Immigrant Parents' Settlement Experiences and Contributions to Children's Health: Analysis, Knowledge Transfer and Exchange (2006-2007)

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1. Research Overview

Although Canada is a leading immigrant receiving country, we know surprisingly little about social factors and processes that promote overall health and successful adaptation among immigrant families and children. In general, there has been more emphasis on barriers and social costs of immigration, and insufficient focus on social resources that promote overall health of individuals and groups during settlement. Successful settlement may be defined by three main outcomes: overall health and wellbeing, language proficiency and economic integration (Beiser 2003). Identifying factors that contribute to successful settlement--defined here in terms of overall child health and wellbeing--can provide valuable insights for health and social services aimed at smoothing the settlement process. In this study, this positive lens was focused on child health in the context of the family and community supports that are meaningful to immigrant parents and children during settlement, and that have demonstrable impact on child health.

Despite the initial adversity often experienced by immigrant families, which increases health risks during early settlement, immigrant children generally have better mental health, social behaviour and school outcomes than children born in Canada (Beiser et al 2002). One underlying reason suggested for observed advantages among immigrant children is that immigrant families tend to provide supportive, protective environments that promote resilience, specifically, optimism, academic aspirations and advantageous acculturation (Constantino et al 1995; Cooper et al. 1994; Harker 2001; Kao and Tienda 1995; Khanlou et al 2002). But what is the impact of extra-familial supports available in the social environment in which the immigrant family settles? What *contextual factors* influence parents' experiences and affect child health?

Few studies on immigrant family health have directly explored the impact of adults' immigration and settlement experiences on children's overall health. Existing research however, suggests that social support (helpful social interactions) offered at the right time can make a difference. Social support moderates the impact of stressors (Cohen and Wills 1985; Wethington and Kessler 1996) enhances coping skills, and promotes health (Thoits 1986; Bloom 1990). Since schools tend to be contact points for newcomer families during settlement, the hypothesis of this analysis that social support provided in the school environment would be instrumental in immigrant parents' settlement experiences and therefore may affect child health and wellbeing.

The overall purpose of this study was to investigate the relationship between immigrant child overall health and parents' settlement experiences in Toronto by examining a range of variables from sub-set of data (n=533) from a larger, national survey of immigrant child health and adaptation.[i] Our study objectives were as follows: 1) to analyze relationships among children's overall health and behaviour and factors in parents' early settlement experiences; 2) to identify factors that promote children's overall health and implications for practice through knowledge exchange with key stakeholders (immigrant community organizations, Settlement in the Schools Workers (SWIS) and Toronto Public Health (TPH) staff; and 3) To build capacity for research transfer.

For this analysis, we hypothesized that parents' perceptions and experiences of supports provided during settlement would influence child health, because children are dependent upon adults. Initially, we formulated a broad research question: What factors in the family and social environment contribute to child health? Most relevant to policy-makers, what specific social factors that contribute to child health can be identified and acted upon? As the project developed, the research questions were

refined as the following: does family functioning and social support, including parent's interaction with the child's school environment, have an effect on immigrant children's mental health; and, what can schools and parents do to influence child mental health? In addition to intrinsic sociological interest, there is an acute need for data about effects of national and local policies on newcomer children, the ability of schools and service providers to meet diverse needs, and supportive practices that help immigrant families. The proposed research, analysis, knowledge transfer and exchange project therefore aimed to build local capacity to share research findings through collaboration with community, service provider and policy stakeholders in Toronto.

2. Key Findings and Policy Implications

2.a. Descriptive Findings

The mean age of parents in the combined study groups was 37 to 40 years. All of the Filipino parents interviewed were female, but only 91% and 69% of the Hong Kong Chinese and Mainland Chinese, respectively, were female. On average, the Hong Kong Chinese participants had been in Canada the longest time (7.3 years) and Mainland Chinese the shortest (2.6 years), with Filipino participants reporting an average of 5.8 years in Canada. Almost 75% of Filipino study participants reported being able to speak English fluently prior to arrival in Canada, whereas only 20-25% of Chinese participants in both groups reported fluency in English. Over half of the Mainland Chinese reported speaking English "with difficulty."

