practice, 23*(3), 210-217.

Duncombe, M. E., Havighurst, S. S., Holland, K. A., & Frankling, E. J. (2012). The contribution of parenting practices and parent emotion factors in children at risk for disruptive behavior disorders. *Child Psychiatry & Human Development, 43*(5), 715-733.

Eggerman, M., & Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine, 71*(1), 71-83.

El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2016). Syria: The challenges of parenting in refugee situations of immediate displacement. *Intervention, 14*(2), 99-113.

El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2017). Syria: Coping mechanisms utilised by displaced refugee parents caring for their children in pre-resettlement contexts. *Intervention, 15*(1), 34-50.

El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2018). Syria: refugee parents' experiences and need for parenting support in camps and humanitarian settings. *Vulnerable Children and Youth Studies, 13*(1), 19-29. doi:10.1080/17450128.2017.1372651

Elbedour, S., Ten Bensel, R., & Bastien, D. T. (1993). Ecological integrated model of children of war: Individual and social psychology. *Child abuse & neglect, 17*(6), 805-819.

Elias, T. I., Blais, N., Williams, K., & Burke, J. G. (2018). Shifting the Paradigm from Child Neglect to Meeting the Needs of Children: A Qualitative Exploration of Parents' Perspectives. *Social work in public health*, 1-12.

Eltanamly, H., Leijten, P., Jak, S., & Overbeek, G. (2019). Parenting in times of war: a meta-analysis and qualitative synthesis of war exposure, parenting, and child adjustment. *Trauma, Violence, & Abuse*, 1524838019833001.

Eruyar, S., Maltby, J., & Vostanis, P. (2020). How do Syrian refugee children in Turkey perceive relational factors in the context of their mental health? *Clinical Child Psychology and Psychiatry, 25*(1), 260-272.

Figley, C. R. (1983). Catastrophes: An overview of family reactions. In H. I. McCubbin & C. R. Figley (Eds.), *Stress and the Family*. New York: Brunner/Mazel.

Fleras, A. (2016). Theorizing Micro-aggressions as Racism 3.0: Shifting the discourse. *Canadian Ethnic Studies, 48*(2), 1-19.

Flores, A. (2018). The Descendant Bargain: Latina Youth Remaking Kinship and Generation through Educational Sibcare in Nashville, Tennessee. *American Anthropologist, 120*(3), 474-486.

Freisthler, B., Thomas, C. A., Curry, S. R., & Wolf, J. P. (2016). *An alternative to residential neighborhoods: An exploratory study of how activity spaces and perception of neighborhood social processes relate to maladaptive parenting.* Paper presented at the Child & youth care forum.

Ghumman, U., McCord, C. E., & Chang, J. E. (2016). Posttraumatic stress disorder in Syrian refugees: A review. *Canadian Psychology/psychologie canadienne, 57*(4), 246.

Goodman, A., Patel, V., & Leon, D. A. (2010). Why do British Indian children have an apparent mental health advantage? *Journal of Child Psychology and Psychiatry, 51*(10), 1171-1183.

Gouvernement du Québec. (2017). *Publication sur l'apport de l'immigration internationale à la démographie du Québec [PDF File]*. Retrieved from Québec: http://www.mifi.gouv.qc.ca/publications/fr/recherches-statistiques/Pub_Immigration_et_demo_2015.pdf

Green, J., & Thorogood, N. (2013). *Qualitative methods for health research* (J. Seaman Ed. 3rd ed.). Thousand Oaks, CA: SAGE Publications Inc.

Grumi, S., Milani, L., & Di Blasio, P. (2017). Risk assessment in a multicultural context: Risk and protective factors in the decision to place children in foster care. *Children and Youth Services Review, 77*, 69-75. doi:10.1016/j.childyouth.2017.04.009

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods, 18*(1), 59-82.

Haboush, K. L. (2005). Lebanese and Syrian families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 468-486). New York: Guilford Press.

Hadfield, K., Ostrowski, A., & Ungar, M. (2017). What can we expect of the mental health and well-being of Syrian refugee children and adolescents in Canada? *Canadian Psychology/psychologie canadienne, 58*(2), 194-201.

