Resettlement challenges faced by refugee claimant families in Montreal: lack of access to child care

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ABSTRACT

Adult refugee claimants experience several well-documented post-migratory challenges. Little is known about the resettlement process for refugee claimant families with children. This study reports on 75 open-ended, in-depth interviews with refugee claimant families in Montreal about their resettlement challenges and their proposed solutions to them. These interviews were conducted with 33 dyads and triads of children and parents attending a paediatric hospital. Experiences accessing formal and informal child care in Montreal were addressed. Subsequently, a comparative policy analysis was conducted on residency eligibility criteria for child care subsidization. Twenty-eight out of 39 parents (73%) report a lack of informal or formal child care and 15 out of 33 families (39%) propose improving access to formal child care services. They describe a lack of informal child care as a result of reduced social networks, and affordability as a barrier to formal child care services. Refugee claimants are not eligible for subsidized child care in Quebec. A comparative policy analysis within Canada and comparable countries reveals that this situation is not unique to Quebec. However, most provinces and European countries offer child care subsidies to refugee claimants. Refugee claimants should qualify for child care subsidies. Social workers and community organizations should consider their clients’ child care needs in designing programmes and services.

BACKGROUND

In 2009, Canada granted temporary residency to 33,161 refugee claimants (Citizenship and Immigration Canada 2010). Refugee claimants, also known as asylum seekers, claim persecution and apply for refugee status upon or after their arrival (Citizenship and Immigration Canada 2010; Canadian Council for Refugees n.d.). Among refugee claimants coming to Canada, an increasing proportion is children: in 2009, 20% were less than 15 years old (Citizenship and Immigration Canada 2010).

Once in Canada, refugee claimants must undergo a quasi-judicial process to determine their refugee claims (Citizenship and Immigration Canada 2007a,b). If their claim is rejected, they face possible
Refugee claimants lack access to child care G Morantz et al.

deportation. The claim process often takes several years and is stressful because of the uncertainty of acceptance (Silove et al. 1997; Fantino & Colak 2001; Statistics Canada 2005; Nadeau & Measham 2006). In addition to pre-migratory traumas, many refugee claimants face significant post-migratory challenges: poverty, discrimination, social isolation, language barriers, difficulty accessing work, limited healthcare and precarious immigration status (Renaud et al. 2003; Gerritsen et al. 2006; Momartin et al. 2006; ter Kuile et al. 2007; Rousseau et al. 2008; Toar et al. 2009).

Every year, Montreal receives large numbers of refugee claimants from diverse countries. In 2008–2009, more than 5000 refugee claimants from 10 countries received services from the social and medical services organization for refugee claimants in Montreal (Programme régional d’accueil et d’intégration des demandeurs d’asile 2009). Several studies have revealed high rates of physical and mental-health problems among adult and children refugee claimants in Montreal (Ouimet et al. 2008; Li et al. 2007a,b).

While waiting for their refugee hearings, refugee claimants in Canada are eligible for minimal social assistance and are usually permitted to work and attend school. However, they encounter many barriers to employment: language barriers, discrimination and their temporary status (Renaud et al. 2003).

Refugee claimants with young children may also face the additional barrier of child care. Because refugee claimants usually arrive without a social support system, it may be difficult for them to access informal child care (Kindon & Broome 2009; Dolan & Sherlock 2010; Tyler 2010). Many experience social isolation and prolonged separation from family; their claim must be approved before they can apply for family reunification (Silove et al. 1998; Rousseau et al. 2001; Gerritsen et al. 2006; Momartin et al. 2006; Citizenship and Immigration Canada 2010). In addition, the fees for formal child care services are likely prohibitive for most refugee claimants. No previous literature has explored access to child care services and its impact on refugee claimant families with children in Canada.

Studies have consistently shown benefits of high-quality formal child care for children. In a long-term follow-up, it has been shown that attendance in child care is linked to higher cognitive test scores, improved behavioural development and school achievement, increased employment, lower teenage pregnancy rates, higher socio-economic status and decreased criminal behaviours (Zoritch et al. 1998, 2009; Vandell et al. 2010). Although none of these large studies has specifically looked at the benefits for refugee claimant children, it has been suggested that children from disadvantaged backgrounds gain the most from formal child care (Gormley et al. 2005; Magnuson et al. 2007; Bassok 2010). This is likely also true for children who are refugee claimants.