Mainland Chinese also reported in the highest proportion (36%) that their perceived living conditions after moving to Canada had worsened. Only 30% of Mainland Chinese described their living conditions as "better," as compared to Hong Kong Chinese (69%) and Filipino respondents (57%). The majority of the sample (61%) had a university or graduate degree. Those with a higher level of education reported higher levels of stress due to having a "job below my experience and qualifications." The proportion of low household incomes varied widely in the sample, with the highest proportion of low income reported among the Mainland Chinese (58%), followed by the Filipino (24%) and the Hong Kong Chinese (19%).

Most parents reported that their neighbourhoods were "good" or "average" places to bring up children, and most believed their neighbourhoods were safe at night (59%), safe for children to play outside (71%). Most agreed that health facilities (83%), public transit (94%) and safe parks or playgrounds (84%) were present. Parents were also asked about services perceived as helpful in the first year of settlement. Nearly 40% perceived health professionals as helpful, only 30% perceived settlement agencies as helpful, and less than 20% perceived law and protection services as helpful.

As for school experiences, less than one-quarter of the children were in English as Second Language (ESL) programs. The majority (62%) attended public school, and 25% attended a Catholic (publicly funded) school. The majority was assigned homework daily, but 44% of parents reported not being able to help with homework as much as they would like. The reasons that parents most often reported for this were "not enough time," followed by "lack of language skills."[ii]

Child health was correlated with several factors, but associations were relatively weak. In general, parents with university or graduate degrees tended to report that their child's health was "excellent" or "very good" in higher proportions. Child health was also correlated with neighbourhood safety, and with key factors in family functioning: whether family members support each other in a crisis; whether family members feel accepted for who they are; and whether family members confide in each other. The vast majority of survey respondents reported that family members do support each other and confide in each other and that they feel accepted for who they are within the family environment. The majority (84%) reported satisfaction with their spousal relationship.

Significantly, child overall health was also positively related to parents reporting that they "are made to feel welcome at this school."

2.b. Findings from Regression Analysis

Parental perception of child's school environment was the focus of subsequent regression analysis. Dependent variables were scale measures of child emotional health: emotional-disorder anxiety scale, physical aggression-conduct disorder scale and a prosocial behaviour scale. A series of regression analyses were conducted with these scales as the dependent variable, and parents' perceptions of school scale as the independent variable. A variety of control variables were also used to better understand the relationships uncovered by the regressions.

The first regression analysis showed that there was positive predictive relationship between parent's perception of school environment and children's emotional health. This relationship remained significant even when other variables such as gender, income, education, age of child, years in Canada, and English fluency were entered into the model. Even when controlling for parental emotional wellbeing and family functioning, parent's perception of school environment predicted child emotional health. However, when ethnicity was entered into the model, the predictive power of school perceptions was no longer significant. When ethnicity was included in the regression model, parental emotional health was the only other variable to emerge as a strong predictor of child emotional health.

Parents' perception of the school environment was shown to be significantly related to child physical aggression in a second bivariate regression equation. This relationship remained significant in a multiple regression analysis, controlling for socio-demographic factors such as child's age and gender, household income and parents education. However, the significance of school environment disappeared when ethnicity was added to the regression model. When further control variables such as English fluency, year of arrival, family functioning and parental depression were added to the model, three strong predictors of child physical aggression emerged: child age (4-6), Hong Kong ethnicity, and high levels of parental depression. Female children were 53% less likely to have engaged in one or more aggressive acts.

Finally, regression analyses were performed on the scale variable for child prosocial behaviour. A significant relationship was shown between child prosocial behaviour and parent's perception of school environment. This relationship remained significant when controlling for all other factors. The strongest predictors of prosocial behaviour were being female and high family functioning.