Hafford, C. (2010). Sibling caretaking in immigrant families: Understanding cultural practices to inform child welfare practice and evaluation. *Evaluation and program planning, 33*(3), 294-302.

Hanley, J., Al Mhamied, A., Cleveland, J., Hajjar, O., Hassan, G., Ives, N., . . . Hynie, M. (2018). The social networks, social support and social capital of Syrian refugees privately sponsored to settle in Montreal: Indications for employment and housing during their early experiences of integration. *Canadian Ethnic Studies, 50*(2), 123-148.

Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 31-47.

Hassan, G., Kirmayer, L. J., Mekki-Berrada, A., Quosh, C., el Chammay, R., Deville-Stoetzel, J., . . . Coutts, A. (2015). Culture, context and the mental health and psychosocial wellbeing of Syrians: A review for mental health and psychosocial support staff working with Syrians affected by armed conflict. *Geneva: UNHCR*.

Hassan, G., Thombs, B. D., Rousseau, C., Kirmayer, L. J., Feightner, J., Ueffing, E., & Pottie, K. (2011). Evidence-based clinical guidelines for immigrants and refugees. Appendix 12: Child maltreatment: evidence review for newly arriving immigrants and refugees. *Canadian Medical Association Journal, 183*(12), 1-15.

Huemer, J., Karnik, N. S., Voelkl-Kernstock, S., Granditsch, E., Dervic, K., Friedrich, M. H., & Steiner, H. (2009). Mental health issues in unaccompanied refugee minors. *Child and adolescent psychiatry and mental health, 3*(1), 13.

Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics, 118*(3), 933-942.

Hutchins, T. (2011). 'They Told Us in a Curry Shop': Child–Adult Relations in the Context of Family Migration Decision-Making. *Journal of Ethnic and Migration Studies, 37*(8), 1219-1235. doi:10.1080/1369183X.2011.590926

Hynie, M., McGrath, S., Bridekirk, J., Oda, A., Ives, N., Hyndman, J., . . . McKenzie, K. (2019). What Role Does Type of Sponsorship Play in Early Integration Outcomes? Syrian Refugees Resettled in Six Canadian Cities. *Refuge: Canada's Journal on Refugees/Refuge: revue canadienne sur les réfugiés, 35*(2), 36-52.

IRCC. (2019). Canada - Admissions of Syrian Refugees by Province/Territory and Census Metropolitan Area (CMA) of Intended Destination and Immigration Category [Data file]. Retrieved January 14, 2020, from Immigration, Refugees, and Citizenship Canada (IRCC) http://open.canada.ca/data/en/dataset/01c85d28-2a81-4295-9c06-4af792a7c209

Joffe, H., & Yardley, L. (2004). Content and thematic analysis. In D. F. Marks & L. Yardley (Eds.), *Research methods for clinical and health psychology* (1st ed., pp. 56-69). London: Sage Publications.

Jones, D. J., Forehand, R., O'Connell, C., Armistead, L., & Brody, G. (2005). Mothers' perceptions of neighborhood violence and mother-reported monitoring of African American children: An examination of the moderating role of perceived support. *Behavior Therapy, 36*(1), 25-34.

Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural Psychiatry, 49*(2), 149-164. doi:10.1177/1363461512444673

Knutson, J. F., DeGarmo, D., Koeppl, G., & Reid, J. B. (2005). Care neglect, supervisory neglect, and harsh parenting in the development of children's aggression: A replication and extension. *Child maltreatment, 10*(2), 92-107.

Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. *Child abuse & neglect, 26*(6-7), 637-644.

Korbin, J. E., & Coulton, C. J. (1996). The role of neighbors and the government in neighborhood-based child protection. *Journal of Social Issues, 52*(3), 163-176.

Kotch, J. B., Browne, D. C., Ringwalt, C. L., Dufort, V., Ruina, E., Stewart, P. W., & Jung, J.-W. (1997). Stress, social support, and substantiated maltreatment in the second and third years of life. *Child abuse & neglect, 21*(11), 1025-1037.

