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Supporting refugee parents of young children: “knowing you’re not alone”

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Abstract

Purpose – The purpose of this paper is to develop and test an accessible and culturally appropriate social support intervention designed to meet the support needs and preferences identified by African refugee parents of young children.

Design/methodology/approach – The study was built on the research team’s preceding study assessing social support needs and intervention preferences of Sudanese and Zimbabwean refugee parents of young children. Face-to-face support groups led by peer and professional mentors were conducted bi-weekly over seven months. Qualitative data collection methods were employed through group and individual interviews.

Findings – In total, 85 refugee parents (48 Sudanese, 37 Zimbabwean; 47 male, 38 female) in two Canadian provinces participated in the social support intervention. Results demonstrated that this intervention increased participants’ social support by: providing information, enhancing spousal relationships, and expanding engagement with their ethnic community. This pilot intervention decreased refugee new parents’ loneliness and isolation, enhanced coping, improved their capacity to attain education and employment, and increased their parenting competence.

Practical implications – Peer mentors who were refugee parents of young children were key to facilitating the support intervention and to enhancing confidence of group members to raise their children in Canada. They acted as role models as they had faced similar challenges. Success of this intervention can also be attributed to its flexibility and participant-centered focus.

Originality/value – This is the first reported study to design and test the impacts of support interventions for African refugee parents of young children.

Keywords Africa, Intervention, Social support, Participatory, Refugee, Parents

Paper type Research paper

The estimated refugee population across the world in 2015 reached 19.6 million individuals, half of whom are children, and this number is steadily growing (Vanglois et al., 2016). Of the 24,049 refugees received in Canada during 2013, 35 percent were children (Statistics Canada, 2014). Parenting in resettlement is a significant challenge because when a group of people move from one country to another country where they seek refuge or are granted status, they lose the social structure that supported their parenting values, beliefs, and strategies, and have to re-establish family life (Levi, 2014; Ochocka and Janzen, 2008). Refugee parenting challenges are compounded by settlement issues such as culture shock, language difficulties, employment barriers, lack of community and institutional supports, intergenerational conflicts, and racism (Dumbrill, 2009). Refugee parents may experience loss of supportive networks (Chung et al., 2013) or discrimination and devaluation (Ahn et al., 2014). They cannot rely on their traditional parenting practices and are compelled to adapt to new parenting practices such as raising their families without support from relatives and extended family members (Degni et al., 2006).

Refugees’ experiences and perceptions of social support are influenced by the length of time they have spent in the new country and alterations in family composition that may include sole responsibility for family support (Schweitzer et al., 2006). While family and community relationships are often the main sources of support in their countries of origin, recent migration diminishes this support (Deng and Marlowe, 2013; Lewig et al., 2010). As well, parenting practices and orientations may be different between the country of origin and the new country.
The pressure to transition to a new way of life can exert negative consequences on relationships and families (Bellinger, 2013). While refugee parents may be more attached to their culture, their children may gravitate toward their new social and cultural environment. Parents may experience stress and a sense of loss, and feel disempowered, frustrated and saddened by the growing independence of their children or signs of weakening ethnic identity (Lewig et al., 2010; Merali, 2011).

Due to difficulties in family reunification in Canada for refugees, extended family support normally offered by elders including childcare assistance and advice regarding child rearing is lacking. In African culture, grandmothers provide support particularly important following the first birth. Lack of support from extended family that can mitigate challenges, such as childcare and financial strains, may compromise the adaptation of refugee parents of young children and their children. Culturally appropriate support interventions for refugee parents with young children during early years following resettlement are important (Ochocka and Janzen, 2008; Renzaho and Vignjevic, 2011; Simich et al., 2010; Schweitzer et al., 2006) and despite the increasing numbers of refugees migrating to Canada (Statistics Canada, 2014), this vulnerable group has been overlooked in support intervention studies.

Several studies noted that vulnerable newcomers prefer accessible support interventions from peers and professionals (Potvin and Jones, 2011; Miller et al., 2011; Butler et al., 2012; Marmot and Bell, 2009). A review of research revealed gaps in salient support studies, as intervention preferences of refugee parents are rarely considered and interventions typically do not incorporate support delivered by both peers and professionals. Accordingly, this paper focuses on the peer-professional support intervention processes. Intervention impacts were reported in a recent article (Stewart et al., 2015).