2.c. Findings from Focus Groups

Focus group findings can only be reported briefly here due to space limitations, but the following issues were emphasized, many of which expanded on the scope of our initial objectives and study findings: the need to educate teaching staff about the impact of settlement experiences on the majority of students who are from immigrant families (not only those in ESL classes); diverse expectations among immigrant parents of schools in Canada; lack of culturally and linguistically competent staff in schools and medical offices; hidden and unacknowledged depression among students; family separation, especially in the Chinese community; parents' reluctance to approach schools due to sense of shame at lack of English language proficiency; family and marital counselling needs (because family problems not openly acknowledged); impact on children of parental stress and early settlement priorities, e.g. employment is a priority, but not healthy parent-child relations; and the stigma attached to mental health in all communities. Participants suggested many dissemination strategies, but universally and above all recommended providing research findings to Toronto school boards, the Ministry of Health, provincial health networks such as the Best Start Initiative, municipal agencies, Citizenship and Immigration Canada and the Public Health Agency of Canada.

2.d. Policy Implications

One-quarter of all immigrants to Canada are children below the age of 15, therefore, information about immigrant children's health is critical for policies and programs in schools, settlement and health services. The findings of this study suggest that child emotional health may be more within the purview of school environments – via the parents' interactions and perceptions - than we might assume. Identifying the critical relationship between parents and schools offers an opportunity to strengthen helpful social ties that help parents settle, and in turn promote child health. Supporting and expanding the school, settlement and public health programs and collaboration would appear to be viable policy directions. The descriptive analysis suggested that further analysis may be needed to explore possible group differences. For example, the finding that Mainland Chinese parents--the most *recently* arrived immigrants in our sample--feel the *least* welcome in school could encourage schools to improve relations/programs for the newest immigrant parents, not only to provide school-related information, but to promote the emotional health of immigrant children and their families.

2.e. Methodology

Survey Sample and Questionnaire The data analyzed for this study is a subset of data from a longitudinal study of 4,500 children of immigrants in Canada. The sample was a stratified, purposive (nonrandom) sample. The data set comprises data for three ethnolinguistic groups: Filipino, Mainland Chinese and Hong Kong Chinese. These are the three immigrant groups included in all cities in the national survey and the first set of survey data made available for analysis. Participating families were recruited with the assistance of partner community agencies and community researchers. Eligibility criteria included children born outside of Canada, arriving within the past 10 years, or children born of parents who arrived within the past 10 years. The sample includes two cohorts of children: preschoolers (aged 4 to 6, n=268) and preadolescents (aged 11 to 13, n=265). These two age groups were selected for the study because they are important transitional years as children move from home to school, and from intermediate into secondary schools. The study uses data from the first wave of interviews, which took place from 2002 to 2004. Data from two of the questionnaires are included: the Parent About Family Questionnaire and the Parent About Child Questionnaire. The former asks the primary care giving parent to answer questions about themselves, the household, family functioning, work, neighbourhood and migration and settlement experiences; the latter asks parents to answer questions about the child's activities, behaviour, health, adaptation, social and school experiences. Participants were interviewed in their language of choice; only 14% of the interviews took place in English.

Quantitative Analysis: Descriptive Statistics, Scale development and Regression analysis Several techniques were used for analysis: descriptive statistics and cross tabulations; statistical tests of difference (chi-square, means test, analysis of variance, t tests); bivariate and multivariate linear regression; factor analysis and logistic regression. The following concepts and variables in particular were examined: parent and child overall health and mental health; sociodemographic characteristics (ethnicity, sex, age, religion, education and income of parent); parent's settlement experiences; family functioning; social support; school experiences; and neighbourhood characteristics. Initially, all questionnaire items were reviewed. When parent's feeling welcome at school emerged as a significant variable, a scale measuring parents' perceptions of school environment was constructed for further analysis. Psychometric scales, based on NLSCY scales, or constructed from clusters of questionnaire items, were also constructed to measure child mental health and behaviour, parents' mental health, and other variables of interest. The scales were tested for validity before use in regression analysis.