Lavergne, C., Dufour, S., Trocmé, N., & Larrivée, M.-C. (2008). Visible minority, Aboriginal, and Caucasian children investigated by Canadian protective services. *Child Welfare, 87*(2), 59-76.

Lewig, K., Arney, F., & Salveron, M. (2010). Challenges to parenting in a new culture: Implications for child and family welfare. *Evaluation and program planning, 33*(3), 324-332.

Lyons, S. J., Henly, J. R., & Schuerman, J. R. (2005). Informal support in maltreating families: Its effect on parenting practices. *Children and Youth Services Review, 27*(1), 21-38.

MacMillan, K. K., Ohan, J., Cherian, S., & Mutch, R. C. (2015). Refugee children's play: Before and after migration to A ustralia. *Journal of Paediatrics and Child Health, 51*(8), 771-777.

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (2005). *Ethnicity and family therapy* (3rd ed.). New York: Guilford Press.

McMichael, C., Gifford, S. M., & Correa-Velez, I. (2011). Negotiating family, navigating resettlement: family connectedness amongst resettled youth with refugee backgrounds living in Melbourne, Australia. *Journal of Youth Studies, 14*(2), 179-195. doi:10.1080/13676261.2010.506529

McSherry, D. (2007). Understanding and addressing the "neglect of neglect": Why are we making a mole-hill out of a mountain. *Child abuse & neglect, 31*(6), 607-614.

Melton, G. B. (2010). Angels (and neighbors) watching over us: Child safety and family support in an age of alienation. *American Journal of Orthopsychiatry, 80*(1), 89-95.

Miconi, D., Beeman, I., Robert, E., Beatson, J., & Ruiz-Casares, M. (2018). Child supervision in low-and middle-income countries: A scoping review. *Children and Youth Services Review, 89*, 226-242.

Miles, E. M., Narayan, A. J., & Watamura, S. E. (2019). Syrian caregivers in perimigration: A systematic review from an ecological systems perspective. *Translational Issues in Psychological Science, 5*(1), 78.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis : a methods sourcebook* (Third edition. ed.). Thousand Oaks, Califorinia: SAGE Publications, Inc.

Millett, L. S. (2016). The healthy immigrant paradox and child maltreatment: A systematic review. *Journal of Immigrant and Minority Health, 18*(5), 1199-1215. doi:http://dx.doi.org/10.1007/s10903-016-0373-7

Milteer, R. M., Ginsburg, K. R., & Mulligan, D. A. (2012). The importance of play in promoting healthy child development and maintaining strong parent-child bond: Focus on children in poverty. *Pediatrics, 129*(1), e204-e213.

Mitra, R., & Hodes, M. (2019). Prevention of psychological distress and promotion of

    resilience amongst unaccompanied refugee minors in resettlement countries. *Child:*

    Care, Health and Development, 45(2), 198-215.

Murphy, K. M., Rodrigues, K., Costigan, J., & Annan, J. (2017). Raising children in conflict:

    An integrative model of parenting in war. *Peace and conflict: journal of peace*

    psychology, 23(1), 46.

Negussie, Y., Geller, A., & DeVoe, J. E. (2019). Fostering Caregiver Well-Being Toward

    Healthy Child Development. In Y. Negussie, A. Geller, & J. E. DeVoe (Eds.), *Vibrant*

    and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity:

    National Academies Press (US).

Newland, L. A. (2015). Family well-being, parenting, and child well-being: Pathways to

    healthy adjustment. *Clinical Psychologist, 19*(1), 3-14. doi:10.1111/cp.12059

OECD. (2018). *International Migration Outlook 2018*.

Oxman-Martinez, J., Rummens, A. J., Moreau, J., Choi, Y. R., Beiser, M., Ogilvie, L., &

    Armstrong, R. (2012). Perceived ethnic discrimination and social exclusion:

    Newcomer immigrant children in Canada. *American Journal of Orthopsychiatry,*

    82(3), 376-388.