**Aim**

The aim of this study was to implement and test an equitable, culturally relevant social support intervention, which would meet the support needs and intervention preferences of African refugee parents of young children.

The study was guided by four research questions:

**RQ1.** What roles did peer mentors and professional mentors play in the intervention?

**RQ2.** What priority issues were discussed by refugee parents in support groups?

**RQ3.** What types of support were exchanged by refugee parents in the intervention?

**RQ4.** What factors influenced the success of the intervention?

**Needs assessment**

The intervention study was built on the research team’s preceding assessment study of social support needs of African refugee parents of young children (Stewart et al., 2017). During individual interviews, parents from Sudan (n = 36) and Zimbabwe (n = 36), who entered Canada in the previous five years, reported major support needs including accessible and culturally sensitive services, and information about available services. Following group interviews, Sudanese (n = 18) and Zimbabwean (n = 15) parents revealed the need for information about culturally appropriate services, more supportive service providers, and peer support to complement professional support. Therefore, the intervention was informed by the identification of Sudanese and Zimbabwean refugee parents of young children’s unique ethno-cultural support needs and their intervention preferences.

**Intervention**

**Participants**

Africa at the time of this research project was the second top refugee source continent and since 2000, Sudan and Zimbabwe are among Canada’s top African refugee source countries
Examining differences between Sudanese and Zimbabwean refugees helps elucidate the role of ethnicity in the design of culturally relevant support interventions. Types, sources, and appraisal of social support may differ cross-culturally (Paris, 2008), and social support produces differing adaptive results for migrants from different source countries (Deng and Marlowe, 2013; Kirmayer et al., 2011). The Sudanese are diverse, speaking Arabic, as well as English or other Sudanese languages (e.g. Nuer, Dinka). Many Sudanese refugees have been exposed to violence, war, trauma, and isolation from family (Lietz, 2007) and fled with the assistance of humanitarian organizations. Most Zimbabwean migrants in Canada are economic refugees with educational, language, and occupational skills. Sudanese and Zimbabwean refugees can be targets of discrimination because of racialized status and cultural and religious traditions (Schweitzer et al., 2006; Simich et al., 2005). The study was conducted in two urban sites in western (Alberta) and central (Ontario) Canada. From 2005 to 2014, 147,215 refugees migrated to Ontario, 23,444 refugees migrated to Alberta (Citizen and Immigration Canada, 2016). These provinces receive a high proportion of African refugees each year; most settle in large urban cities.

**Cultural and gender sensitive peer support group intervention**

Eight face-to-face support groups were created and comprised of like-ethnic and like-gender peers (e.g. Sudanese females, Zimbabwean males). Each support group was co-led by a Sudanese or Zimbabwean peer mentor who had a child in Canada and a Sudanese or Zimbabwean professional mentor (experienced service provider for refugee populations) from health, education, or social service sectors. These professional mentors were consulted regarding concerns raised by peer mentors or participants. Peer mentors facilitating the support groups were established refugees who had experiential knowledge of immigration and integration, relationships with community agencies for refugees, and connections to their cultural communities. In total, 12 peer mentors (three Zimbabwean and three Sudanese women, and three Zimbabwean and three Sudanese men) and eight professional mentors (two males and two females each from Zimbabwe and from Sudan) facilitated the support groups. The support groups met for one to two hours bi-weekly during the seven month long intervention.

A one day training session for peer and professional mentors was conducted by project coordinators in both provincial sites. A training manual used in the research team’s previous support intervention studies for newcomers was tailored to reflect support and cultural needs of participants identified during the assessment phase. Key topics covered during training included: support needs and intervention preferences; support group principles and group dynamics; roles and responsibilities of peer mentors and professional mentors; suggested support session topics, group processes, support resources; and documenting support group sessions through field notes. Throughout the support program, professional mentors provided follow-up support of peer mentors through individual meetings and/or telephone calls.