A 'benchmarking' procedure was conducted to compare the characteristics of the sample to the larger population. Analysis of Census 2001 data (Statistics Canada) for Filipinos and Chinese residents

of Toronto who have immigrated since 1992 revealed that our sample tended to report higher education levels and lower incomes than average for this population. Study respondents were also slightly older, more likely to report labour force participation and having a religion.

Qualitative methods: Literature review and knowledge translation and exchange groups

In addition to consulting theoretical literature on social support and immigrant settlement, a targeted review of recent psychological, sociological and anthropological literature was made of these topics: immigrant children; child health, including mental health; parent-school interaction; family functioning and social support; and research relating specifically to Filipino and Chinese community settlement experiences. An annotated bibliography was produced and used to inform analysis. In addition, focus groups were conducted at the end of the study to help interpret quantitative findings in context, to discuss policy and practice implications, and to identify priorities for knowledge translation audiences.

3. Research Outputs

Contributions to Immigrant Children's Health in Toronto: Parental Reception in Schools (poster), 9th National Metropolis Conference, Toronto, March 1, 2007.

Immigrant Parents' Perceptions of School Environment and Contributions to Children's Health, (oral presentation) Health and Wellbeing among Newcomer Families, Children and Youth, 10th National Metropolis Conference, Halifax, Nova Scotia, April 2-6, 2008.

4.a. Dissemination activities

(2007) Knowledge exchange focus groups were held with the following organizations: Settlement and Education Partnership in York and Toronto regions, July 25; St. Stephen's Community House, Toronto (Chinese groups), July 25; Kababayan Community Centre (Filipino group), July 26; and Toronto Public Health, Healthy Families-Child Health Planning and Policy Team, September 12.

(2008) Manuscript for submission to the *American Journal of Orthopsychiatry;* Electronic report of study findings for partner agencies, Best Start Initiative and Toronto District School Boards.

5. Research Collaboration

Lysandra Marshall, PhD student, Centre of Criminology, at the University of Toronto was the primary Research Assistant. The project gave Ms. Marshall the opportunity to participate in multi-method research in an inter-disciplinary environment. In particular, it afforded the opportunity to conduct in-depth analysis of a rich survey dataset supplemented by qualitative research to provide context for statistical findings. Ms. Marshall gained understanding of anthropological and psychological research, increased skill in using statistical software and experience in writing up research findings. The investigators acknowledge Ms. Marshall's outstanding contribution. We also thank the community (see above) and government partners, Toronto Public Health and Settlement Workers in the Schools.

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[i] A grant for secondary data analysis was provided by the 2006 RFP Competition of CERIS-the Ontario Metropolis Centre. We also thank Lysandra Marshall for assisting with data analysis. Toronto site data analyzed for this study are derived from a national longlitudinal survey [the New Canadian Children and Youth Study (Morton Beiser, Principal Investigator; Robert Armstrong, Linda Ogilvie, Jacqueline Oxman-Martinez, Anneke Rummens, Site PIs)], of more than 4,000 immigrant and refugee families and children in Toronto, Montreal, Winnipeg, Edmonton, Calgary and Vancouver. The national study is a collaboration of investigators, staff, community advisors, and trainees affiliated with the Canadian Metropolis Centres of Excellence, and community organizations representing 16 immigrant/refugee populations across Canada. The Canadian Institutes of Health Research (CIHR) funded national data collection.

[ii] During data analysis, group differences emerged in education and income levels, employment patterns, perceived helpfulness of services and family functioning and school experiences. Differences among the study groups in child health as reported by parents also emerged during data analysis, but because valid inter-group comparisons cannot be made using purposive samples, these differences are not reported here.