It has been well-established that adult refugee claimants face many resettlement difficulties. However, little is known about how the refugee claimant experience affects family units, particularly those with young children. The present study, upon which this paper is based, aims to further our understanding of the resettlement challenges faced by refugee claimant families and examine relevant policies. A comparison of the reported resettlement experiences between parent and child participants in this study has been previously published (Morantz et al. 2011). The purpose of this current paper is to examine the issue of refugee claimant access to child care in Montreal because this issue was found to be of great importance to participants, has implications for practice and policy, and has not received sufficient empirical attention. An exploration of the experiences of refugee claimants with informal and formal child care, and related policies may help inform community programming, social work practice and policy decisions.

METHODS

Families were recruited for this study between April and June, 2010 from the Multicultural Clinic and from non-acute visitors to the Emergency Room of the Montreal Children’s Hospital. The Multicultural Clinic offers temporary healthcare and screening to newly arrived children, including refugee claimants. The Emergency Room serves a large multicultural population (McGill University 2007).

Potential participants were contacted by a staff in the Multicultural Clinic or Emergency Room. Morantz or Martin obtained informed consent. Inclusion criteria consisted of being a family, with at least one child aged 7–18 years, who migrated to Canada within 5 years as refugee claimants. Potential families had to consent to interviews with at least one parent and one child aged 7–18 years. Interpretation was available in Spanish, French, English and Arabic, and none of the families approached were excluded due to language issues.

Three developmentally appropriate open-ended interview guides were developed for this study by Morantz and were based on principles of social network theory (Berkman & Glass 2000) and previous
research by Rousseau et al. (1997) on the migratory experiences of refugee children and Heymann (2000) on caregiving and family interactions. Different interview guides were developed for children, adolescents and parents. All three interview guides explored the participants’ pre-migratory social networks, their experiences of leaving their countries of origin and their post-migratory resettlement experiences. Although a guide was used for the interviews, the interviews were sufficiently open-ended to allow participants to address relevant issues of importance to them.

Interviews with children and their parents were done jointly and lasted between 30 and 90 minutes. Written informed consent was sought from adult participants for themselves and their children. In addition, verbal assent was obtained from child participants. Notes were taken during interviews, and they were tape recorded for data collection purposes, except for two families who declined recording. Financial compensation of $30 per family was offered for their time. Ethics approval was obtained from the Montreal Children’s Hospital Research Ethics Board.

The content of the interviews was transcribed, coded and subject to thematic analysis.

A comparative policy analysis was carried out to examine whether current child care policies are meeting the needs of refugee claimant families. Relevant provincial and international child care policies were obtained through Internet searches and personal communications with government officials.

DEMOGRAPHIC DATA

Of the families approached for an interview, 89% agreed to participate. A total of 75 interviews were conducted with 33 parent–child dyads and triads, which included 39 adult and 36 child participants. The adult participants included 29 mothers and 10 fathers. The child participants included 20 boys and 16 girls. Families had between one and five children. One-third of families had a child less than 5 years of age. Families originated from six countries: Mexico (23), Haiti (4), Colombia (3), India (1), Peru (1) and Algeria (1). Families had been in Canada for an average of 21 months (range 2–53). Further characteristics of the study population are included in Table 1.

RESULTS

Throughout their interviews, the refugee claimant families describe many similar post-migratory challenges (Fig. 1). The majority (87%) of the 39 adult refugee claimants describe leaving their home countries as a difficult period in their lives. This is primarily due to their leaving behind family members and friends; however, most adults (95%) maintain close transnational ties. Once in Montreal, they encounter multiple challenges to resettlement. Most adult refugee claimants interviewed (74%) describe difficulty adapting to life in Montreal. The barriers they face include financial strain (38%), language problems (49%), difficulties finding work (51%), lack of help with child care (73%) and the uncertainty of their status (87%). Most of these difficulties were reported by both mothers and fathers, except for lack of help with child care, which was described almost exclusively by mothers.

The most common challenges mentioned by the 36 child participants include sadness at leaving friends and family (31%), living with the uncertainty of their immigration status (17%) and difficulty adjusting to life in Montreal (39%). These challenges reflect the concerns of older children as pre-school aged children were not included as participants.

The 33 families in this study describe several solutions to these resettlement challenges. The solutions most often proposed involve improving the refugee claim process (15%), facilitating access to work opportunities (27%) and increased access to child care (39%).