Discussion topics for support groups were informed by challenges identified during the pre-intervention needs assessment study. In addition, members of each support group suggested topics pertinent to their specific support needs. Key topics selected by refugee parents included: parenting across cultures; disciplining children in Canada compared to country of origin; parental legal responsibilities and rights in Canada; and balancing cultural differences with respect to gender roles. Representatives of refugee-serving agencies were invited to make presentations relevant to participants’ needs and requests (i.e. women’s health, parenting skills). Online videos and reading materials were used as facilitation aids. In consultation with the research team, peer and professional mentors ensured that topics covered were related to the challenges faced by refugee parents of young children.

Participants provided written informed consent to participate in the study. Consent forms were translated into Arabic for Sudanese participants and into Shona or Ndebele for Zimbabwean participants. Consent forms were administered by research assistants who spoke the participants’ language.
Methods and procedures

Qualitative methods were employed to enhance understanding of sensitive issues and meanings, perceptions, beliefs, values, and behaviors (Ahmed et al., 2004) of African refugee parents. To emphasize the cultural and structural context of participants’ lives, an interpretive critical perspective within an ethnographic perspective was used (Morrow, 1994). Qualitative data on intervention processes were used to elucidate the “black box” (who, what, where, when, why, how) (Grant et al., 2012) of this psycho-social intervention. Qualitative data can reveal social validity (participants’ subjective perspective about intervention), transportability (utility of intervention in natural setting), cultural elements of the intervention (Meyers and Sylvester, 2006), and perceived impacts of psycho-social interventions (Tashakkori and Teddlie, 2003). Qualitative methods are emphasized in this paper to elucidate intervention processes.

Data collection and analysis

Following each support group meeting, peer mentors documented the number of participants, types of support provided and exchanged, intervention processes, topics discussed, support provided during group sessions, as well as out-of-session contacts with participants in field notes.

Eight group interviews (n = 67, range of 4-13 participants per group), and in-depth individual interviews (n = 37) were conducted with participants following the intervention. Individual interviews were carried out to further explore and gain insight regarding issues raised during group interviews. Individual interviews involved those who were not available during group interviews, and a selection of those who were part of group interviews ensuring that both reticent and articulate refugee parents were represented. In both group interviews and individual interviews, participants were asked questions about their satisfaction with the intervention; factors influencing participation in and success of the intervention; suggestions for change; communication with other participants and peer or professional helpers outside sessions; and, continued contacts with other participants. In-depth interviews were conducted with peer and professional mentors (n = 21) following the intervention. Qualitative interview guides were translated into the participants’ first languages; Shona and Ndebele, for Zimbabwean refugees and Arabic, for Sudanese refugees. Interviews were conducted in the participants’ preferred language, which sometimes entailed switching between their first language and English. The 12-item semi-structured interview guide for peer and professional mentors elicited information on their roles, intervention processes and duration, and recommended changes.

All qualitative interview data were audio recorded, transcribed, translated, and analyzed using thematic content analysis (Simons et al., 2008). Post-intervention interviews of participants and intervention agents (mentors) were analyzed for satisfaction with the intervention, factors influencing the intervention, and recommended changes. Transcribed support group discussions and field notes were analyzed for evidence of intervention processes, types of support provided, topics discussed, out-of-session contacts with participants, and factors influencing delivery of the support intervention. Qualitative data were reviewed line by line to assign codes to units of text about particular aspects of phenomena, which were then organized into conceptual categories. Linkages among categories were identified and expressed as themes. The resulting inductively developed coding framework contained key themes pertaining to the research questions as well as themes emerging from the transcripts. Using NVIVO 8 computer software, quotations were organized into relevant themes. Common themes within and across support groups were identified through the coding process. Data were analyzed until no new themes or categories emerged. The final stage of data analysis involved interpreting the data followed by synthesizing data from the three sources; field notes, group and individual participant interviews. Descriptive statistics were employed to summarize demographic data (e.g. age, marital status, and ethnicity).

Participant profile

In total, 85 refugee parents of young children participated in the social support intervention. Participants were mothers and fathers (including single/lone parents and parents of single or multiple births) who arrived in Canada in the preceding 60 months from Sudan or Zimbabwe, and
who had a preschool child between four months and five years of age born in Canada. In total, 57 percent of participants’ country of origin was Sudan ($n = 48$), while the remaining 43 percent were from Zimbabwe ($n = 37$). Over half (55.3 percent) of the participants were male ($n = 47$). Most (75 percent) participants who reported marital status were either married or in a common law relationship, 19 percent were single, 5 percent were separated, and 2 percent were widowed. Of those who indicated maximum level of education achieved, 5 percent completed elementary school ($n = 3$), 25 percent completed secondary school ($n = 16$), 30 percent completed college ($n = 19$), and 41 percent completed university or graduate school ($n = 26$). The age of participants who provided this information was: 21-30 (15 percent), 31-40 (24 percent), 41-50 (27 percent), and 50 years and older (34 percent).

