

Dealing with Double Diversity: Migrant parents' experiences in accessing preschool services for their children with disabilities

A qualitative study conducted in Arnhem, the Netherlands

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Abstract Little is known about the inclusion of migrants with disabilities in society and it has been acknowledged that this group is currently at risk of not obtaining the necessary assistance in the receiving country. Considering the relevance of the education system in enhancing inclusion in society, this research addressed this gap by focusing on migrant parents' access to preschool services for their children with disabilities in Arnhem, the Netherlands. Data are collected by conducting qualitative interviews in 2021 with four parents residing in Arnhem as well as twelve professionals employed in Arnhem in enabling and supporting parents' access to the concerned services. Based on theoretical exploration, the interviews focused on the factors that expectantly influenced parents' access to preschool services. Parents appeared to experience several hurdles in accessing the concerned services, on the micro-, meso- and macro-level of influence. This referred to hurdles related to finances as well as language proficiency, limited social networks, cultural disparities and difficulties of navigating new systems. In the interrelatedness of these barriers, limited skills in the receiving country's language appeared to be the foundation of the difficulties, which seemed to negatively influence parents' information position and the extent of their social networks. This, in turn, determined in conjunction with the nature of parents' social networks – the potential possession of negative social capital as well as the educational level of their ties – and norms about addressing disabilities parents' access to preschool services for their children with disabilities.

Keywords Disability · Ethnicity · Preschool services · Barriers and facilitators

Introduction

It has been acknowledged that the inclusion of migrants with disabilities in society is understudied in literature and that this group is at risk of not obtaining the necessary assistance in the receiving country (Albrecht et al., 2009; Duda-Mikulin et al., 2020). Their inclusion is, among other identity markers that are beyond the scope of this study, dependent on the intersection of their disability and their ethnicity (Crenshaw, 1989; Goodley, 2013). The education system plays a vital role in the inclusion of people with disabilities in society since attending education positively influences their degree of participation (Aron & Loprest, 2012). Hence, it has been argued that education for children with disabilities “can mean the difference between a socially fulfilling, intellectually stimulating and economically productive life and a future with a few of these qualities” (Aron & Loprest, 2012, p. 98). The right to attend inclusive education is guarded in article 24 of the United Nations (UN) Convention of the Rights of Persons with Disabilities (CRPD) (UN, n.d.). Due to decentralization in the Netherlands, municipalities are responsible for implementing this convention (Vereniging van Nederlandse Gemeenten (VNG), n.d.). However, the law Tailored Education (i.e., wet Passend Onderwijs) is aimed

at providing children, from the mandatory school age of five years old onwards, tailored education instead of inclusive education. Municipalities are thus obligated to provide children with a suitable type of compulsory education and this is not necessarily the mainstream educational system. The question for municipalities then arises is how to ensure that all children with disabilities, including those of parents with a non-western migration background, are included in educational services before the mandatory school age, either regular or specialised, to invest in these children's future. Gaining knowledge about services and access to services for children with disabilities can be challenging for all parents, but this process is further intensified if parents are accustomed to a cultural and linguistic environment that is different from the receiving country (Choi et al., 2017, Fox et al., 2017). This research therefore examines the factors that influence the access of parents with a non-western migration background, as they are the caregivers, to preschool services, either regular or specialised services, for their children with disabilities. The municipality of Arnhem, located in the Netherlands, acts as a case study to investigate this. They are, among 24 other municipalities, nominated as the frontrunner of the implementation of the CRPD and thus committed to improving the status of people with disabilities residing in their city (VNG, n.d.). Obtaining knowledge about the facilitators and barriers that migrant parents encounter, can act as input for municipalities' policies to secure migrant parents' access to preschool services and, thereby, enhance the inclusion of their children in society. Accordingly, the research also contributes to the limited scientific knowledge on the inclusion of migrants with disabilities in society. It has been argued that this "double diversity" is also concerned with children's parents (Caldin & Cinotti 2018, p. 7). It is vital to shed light on the experiences revolving around potential practices of inclusion that migrants with disabilities, and their families, face to understand the implications of the intersectionality of ethnicity and disability in their lives. The education system plays a prominent role in enhancing their inclusion in society and is therefore an important practice of inclusion to examine these experiences.

The UN identify people with disabilities as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UN, n.d.). Disability is commonly studied with the social model, which argues that impairments do not necessarily result in disabilities (Burchardt, 2004; Oliver, 2013). It contends that people endure disabilities if they cannot participate in society at a similar level as others without an impairment (Burchardt, 2004; Oliver, 2013). Disability hence relates to society, since the social, physical and environmental aspects determine the extent to which people with impairments can participate (Burchardt, 2004; Oliver, 2013). Their inclusion refers to the absence of barriers to fully participate in society and to have the least possible regulations aimed at them specifically (Schuurman & Nass, 2015). Critics argue that the social model should pay more attention to differences within the group of people with disabilities (Oliver, 2013). The inclusion and