Table 1 Characteristics of study participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Fathers (n = 10)</td>
<td>47 (mean); 38–58 (range)</td>
</tr>
<tr>
<td>Mothers (n = 29)</td>
<td>37 (mean); 27–47 (range)</td>
</tr>
<tr>
<td>Children (n = 36)</td>
<td>11 (mean); 7–18 (range)</td>
</tr>
<tr>
<td>Family composition</td>
<td></td>
</tr>
<tr>
<td>At least one child &lt;5 years</td>
<td>11/33 (33%)</td>
</tr>
<tr>
<td>Number of children</td>
<td>1–5 (range)</td>
</tr>
<tr>
<td>Single-parents</td>
<td>16 (15 mothers, 1 father)</td>
</tr>
<tr>
<td>Parent education</td>
<td></td>
</tr>
<tr>
<td>University and college</td>
<td>24</td>
</tr>
<tr>
<td>Secondary</td>
<td>13</td>
</tr>
<tr>
<td>Primary or none</td>
<td>2</td>
</tr>
<tr>
<td>Parent occupation in countries of origin</td>
<td>Number of parents</td>
</tr>
<tr>
<td>Work (part-time/full-time)</td>
<td>27</td>
</tr>
<tr>
<td>Child care</td>
<td>12</td>
</tr>
<tr>
<td>Parent occupation in Montreal</td>
<td>Number of parents</td>
</tr>
<tr>
<td>Work (part-time/full-time)</td>
<td>10</td>
</tr>
<tr>
<td>Child care</td>
<td>11</td>
</tr>
<tr>
<td>French classes</td>
<td>18</td>
</tr>
</tbody>
</table>
Lack of access to child care was one of the most commonly cited barriers to resettlement, and the provision of child care was one of the most frequently proposed solutions. What follows is a discussion of the experiences of refugee claimants with accessing child care in Montreal because these issues emerged as prominent themes during analysis. These experiences are illustrated by representative cases, which include participant quotations. To maintain the anonymity of participants, pseudonyms are used.

Lack of access to informal child care

Many families described that their extended families in their countries of origin primarily helped with child care. Most parents explained that extended family members were highly involved in the care of their children in their home countries, and many children spoke of close relationships with extended family members before coming to Canada. Both parents and children described missing their relatives, and several children reported that relatives other than their parents had previously been among their primary caregivers. Before coming to Montreal, only eight families had contacts in Montreal: five had other family members and three had friends in the city. Because of this reduction in their social network, many families reported difficulty in accessing help with informal child care.

Maria is a 14-year-old girl from Mexico. She has two younger siblings, aged 1 and 3. Maria misses her extended family in Mexico and the support they provided:

My father left us when I was three or five days old and we got a lot of help from them [our family]. I lived with them. There was an uncle who was like my father. He did everything for me. He helped me with school. My grandmother was like a second mother to me. . . . Here, we only knew one other person when we came but she just disappeared. She hasn’t helped us. . . . My mother hasn’t been able to learn French because she has to care for my younger siblings.

The Pierres came to Canada from Haiti in 2008. In Haiti, they lived in a home with other relatives who helped in taking care of their children. They have five children between the ages of 2 and 19. When asked what it was like to leave Haiti for Montreal, Martha, the mother, says:

For me, it has been very difficult to come here. I have two small children and I cannot leave them at home alone. When I needed to go out in the winter, I needed a stroller in the snow. It was very difficult. In Haiti, I would have called someone to go out for me.

Her husband, Laurent, explains:

Haiti is not like here. There, it is completely different. Here, in Canada, big families don’t usually live altogether in one house. It’s different. There, you can have 10–12 family members living together in one house. . . . I said to my wife recently that if we had lived here longer, it is possible that we would not have been able to have five children. There, in Haiti, it is easier because you have lots of help. . . .

Angelica came to Canada in 2008 from Mexico with her husband and three children, now aged 3, 7 and 9. In Mexico, she and her husband lived near their families who helped them take care of their children. She explains:

My family used to help us a lot, especially with caring for the children because two of them are handicapped. . . . It was sad to leave my family. I was personally very affected from the beginning. I suffered from depression. I did not want to go out. Of all the members of the family, I think it was I who suffered the most. . . . I do not speak the language. . . . I have not yet been able to take French classes because I’ve had to take care of my kids. . . . I have not searched for a job because I need to take care of the children.