Özer, S., Sirin, S. R., & Oppedal, B. (2013). *Bahçeşehir study of Syrian refugee children in*

    Turkey. Retrieved from Norwegian Institute of Public Health:

    https://www.fhi.no/globalassets/dokumenterfiler/studier/ungkul/bahcesehir-study-

    report.pdf

Panter-Brick, C., Goodman, A., Tol, W., & Eggerman, M. (2011). Mental health and

    childhood adversities: A longitudinal study in Kabul, Afghanistan. *Journal of the*

    American Academy of Child & Adolescent Psychiatry, 50(4), 349-363.

    doi:https://doi.org/10.1016/j.jaac.2010.12.001

Peterson-Sweeney, K. (2005). The use of focus groups in pediatric and adolescent research. *Journal of Pediatric Health Care, 19*(2), 104-110.

Phillips, D., & Robinson, D. (2015). Reflections on migration, community, and place. *Population, Space and Place, 21*(5), 409-420.

Pitt, R. S., Sherman, J., & Macdonald, M. E. (2015). Low-income working immigrant families in Quebec: exploring their challenges to well-being. *Canadian Journal of Public Health, 106*(8), e539-e545.

Pittman, L. D., & Chase-Lansdale, P. L. (2001). African American adolescent girls in impoverished communities: Parenting style and adolescent outcomes. *Journal of Research on Adolescence, 11*(2), 199-224.

Pottie, K., Dahal, G., Georgiades, K., Premji, K., & Hassan, G. (2015). Do first generation immigrant adolescents face higher rates of bullying, violence and suicidal behaviours than do third generation and native born? *Journal of Immigrant and Minority Health, 17*(5), 1557-1566.

Punamäki, R.-L., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*(3), 256-267. doi:10.1080/01650250042000294

Putnam-Hornstein, E., Needell, B., King, B., & Johnson-Motoyama, M. (2013). Racial and ethnic disparities: A population-based examination of risk factors for involvement with child protective services. *Child abuse & neglect, 37*(1), 33-46.

Qouta, S., Punamäki, R.-L., & El Sarraj, E. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development, 32*(4), 310-321.

QSR International. (2015). NVivo qualitative data analysis Software (Version 11). Doncaster, Australia: QSR International Pty Ltd.

Rajendran, K., Smith, B. D., & Videka, L. (2015). Association of caregiver social support with the safety, permanency, and well-being of children in child welfare. *Children and Youth Services Review, 48*, 150-158.

Reading, R., Bissell, S., Goldhagen, J., Harwin, J., Masson, J., Moynihan, S., . . . Webb, E. (2009). Promotion of children's rights and prevention of child maltreatment. *The Lancet, 373*(9660), 332-343.

Rousseau, C., Jamil, U., Bhui, K., & Boudjarane, M. (2015). Consequences of 9/11 and the war on terror on children's and young adult's mental health: A systematic review of the past 10 years. *Clinical Child Psychology and Psychiatry, 20*(2), 173-193.

Ruiz-Casares, M., & Heymann, J. (2009). Children home alone unsupervised: Modeling parental decisions and associated factors in Botswana, Mexico, and Vietnam. *Child abuse & neglect, 33*(5), 312-323.

Ruiz-Casares, M., Nazif-Muñoz, J., Iwo, R., & Oulhote, Y. (2018). Nonadult supervision of children in low-and middle-income countries: Results from 61 national population-based surveys. *International journal of environmental research and public health, 15*(8), 1564.

Ruiz-Casares, M., & Radic, I. (2015). *Legal Age for Leaving Children Unsupervised Across Canada*. Retrieved from Montreal, QC:

Ruiz-Casares, M., Rousseau, C., Currie, J. L., & Heymann, J. (2012). 'I Hold on to My Teddy Bear Really Tight': Children's Experiences When They Are Home Alone. *American Journal of Orthopsychiatry, 82*(1), 97-103.

Sawrikar, P. (2014). Inadequate supervision or inadequate sensitivity to cultural differences in parenting? Exploring cross-cultural rates of neglect in an Australian sample. *Qualitative Social Work, 13*(5), 619-635.

Sawrikar, P. (2016). *Working with ethnic minorities and across cultures in Western child protection systems*: Routledge.

Sawrikar, P., & Katz, I. (2014a). 'Normalizing the Novel': How Is Culture Addressed in Child Protection Work With Ethnic-Minority Families in Australia? *Journal of Social Service Research, 40*(1), 39-61.