Findings

Peer and professional mentor roles

Enhance accessibility. Peer mentors helped the group members to identify ground rules and guidelines for their respective groups. They scheduled sessions, booked meeting venues, invited group members, prepared or purchased food and refreshments; arrived early to welcome participants, and cleaned up following the meeting. To enhance accessibility for most participants, peer mentors scheduled support group meetings on different weekend days, which were considered more convenient. Peer mentors made telephone calls and sent e-mails and text messages to encourage participants to attend support meetings, as well as to check on those who missed previous meetings, which helped keep group members motivated.

Facilitate group discussion. Mentors reported using facilitation aids including online videos, reading material from public libraries or the internet, music, and PowerPoint presentations. In addition, they invited guest speakers and professionals in the fields of health and social services to discuss strategies for accessing services, women’s health, parenting skills, and recreation resources. Mentors used their expertise, experience, and relevant personal stories during support sessions.

During the meetings, mentors created a supportive environment that encouraged participants to learn, share, and connect. They led the discussion and responded to participants’ questions. Mentors monitored discussions, encouraged reticent members to participate, asked probing questions, and ensured that discussions focused on the topic selected by participants and that no one was confronted or hurt during discussions of sensitive topics. Mentors offered individualized support to refugee parents who had questions or support needs following the meetings. One Zimbabwean male peer mentor revealed:

The [peer] mentors who were present are also parents of young children and they share the same problems with other participants.

Share information and knowledge. Peer mentors shared their knowledge of accessing services and integrating into the Canadian system. When discussing challenges faced by first generation immigrants to Canada, mentors emphasized education and entrepreneurship opportunities. They reinforced the importance of integration and settlement by suggesting that refugee parents recognize Canada as their new home.

Peer and professional mentors provided information regarding culturally accepted methods of disciplining children. Participants indicated that spouses sometimes disagreed about how to discipline children, and children took advantage of this dissent. Some parents were concerned that their older children were a negative influence on their younger siblings and wanted ideas on how to alleviate this problem. Participants shared ideas on strategies they found useful with their own children. One support group mentor invited a parenting support organization to provide information on available resources and supports.

Peer mentors linked refugee parents of young children with community resources or professional services relevant to their needs. This included identifying recreational opportunities for children, registering children for sporting activities, and providing interpretation and mediation during interactions with school authorities. They made referrals for work, suggested marketable career
advancement courses, and noted employers who offered educational benefits such as flexible work schedules and funding. Representatives from community agencies were invited to share information on available services and resources.

Offer individual support. Many participants indicated that they received one-on-one support from peer mentors on personal issues that could not be discussed during support group sessions. Some participants came earlier or stayed behind for individual counseling, which they viewed as suitable for addressing personal needs. One-on-one support provided by mentors through telephone conversations included home visits, help completing forms, and interpretation during interactions with school authorities and service providers. Some participants phoned seeking a mentor’s opinion on family matters including spousal conflicts and their children’s problems. Participants reported that a peer mentor’s personal experiences and knowledge of refugee parents of young children’s circumstances made them valuable resources:

On numerous occasions I requested a meeting with the mentor to address some of my challenges that I did not feel comfortable in bringing up in the support group (Sudanese male participant).

Challenges discussed by refugee parents

Identifying issues. Refugee parents of young children in Canada faced diverse challenges including: language barriers, finances, parenting and integrating children into the education system, unemployment and under-employment, racism and discrimination, and accessing services. Support group meeting topics were based on these challenges identified during the pre-intervention assessment. In addition, refugee parents in each group suggested topics pertinent to their unique support needs. Research team members reviewed suggested topics to ensure they were relevant to the life challenges and circumstances of refugee parents of young children. Participants often preferred spontaneous discussions on topics instead of focusing solely on one topic for a session. Peer mentors also introduced topics identified as important by refugee parents of young children in interviews. At times, participants who suggested topics for upcoming support group meetings were absent on the scheduled day and the topic was not perceived as important by those attending the group session. One group resolved this by coming with a list of topics for the day from which those present would choose.