Her oldest son, Jose, misses his relatives. He describes how they were surrounded by family members in Mexico: ‘There [Mexico], I have my grandparents, my uncles and aunts, and I also have an older cousin.’
Lack of access to formal child care services

One-third of all adult participants, representing 11 out of 29 mothers, were engaged in full-time child care. Mothers of young children explain that they are unable to access formal child care services because they cannot afford them and are not eligible for reduced fees because of their immigration status. According to them, this lack of child care services renders it more difficult to work outside home, to learn French and to run errands. Mothers report reduced family income, poor language acquisition and decreased opportunity for social integration. Several mothers describe symptoms of depression as a result of social isolation. Single mothers appear to be the most affected.

Yvonne came to Montreal in 2008 from Haiti with her husband and with three of her children, aged 4, 8 and 13 years. Shortly after coming to Canada, she gave birth to her youngest daughter who is 2 years old. She describes her frustration at not being able to access formal child care services:

[In Haiti], if I had to go to the hospital, [my family] would have come to my house to take care of my children. Or they would have taken my child to the hospital if I was working and not able to go. . . . Today, I was obliged to come [to the hospital] with all three because I have no one to leave them with. . . . With kids, I can’t learn French. It is very hard. In order to learn French and find work, I tried to find a daycare, but it didn’t work because they [government services] won’t pay for it, when I called, they won’t pay for me because I am a refugee claimant. . . . For my kids, they [government services] do not want to help, you see, because of my status, but children, they shouldn’t be held accountable. . . . My daughter is born in Canada. She does not have the same rights as Canadians because of the status of her mother. She does not have the right to go to daycare.

Maria, a mother of two young children, moved to Montreal in 2009. Shortly after her arrival in Montreal, her husband deserted her and she faces many challenges as a single mother:

[In Peru], they [my family] helped me a lot with my daughter, they took care of her. If I had to work, they would stay with her. [In Montreal] I would like to see places created where single mothers could come together to share their experiences, feel listened to, and be able to express what being a single mother is like and what a difficult situation it is, which it really is. Here it is difficult to find a daycare for the kids, and among single mothers, we could form a group and take turns to take care of the children. . . . It has been very difficult to find a [daycare] place for my son and that complicates access to work and studies. . . . Because I don’t have a defined status I cannot make use of daycare. Maybe there are people with help from their families, but I don’t have anyone.

Comparative policy analysis

Within Canada, child care is within the jurisdiction of the provinces. All provinces offer child care subsidies. The criteria for determining eligibility vary but generally include financial (e.g. low- or middle-income), social (e.g. parents working or studying) and residency criteria (e.g. of the parent; Beach & Friendly 2005).

Table 2 summarizes the eligibility of refugees and refugee claimants for child care subsidies in Canadian provinces. In this case, refugees refer to those individuals granted refugee status either before or after arriving in Canada: privately sponsored refugees, government-assisted refugees and accepted refugee claimants. All provinces consider children whose

<table>
<thead>
<tr>
<th>Province</th>
<th>Type of child care subsidized</th>
<th>Refugees</th>
<th>Refugee claimants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newfoundland</td>
<td>Private/public</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>Private/public</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Public/private</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>Licensed</td>
<td>Yes</td>
<td>No†</td>
</tr>
<tr>
<td>Quebec</td>
<td>Private/public</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ontario</td>
<td>Private</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Licensed</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Licensed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Alberta</td>
<td>Private/public</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>British Columbia</td>
<td>Private</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*Residency eligibility information not available online. Telephone call made to government official.
†Refugee claimants are not automatically eligible. The Department of Social Development contacts Citizenship and Immigration Canada, and decisions are made on a case-by-case basis.
parents are refugees to be eligible for child care services if the other criteria are met. Most provinces also consider children whose parents are refugee claimants to be eligible; however, several provinces do not. Quebec, Saskatchewan, Alberta and British Columbia do not consider refugee claimants to be eligible for child care subsidies even if their children are born in Canada. Information on child care subsidies for refugees and refugee claimants in the territories was not available.

Table 3 provides an overview of child care subsidy policies in several countries that are comparable to Canada. All of the European countries surveyed consider children of refugees and refugee claimants to be eligible for child care subsidies even if their children are born in Australia. In the USA, determinations of eligibility for child care subsidies are made by each individual state. All states provide child care subsidies for children born in the USA regardless of whether their parents are refugees or refugee claimants.