exclusion of people with disabilities are not only dependent on their disability but also on other identity markers, such as their ethnicity (Oliver, 2013). Migrants with disabilities are likely to have a disadvantaged and marginalised position in society due to their disability and ethnicity (Duda-Mikulin et al., 2020). People with disabilities and migrants are often independently regarded as “passive recipients of help” since both groups generally receive government assistance and this is commonly associated as undesirable (Duda-Milkulin et al., 2020, p. 1385). When one identifies with the identity marker disability, or has a child with a disability, and with a foreign ethnicity, these axes intersect and result in a specific type of inclusion and exclusion in a specific context (Crenshaw, 1989; Goodley, 2013). It is predicted that migrants with disabilities experience barriers in accessing assistance in receiving countries due to the intersectionality of their disability and ethnicity and the risk of invisibility, as there is a lack of available data on the number of migrants with disabilities (Duda-Mikulin et al., 2020). Considering types of assistance, this study focuses on the barriers and facilitators that migrant parents encounter in accessing preschool services for their children with disabilities, examined in Arnhem as a case study.

Factors that interfere with migrant parents’ access to services

The available body of research predominantly focuses on health services (see e.g., Lim et al., 2020). Factors that influence migrant parents’ access to preschool services for their children with disabilities have received less attention in the literature.

Migrant parents’ access to public services for their children with disabilities is first dependent on their legal status of residency (Albrecht et al., 2009; Duda-Mikulin et al., 2020; Khanlou et al., 2017). Other micro-level factors that are likely to play a role in this process are their proficiency in the receiving country’s language, their financial situation and their available transportation options (Albrecht et al., 2009; Fox et al., 2017; Khanlou et al., 2017; Kibria & Becerra, 2020).

Related to the meso-level of influence, the social network of migrant parents is likely to influence their access to the concerned services (Khanlou et al., 2017; Khoir et al., 2015). According to the social capital theory, the extent and nature of the social network of migrants, that is their relationships with others, determine their acquired social capital (Portes, 1998). Bourdieu (1985) contends that these relationships can create social inequality, as groups do not have equal access to assets or useful networks. Putnam (2000) distinguishes between bridging and bonding social capital. Bridging social capital refers to networks that are orientated towards other groups, whereas bonding social capital refers to networks that consist of similar others (Putnam, 2000). Putman (2000) argues that bonding capital positively enhances, for instance, recognition within a network. Bridging social capital, on the other hand, is useful for accessing assets outside one’s group (Putnam, 2000). If migrant

parents possess predominantly bonding social capital and these relationships do not facilitate access to preschool services for their children with disabilities or obstruct access due to discouragement of seeking help, then they are therefore less likely to access these services (Bourdieu, 1986; Fox et al., 2017; Putnam, 2000). Context-specific cultural norms and values that migrant parents hold also expectantly influence their access to services (Jegatheesan et al., 2010; Kibria & Becerra, 2020). Migrant parents and their country of origin understand and address disabilities in various ways that are possibly in contradiction with the receiving country (Khanlou et al., 2017). A specific mental or physical condition may be considered a disability in one context, but not in another context and this can restrict access to services (Albrecht et al., 2009; Neely-Barnes & Dia, 2008). In the study of Miller-Gairy and Mofya (2015), Somali refugees believed that their children developed autism due to injected vaccines, consumed food and the environment they inhabit. The Somali mothers indicated that organisations' personnel did not grasp their understanding of autism and consequently their expectation of the usefulness of these services was low (Miller-Gairy & Mofya, 2015). Additionally, cultural norms related to the acceptance of disabilities vary between groups (Khanlou et al., 2017).

Referring to the macro-level of influence, migrant parents' information position is likely to influence their access to the concerned services. They are probably unaccustomed to the education system of the receiving country and are not always aware of the educational rights of their children with disabilities (Fox et al., 2017; Jegathesaan et al., 2010; Lim et al., 2020). Consequently, parents require more information about how the system operates (Fox et al., 2017; Neely-Barnes & Dia, 2008). Besides this, the role of the various systems that offer support for their children, such as educational, social and health services, may not be clear (Khanlou et al., 2017). The provision of information and how it is made available is vital for migrants' participation in society (Kennan et al., 2013). Kennan et al. (2013) therefore elaborate on the concept information poverty, which indicates that poor access to information results in fewer opportunities to fully take part in society. Besides the supply-side of information, it is also important to consider the way parents process the received information (Khoir et al., 2015). This may be shaped by, for instance, their personal character traits and the assistance provided by their social ties (Khoir et al., 2015). If these parents are less likely to obtain the necessary information about the availability and the procedure of preschool services or they do not regard the provided information comprehensible, it is considered a barrier in accessing these services (Khanlou et al., 2017). As a result of information poverty, parents may turn to their social network to acquire the necessary information (Khoir et al., 2015). However, as previously described, these social networks can expectantly not always offer this support.

This study

The examined literature concerning the factors that influence migrant parents' access to public services for their children with disabilities acts as the foundation of this study. The research will test whether these factors influence migrant parents' access to preschool services for their children with disabilities, in Arnhem. In addition, the study will investigate whether other factors which have not been analysed in the literature influence this process.