At first participants did not feel comfortable to say things that contradicted their peers and mentors encouraged them to explore the topic. Conversation during face-to-face support group meetings and interim one-to-one phone communication focused on resettlement needs, marriage, raising children, work, and educational opportunities. Participants noted similarities in challenges faced by refugee parents:

We were introduced to a wide range of services and topics including parenting, domestic violence issues, different culture, immigration, systemic issues and food (Sudanese female participant).

Education, employment, and family balance. Participants shared information on how they could upgrade their educational qualifications while still earning an income to support their families. Besides learning new things, participants realized that other people in their support group were facing similar challenges and situations. Some men highlighted things they could change to address problems, such as coming home early, and finding time to be with their families during weekends. They talked about how they could become better husbands and fathers, be considerate, be selfless, and give their wives free time by staying home with the children.

Refugee health and healthcare. Topics that focused on health included information on the benefits of “Western” medicine provided by the Canadian healthcare system as a complement to traditional medicine from their country of origin. In discussing reasons why some refugees were reluctant to use health facilities, mentors focused on real scenarios familiar to participants. Mentors discussed the value of using health services relevant to refugee parents of young children, including child vaccination and breast and cervical cancer screening. Some support group sessions were geared toward promoting healthy living and provided participants with health information, and relaxation or meditation techniques. Participants learned the value of personal time to relax from the stresses of work and family life. Some mentors’ shared their
personal battles with weight and the benefits of losing weight. An invited guest talked about how she incorporated meditation into her daily routine as a single mother to make use of minimal spare time.

Parenting. For these participants, migration altered their customary patterns of parenting and family caregiving, exacerbated by difficulties accessing community support because of language or other barriers. To address this, participants and peers shared personal experiences of dealing with similar challenges. As some refugee participants needed someone to look after their children, information on day care was provided. Recurrent themes throughout support group sessions included challenges of cross-cultural parenting, disciplining children, defining child abuse, parental legal responsibilities and rights in Canada, teaching native languages and culture to children of refugee parents, managing finances within a marriage, sharing household chores with spouses, and health matters including immunization, post-partum depression, and obesity.

Marital relationships. Participants attributed marriage break-ups among refugee parents of young children to varying factors, but concurred regarding associated financial costs and negative consequences for children and family. Peer mentors observed that identifying domestic problems affecting other families was reassuring for some participants. Men agreed that some disagreements in the home emanated from stresses associated with women carrying the burden of house chores:

Family matters were always like untouchable subjects [previously] […] You don’t want to offend someone (Zimbabwean male participant).

Support exchanged in groups

Culturally relevant support. Participants provided culturally relevant support to group members who lost family members back home by visiting them, performing religious and or cultural traditions, financial support, food and refreshments, and childcare. Some participants were more comfortable to share details of their lives in support group sessions, whereas other participants preferred disclosure with individual group members:

I don’t know if I am ready yet to really talk more about some of my problems with just one person. You know in a group environment it’s easy because you throw questions out there […] That way you keep your personal stuff to yourself (Zimbabwean male participant).

Emotional support. Support meetings were viewed as a way to alleviate stress through sharing emotional support with like-minded peers. Stressors identified by refugee parents of young children during group discussions included: new parenting practices, discrimination against children, marital challenges, family finances, relatives who died in home country, work-related stresses, and career advancement. The support intervention provided opportunities to share stressful experiences and coping strategies, and to comfort one another. Female participants agreed that the opportunity to take a break from routine household chores provided by the support program was valuable for their mental health:

Just to know that someone is going through what you are going through is helpful. Someone who has been through what you are going through will be able to guide you along so that you can avoid those trial and error runs (Zimbabwean male participant).

Participants developed new friendships, expanded social networks, and connected at social occasions as a strategy for coping with stress.

Instrumental support. Participants received support in the form of practical assistance (e.g. money and food during mourning period). Participants exchanged ideas regarding strategies for managing family finances and shared practical ways to get involved in their children’s lives. They challenged one other to set good examples as role models for their children and to develop strong, supportive parent-child relationships.