Sawrikar, P., & Katz, I. (2014b). Recommendations for improving cultural competency when working with ethnic minority families in child protection systems in Australia. *Child and Adolescent Social Work Journal, 31*(5), 393-417.

Sedlak, A., & Schultz, D. (2005). Racial differences in child protective services investigation of abused and neglected children. *Race matters in child welfare: The overrepresentation of African American children in the system*, 97-118.

Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (4th ed.). New York, NY: Teachers College Press.

Sim, A., Bowes, L., & Gardner, F. (2019). The promotive effects of social support for parental resilience in a refugee context: A cross-sectional study with Syrian mothers in Lebanon. *Prevention Science, 20*(5), 674-683.

Sim, A., Fazel, M., Bowes, L., & Gardner, F. (2018). Pathways linking war and displacement to parenting and child adjustment: A qualitative study with Syrian refugees in Lebanon. *Social Science and Medicine, 200*, 19-26. doi:10.1016/j.socscimed.2018.01.009

Sirin, S. R., & Rogers-Sirin, L. (2015). *The educational and mental health needs of Syrian refugee children*. Retrieved from Migration Policy Institute, Washington, DC:

https://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children

Thabet, A. A., Abed, Y., & Vostanis, P. (2004). Comorbidity of PTSD and depression among refugee children during war conflict. *Journal of Child Psychology and Psychiatry, 45*(3), 533-542.

Thabet, A. A., Ibraheem, A., Shivram, R., Winter, E., & Vostanis, P. (2009). Parenting support and PTSD in children of a war zone. *International Journal of Social Psychiatry, 55*(3), 226-237.

Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., . . . Van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: linking practice and research. *The Lancet, 378*(9802), 1581-1591.

Tol, W. A., Song, S., & Jordans, M. J. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict–a systematic review of findings in low-and middle-income countries. *Journal of Child Psychology and Psychiatry, 54*(4), 445-460.

Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., . . . Holroyd, J. (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings*. Retrieved from Ottawa: http://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf

Tseng, V. (2004). Family interdependence and academic adjustment in college: Youth from immigrant and US-born families. *Child Development, 75*(3), 966-983.

UN. (2017). *International Migration Report 2017*. Retrieved from New York, NY: http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf

UNHCR. (2017a, May 30, 2017). Syria emergency. Retrieved from http://www.unhcr.org/syria-emergency.html

UNHCR. (2017b, December 5, 2017). Syria Regional Refugee Response. Retrieved from

http://data.unhcr.org/syrianrefugees/regional.php

UNHCR. (2019). *Global trends: Forced displacement in 2018*. Retrieved from Geneva,

Switzerland: https://www.unhcr.org/5d08d7ee7.pdf

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). *Content analysis and thematic analysis:*

Implications for conducting a qualitative descriptive study (Vol. 15).

Vieno, A., Nation, M., Perkins, D. D., Pastore, M., & Santinello, M. (2010). Social capital,

safety concerns, parenting, and early adolescents' antisocial behavior. *Journal of*

Community Psychology, 38(3), 314-328.

Ward, C., & Styles, I. (2005). Culturing settlement using pre- and post-migration strategies.

Journal of Psychiatric and Mental Health Nursing, 12(4), 423-430.

doi:10.1111/j.1365-2850.2005.00853.x

Williams, N. (2010). Establishing the boundaries and building bridges: A literature review on

ecological theory: Implications for research into the refugee parenting experience.

Journal of Child Health Care, 14(1), 35-51. doi:10.1177/1367493509347116

Yakushko, O. (2009). Xenophobia: Understanding the roots and consequences of negative

attitudes toward immigrants. *The Counseling Psychologist, 37*(1), 36-66.

Yildirim, E. D., & Roopnarine, J. L. (2018). Early Childhood Education in the Caribbean

Region. In J. L. Roopnarine, J. E. Johnson, S. F. Quinn, & M. M. Patte (Eds.),

Handbook of International Perspectives on Early Childhood Education (1st ed., pp.

13-30). New York: Routledge.