<table>
<thead>
<tr>
<th>Country</th>
<th>Child care services</th>
<th>Refugees</th>
<th>Refugee claimants</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA12,13</td>
<td>Child care subsidy</td>
<td>State-by-state</td>
<td>State-by-state</td>
</tr>
<tr>
<td>Australia14</td>
<td>Child care subsidy</td>
<td>Yes, if child is born in the USA</td>
<td>Yes, if child is born in the USA</td>
</tr>
<tr>
<td>UK3</td>
<td>Free child care &gt;3 years, and for some &gt;2 years</td>
<td>Yes</td>
<td>No, even if child born in Australia</td>
</tr>
<tr>
<td>France16</td>
<td>Child care subsidy</td>
<td>Yes ‘priority group’</td>
<td>Yes ‘priority group’</td>
</tr>
<tr>
<td>Denmark17</td>
<td>Child care subsidy</td>
<td>Yes</td>
<td>Yes in asylum centre</td>
</tr>
<tr>
<td>Norway17</td>
<td>Child care subsidy</td>
<td>Yes</td>
<td>Yes &lt;4 years in asylum centre, &gt;4 years local</td>
</tr>
<tr>
<td>Sweden18,19</td>
<td>Child care subsidy &lt;3 years, free &gt;3 years</td>
<td>Yes</td>
<td>Yes ‘priority group’</td>
</tr>
<tr>
<td>Cyprus20</td>
<td>Child care subsidy, free &gt;4.8 years</td>
<td>Yes ‘priority group’</td>
<td>Yes ‘priority group’</td>
</tr>
</tbody>
</table>

Table 3 Child care subsidy eligibility for refugees and refugee claimants in other countries

DISCUSSION

The prominence of a lack of access to informal and formal child care among the challenges most referred to by refugee claimants in this study was unexpected based on previous literature. This unexpected finding likely resulted both from the targeting of families with children for participation and from the high proportion of single-parent families and raises some important considerations.

It is probable that a lack of child care services contributes to the high unemployment rate among refugee claimants in Montreal for 6 months, and 73% at a year. Factors associated with employment included being male, younger and speaking French. A lack of child care services might account for why women were less likely to work.

Several studies in Europe and New Zealand suggest that child care services play an important role in the resettlement process by enabling parents, especially mothers, to access education and work opportunities (Kindon & Broome 2009; Dolan & Sherlock 2010; Tyler 2010). Similar to these other studies, mothers in this study appeared to be more involved in child care and affected by a lack of access to child care than fathers. This uneven involvement in child care may reflect cultural constructions of parenting roles and practices, and merits further consideration and inquiry.

Many families in this study reported relying heavily on relatives in their home countries for help with child care. The majority of participating families had no extended family members living in Montreal and this limited informal help with child care. Refugee claimants experience prolonged separation from family members as their refugee claim must be approved before they are eligible to apply for family reunification. The family reunification process itself can take several years and there is no guarantee of success (Rousseau et al. 2004; Citizenship and Immigration Canada 2010). The lack of extended family support and their important caregiving role may be partly mitigated by the provision of child care services for refugee claimant families (Dolan & Sherlock 2010).

Increased rates of depression among immigrant and refugee mothers of young children have been associated with social isolation and lack of help with child care (Ahmed et al. 2008; Bandyopadhyay et al. 2010; Miszkurka et al. 2010). In turn, maternal depression
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Table 4 International conventions related to the rights of children refugee claimants to access child care services

| UN Convention and Protocol Relating to the Status of Refugees (1951/67) | Article 22: The Contracting States shall accord to refugees treatment as favourable as possible, and, in any event, not less favourable than that accorded to aliens generally in the same circumstances, with respect to education. |
| UN Convention on the Elimination of All Forms of Discrimination against Women (1979) | Article 11: In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures: ... promoting the establishment and development of a network of child care facilities. |
| UN International Covenant on Economic, Social and Cultural Rights (1966) | Article 10: The States Parties to the present Covenant recognize that: ... Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions. |

hinders child development and well-being (Murray et al. 1996, 1999; Maggi et al. 2010; Fazel et al. 2011). Child care services facilitate social integration of parents, by providing links to the community and informal support networks (Kindon & Broome 2009; Dolan & Sherlock 2010; Tyler 2010), and may protect against depression. Child care for children refugees and refugee claimants aids social integration and host society language acquisition (Council of the European Union 2009; European Commission 2009; Kindon & Broome 2009; Dolan & Sherlock 2010; Tyler 2010). A recent systematic review on the mental health of displaced and refugee children emphasized the protective role of social support, and community and school integration (Fazel et al. 2011).