Information. A distinguishing feature of the support meetings was the exchange of information among support group participants. Refugee parents of young children shared informational support on parenting including different perspectives on being a good parent, sources of
parenting information, and implications of using physical punishment to discipline children. Alternative ways of disciplining children, such as giving a time-out or offering rewards for good behavior, were discussed. Participants emphasized their lack of awareness and understanding of the Canadian child protection system. They learned that child protection records are kept for several years, which could be detrimental for future jobs. They also learned differences between disciplining and abusing a child.

Refugee parents exchanged information regarding challenges and coping strategies. In addition to facing similar challenges as Canadian born parents, their stresses were elevated by the need to learn new cultural ways of parenting, without the support of family and friends in their country of origin:

They wanted to share challenges that they are facing […] find out how other participants deal with such challenges and […] the best way to deal with it like coping strategies and some […] just wanted to find out where they can get more information in relation to […] everyday challenges that they are facing (Zimbabwean female mentor).

Information provided by peer mentors helped participants deal with challenges. Moreover, peer mentors provided interpretation services and helped refugee parents complete immigration forms.

Affirmation. Participants shared strategies for blending two cultures when raising children. They provided affirmational support by encouraging one another to seek ways to maintain some traditions, such as speaking their first language at home. Single parent participants discussed how they could provide for their children without the support of a spouse. They talked about the need to monitor what their children watched on television and the internet to reduce their exposure to inappropriate content.

Participants talked extensively about the marital challenges prevalent among refugee couples including defining roles and responsibilities and managing family finances within the marriage. Peer mentors helped participants explore amicable ways of resolving marital challenges in addition to linking them with culturally relevant services. Participants encouraged each other to think about implications for their children before making rushed decisions to separate or divorce and to treat marriage as an equal partnership between men and women. During group sessions, mentors clarified legal implications and responsibilities of marriages in Canada, and observed that challenges associated with adopting Canadian gender roles played a role in separation. Participants reported that learning of other people’s experiences in navigating systems in Canada affirmed their coping strategies and increased their confidence.

Factors influencing intervention process and impacts

Factors that helped individuals to participate for the duration of the support program included: accessibility, empowerment and involvement in decisions regarding type, focus, content, and frequency of support meetings, opportunity to socialize and connect with peers, and peer and professional mentor partnerships.

Enhancing accessibility. Participants found the use of their own language and dialect during support group meetings critical for communication, self-expression, and comfort. The intervention meetings were conducted within the African ethnic communities and support was provided by peers and professionals from the participants’ communities. Participants appreciated connecting with people of the same ethnic background. Financial resources that allowed them to access recreational activities, the provision of childcare during meetings, transportation assistance, and refreshments provided additional incentives. As participants with young children found attendance challenging, providing childcare during support group sessions resulted in higher attendance.

The number of participants attending each support group meeting fluctuated depending on barriers encountered, including transportation for those who did not own vehicles and conflict with work schedules and family commitments. Transportation, coupled with bad weather during winter, was a challenge because not all participants knew how to drive or had access to cars. Some had to
take public transit with their children. Bus tickets were provided, but bus transportation to meeting venues took a long time and some preferred meeting sites such as public parks were not accessible by public transit. Often peer mentors or other participants provided transportation for parents who needed it. Punctuality was impeded by transportation challenges. Managing group discussions became a challenge if participants arrived at different times.

Initially, most support groups met in public places such as community halls or community parks to enhance accessibility. Occasionally, difficulties emerged in finding one central place for meetings. Accordingly, some support group venues were decided on a week-by-week basis. For instance, Zimbabwean men felt they were discriminated against at one bowling hall where they met on three occasions. Some participants offered their homes as alternative meeting places, which had a positive effect on group dynamics. Participants liked this type of environment because they could be themselves, meeting times were not as strict as in rented venues, and participants could linger once the formal meeting was completed. The Sudanese women’s group occasionally experienced interruption when their church venue was booked. They waited until it was available and reconvened their meetings.

Food and refreshments were provided because many participants would come to meetings hungry. This strategy also offered an opportunity for refugee parents to socialize.

Empowerment. Refugee parents suggested intervention support programs and determined their support needs and requirements. Participants were presented with opportunities to periodically lead support meetings. This engaged and empowered group members, and imparted group-facilitation skills. Some participants were cautious about sharing particular personal experiences because they did not believe that other support group members would keep conversations confidential. Consequently, some attendees were uncomfortable talking about their marriages, finances, and other sensitive topics.

Trauma for these refugee parents was linked with social problems, mistrust, and a sense of betrayal during resettlement. Some participants indicated that constant experiences of discrimination or difficulties expressing themselves in English drained their confidence in interactions. Leading support groups helped them rediscover their sense of competence and confidence.

Social and recreational activities. Support group meetings were also used to share news and updates on community parties and social gatherings. Bowling, dancing, exercise, mini-soccer, movies, and other activities linked to support group interventions provided respite and fun and increased level of comfort and security. Participants enjoyed sharing meals or refreshments during support group meetings:

I like the group because you get to hear lots of stories, get an opportunity for friendship, enhance social connections between us Sudanese women, and the chance to express ourselves in a non-judgmental environment (Sudanese female participant).

Meeting frequency. The initial plan was to hold meetings bi-weekly for three months. However, peer mentor schedules, participants’ availability, and competing commitments such as cultural community and sporting events delayed some support group meetings. Peer mentors believed the length of the support program provided enough time for refugee parents of young children to develop mutually beneficial relationships. Indeed, relationships among some participants persisted after the support program had ended.

Group dynamics. Participants exchanged personal experiences and opinions on sensitive issues such as marital challenges, cultural identity, ethnic differences, discrimination, work-related stresses, and post traumatic experiences that necessitated their resettlement to Canada.

Support groups were viewed as a non-threatening environment for open discussions regarding these difficult and sensitive topics. Peer mentors shared ideas on how to address these issues and referred participants to professionals for further support as needed.

Refugee parents reported that the support group’s discussion topics matched their support needs. Some initial group dynamics that peer mentors had to manage included subtle
resentment between participants of different sub-ethnic backgrounds within Sudanese or Zimbabwean support groups. This animosity waned with time as participants became more familiar with others in the group. Following the intervention, some participants reported positive changes in their perceptions of other participants:

The support group gave me the opportunity to socialize with other Sudanese and South Sudanese women under the same roof, while learning more about other services available to them in the area despite political differences back home (Sudanese female participant).

**Program duration and meeting length.** Many peer mentors noted the time required to organize and facilitate support group meetings. Mentors often stayed four hours for support group meetings. Participants generally arrived late, but once they started, participants had so much to share and wanted to continue the discussions, hence meetings lasted longer. This required significant time commitment from peer mentors.

Those who wanted more sessions said they liked the length of meetings for discussing issues and meeting with other parents to share experiences and perspectives. These parents felt that a one hour meeting for each of the 12 group sessions was not enough time for participants to reap the full benefits of the support groups. Some participants felt they could have benefited from more frequent meetings:

I enjoyed the sessions so much that I think twelve were not enough. I would have loved us to have more [...]. It gave us time as women just to come together (Zimbabwean female participant).

**Mentor relationships and partnerships.** Peer mentors agreed that more time should be devoted to training them to gain a deeper understanding of the scope of social support intervention. Professional helpers could provide additional support and ease pressure on peer mentors. Some peer mentors believed that they were not able to fully respond to some questions raised by participants. Other factors identified as influencing intervention impacts included respect for diversity of backgrounds, experience of peer mentors, and role clarity. One peer mentor felt that opportunities for growth could be offered by celebrating personal achievements when a group member completed a course, had a birthday, or gave birth.

Some peer mentors used their own resources, including stationery, vehicles to transport participants, computers, phones, and their homes for support meeting venues. They maintained that the time and effort invested before and after support group meetings were essential.