The findings of this study carried out in Montreal, Canada, and those of other studies conducted in Europe and New Zealand (Kindon & Broome 2009; Dolan & Sherlock 2010; Tyler 2010) highlight the importance of access to child care for the well-being and social integration of refugee claimant families with young children. As such, social workers and other professionals working with this population should consider the child care needs of their clients when designing programmes and offering services. In jurisdictions where refugee claimant families encounter financial or other barriers to accessing child care services, social workers and other concerned professionals should advocate on behalf of their clients for policy changes that would improve access.

In addition to the empirical evidence supporting the merits of child care services for young children, several international conventions, of which Canada is a signatory state, uphold the rights of all children to access child care. These treaties include the UN Convention on the Rights of the Child (1989), the UN Convention and Protocol Relating to the Status of Refugees (1951/67), the UN Convention on the Elimination of All Forms of Discrimination against Women (1979), and the UN International Covenant on Economic, Social and Cultural Rights (1966). Table 4 lists relevant passages from these conventions.

Montreal is a city in Quebec, the province with the most extensive subsidization of child care. Quebec offers more than 200 000 child care places at $7 a day. Other places cost $25 per day and families receive a tax credit. Families receiving social assistance are eligible for 23.5 free hours of child care per week (Beach et al. 2009; Government of Quebec 2010). Quebec Educational Childcare Act (R.S.Q., chapter S-4.1.1, r.2) (Québec Official Publisher 2010a) states: ‘Every child has a right to quality personalized educational childcare services’.

Despite this stated commitment, unlike most other provinces, children of refugee claimants in Quebec are not eligible for subsidized child care (Québec Official Publisher 2010b), as revealed by the comparative policy analysis. This discrepancy in child care subsidy policies for refugee claimants within Canada is also reflected on an international scale. Compared with many European countries, Canada’s provincial policies are not uniformly in-line with regard to child care subsidies for refugee claimants.

**STUDY LIMITATIONS**

Families were recruited from a paediatric hospital population, but the children included were generally healthy. This recruitment strategy permitted interviews to be conducted simultaneously with parents and children. While recruitment through a hospital may have selected on healthcare experiences, the families are likely representative of refugee claimant families with children in Montreal with respect to other experiences, such as access to child care services. The large proportion of single-parent families...
reflects the overall trend for refugee claimant families in Montreal (Programme régional d’accueil et d’intégration des demandeurs d’asile 2009). Most participating families came from Mexico, Haiti and Columbia, the three source countries most represented among refugee claimants in Montreal (Programme régional d’accueil et d’intégration des demandeurs d’asile 2009). The choice to include participants from diverse countries of origin and the relatively small sample size did not allow for subgroup analyses between participants from different regions.

CONCLUSIONS

Refugee claimants encounter significant barriers to resettlement. This study reports on open-ended interviews with both parent and child refugee claimants in Montreal. It brings to light a hitherto understated challenge unique to families with children: a lacuna of affordable and accessible child care. This restricts the ability of parents, mostly mothers, to find work, attend school and learn French, and can result in social isolation. While a lack of formal child care primarily affects families with young children, a common thread among the majority of families in this study was an overall lack of help with child care because of reduced social networks. This current situation is unlikely unique to refugee claimant families in Montreal and allows for several recommendations to be made.

The provision of child care services for refugee claimant families facilitates access to work and study opportunities for parents, and language acquisition and social integration for parents and children. Social workers, community organizations and policy-makers dealing with refugee claimants should design services that automatically consider their child care needs, particularly when parents or children have additional health or educational needs. They should provide information about child care services, assist families in applying for subsidies, where available, and advocate on their behalf. Universal child care services should include refugee claimants and other temporary residents, and policies should prioritize them for affordable, high-quality child care. Finally, Canadian provincial policies should align with the principle of the best interests of the child and the UN conventions to which Canada is a signatory state: the rights of children to benefit from child care services should not be jeopardized because of their parents’ immigration status, or lack thereof.

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