**Discussion**

Most research has emphasized assessment of African refugee parent support needs and gaps, and has not designed or tested interventions to meet these needs. To illustrate, Somali born parents in Sweden (n = 23) lacked support from schools and social services and needed different types of support to enhance cultural adaptation of parenting strategies and relationships with children. The researchers for this recent study concluded that culturally sensitive parenting support interventions are needed (Osman et al., 2016). Our review of published intervention research revealed one post hoc description of a small paraprofessional home visiting program for South American immigrant mothers (Paris, 2008). An evaluation of an eight session parenting education program for African migrant and refugee parents (n = 39) in Australia reported enhanced expectations of children and attitudes to discipline (Renzaho and Vignjevic, 2011). This existing counseling program, focused on education rather than support, was delivered by professionals only, and language of delivery may have lessened accessibility. Sure Start Children’s centers in the UK can help build social capital among parents including indigenous and new migrants. However, language of delivery was considered a potential barrier to the program and African refugees were not represented (Parks, 2015). As these studies reveal, interventions are primarily education focused and provided by professionals not peers working in partnership with professionals. Moreover, no social support interventions had been designed and tested based on the unique needs and preferences identified by African refugee parents of young children.
This is the first reported study to design and test the impacts of peer support interventions for African refugee parents of young children in Canada. The intervention focus on partnerships between peer and professional mentors is also unique. This intervention could be expanded and adapted for other sites and for refugee parents of young children from other countries of origin. The massive exodus of African refugees with the recent immigration crisis (e.g. in Europe) makes insights from this study potentially relevant to more countries than just Canada.

Refugees who have involuntarily left their homelands to settle in another country may initially delight in a sense of sanctuary; however, these emotions may be joined by confusion and consternation as they confront potentially variant cultures, languages, and life-ways in a new environment. Moreover, the birth of a child and the need to care for and nurture additional children in this novel context that is often lacking in familiar sources of resources and social support, exacerbate stresses arising from this perplexing situation. Although peer mentors have been found to be effective with other populations facing different challenges, they had not been integrated into the design and testing of social support interventions for refugee parents of young children.

Support groups in this study provided a platform for the social processes of social exchange, social comparison, and social learning. In addition, social support groups were a resource for coping with resettlement challenges as group interactions with peers and professionals were used to communicate information and practical aid helpful in the resettlement process. Peer support, based on personal experiential knowledge (Borkman, 1999) supplemented professional support derived from professional knowledge. This intervention focus on partnerships between peers and professionals is unique.

Two reported impacts of this support intervention were mobilization of coping strategies for dealing with stressful challenges and associated decrease in perceived parenting stress (Stewart et al., 2015). In this study, peer mentors who were refugee parents of young children had found strategies to cope with their new homeland and with changes to their own family composition, status, roles, and relationships. This feature was key to facilitating the support intervention and to enhancing the confidence of group members to raise their children in Canada. Peer mentors acted as role models for other participants as they too had faced, and may continue to face, similar challenges, but had attained some success in terms of educational or occupational achievement or social recognition within their community.

Moreover, the culturally appropriate support program and support communicated in first languages by peers helped refugees overcome challenges. Differences among refugees reinforce the need to elucidate the role of ethnicity and language in the design of culturally relevant social support interventions for refugees. Furthermore, consideration of both gender and ethnicity in the composition of support groups and matching of peer facilitators with refugees in face-to-face groups is congruent with the reported need for ethno-specific interventions (Barrio, 2000; Beiser et al., 2010). Culturally and linguistically appropriate and gender-sensitive support programs could be adapted and tested in community-based intervention trials prior to integration in health and social services for vulnerable refugees.

In addition to the use of peer mentors, the impact of this intervention was influenced by its flexibility and participant-centered focus. Rather than working through a predetermined curriculum, peer mentors responded to the changing requirements of group members and deployed professional and material resources to reflect participant preferences and to facilitate group discussion. Consequently, refugee attendees garnered information that was meaningful to them and helped them take ownership of the intervention by shaping the content, location, and frequency of meetings. Importantly, group meetings offered an opportunity for participants: to share their own expertise; to communicate with members of other ethnic communities with whom they may not have previously interacted and thus breakdown inter-ethnic barriers; and to create and expand their own social networks and friendships. Relevant reported impacts of the intervention were decreased loneliness and increased perceived support resources (Stewart et al., 2015). Peer mentors described
support groups as places where participants came to harvest social connections and build social capital.

This pilot intervention study demonstrated that a culturally sensitive intervention increased refugee parents’ social support by: providing information on relevant resources ranging from parenting programs to interpretation services; enhancing spousal relationships through discussion of cultural differences in gender relations in Canada and country of origin; and engaging with their ethnic community. Encouraging evidence of the relevance, impact, and potential sustainability of this support program is that a support group(s) continued to meet after the intervention concluded.

References


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