Research question and expectations

The following question is at the centre of attention: *What is the influence of the factors on the micro-, meso-, and macro-level on the access of parents with a non-western migration background to preschool services for their children with disabilities?* Attention is paid to four sub-questions:

- 1) *What is the influence of migrant parents' legal status of residency, their proficiency in the receiving country's language, their financial situation and their transportation possibilities on their access to preschool services for their children with disabilities? (micro-level)*
- 2) *What is the influence of migrant parents' bonding social capital and their cultural norms as well as values on their access to preschool services for their children with disabilities? (meso-level)*
- 3) *What is the influence of migrant parents' information position on their access to preschool services for their children with disabilities? (macro-level)*
- 4) *How are the concerned factors on the micro-, meso- and macro-level related?*

The expectation with regards to the micro-level is that migrant parents who are either not legally citizens in the Netherlands, are limited proficient in the Dutch language, experience financial difficulties or transportation difficulties are less likely to access preschool services for their children with disabilities. Concerning their social capital and cultural norms as well as values, the expectation is that they experience barriers in accessing these services when their network consists of people who are not familiar with these services or hold beliefs that hamper seeking assistance due to culturally specific understandings of the disability and ways to deal with the condition. Respecting the macro-level, the expectation is that unfamiliarity with the educational system of the Netherlands and possessing limited comprehensible information about the availability and procedure of preschool services will negatively influence their access to these services.

Methods

Research context

According to the Dutch law Tailored Education, the municipality of Arnhem should collaborate with partnerships of school boards to ensure that children with disabilities only attend special education if conventional education does not offer sufficient support (Nederlands Jeugdinstituut, 2016). However, the municipality of Arnhem argues that this responsibility also applies before primary school and therefore they have been working on tailored day-care since 2015 (Van den Berg, 2021). They aim to support these children in the usual day-care centres and playgroups in collaboration with youth care providers (Van den Berg, 2021). If the provided care is not expected or appeared to be sufficient, then children qualify for specialised day-care centres (Van den Berg, 2021). Specialised preschool services are directed at children with various types of disabilities or at children with specific disabilities, such as language development disorders.

Research design

To investigate the barriers and enablers that migrant parents encounter in accessing the described services, a qualitative research approach was applied. It focused on parents' experiences from the perspective of parents themselves and professionals who assist these parents in the first years of their child's life. Initially, the study preferred to only examine parents' experiences from their perspective since they experienced it first-hand, however due to recruitment difficulties relevant professionals were included as well. This mitigating action caused the risk that professionals based their answers on cultural stereotypes, which are beliefs that are learned during socialization and are automatically triggered, instead of their actual perception of parents' experiences (Enesco et al., 2005). Despite this risk, this action was associated with advantages. The perspective of professionals is understudied in this context and it is argued that professionals can share a more birds-eye view on parents' experiences (Choi et al., 2017; Khanlou et al., 2015). Additionally, due to culturally specific norms not all parents favour sharing their understanding of their child's disability whereas professionals could share their perception of parents' understanding (Khanlou et al., 2017).

Considering the emphasis on lived experiences, open-ended questions in interviews were more likely to grasp parents' and professionals' points of view than closed questions in questionnaires (Kallio et al., 2016). Besides this, there is relatively limited knowledge in the literature about the research subject which suggested that a qualitative exploration was appropriate. Finally, the target group is specific and hence the sample was too small to provide statistically representative conclusions utilizing quantitative methods.

Sample

The population of Arnhem is for 21% composed of inhabitants with a non-western migration background, first- and second-generation migrants included, compared to 14% nationally (CBS, 2021). In 2015, 3.4% of the children under the age of 18 endured a disability in Arnhem (Steketee & Tierolf, 2017). As an indication of the number of parents with a first-generation non-western migration background who have a child with a disability, it was calculated that there are approximately 275 children under the age of 18 with a non-western migration background, either first- or second-generation, who have a disability in Arnhem (appendix 1). However, the children of second-generation non-western migrant parents are not included in this number since these children are formally not considered migrants. Therefore, the number of intended parents is likely to be higher than 275, despite that there also might be a few parents with more than one child with a disability.

The study used purposive sampling to locate the intended parents and professionals. Parents were included if they have a non-western migration background and are thus either first- or second-generation migrants, reside in Arnhem and have a child with a disability. Parents indicated their child's disability during the recruitment. Professionals were included if they are experienced in assisting the intended parents in the early childhood phase of parents' child. The study aimed to not only recruit professionals of the various preschool services, but also professionals who provide the referral and support parents in this process. In addition, to understand the experiences of parents who did not use preschool services, the study aimed to recruit professionals employed at schools.

To locate the intended parents and professionals, firstly, several organizations were approached via the ties of the municipality of Arnhem and by snowball sampling. The organizations can be divided into the following categories: social work organizations, healthcare organizations, preschool services, after-school care organizations, language schools, mosques and primary schools. The research was explained to professionals employed at these organizations and if they met the inclusion criteria they were invited to participate. During a telephone conversation, their expected role was explained and the related information was sent digitally. Informed consent was also obtained digitally. To reach the parents, professionals were asked to distribute a letter among parents which contained information about the research and parents' expected role. If it was feasible professionals approached parents personally, alternatively the letter was shared via email. Additionally, several organizations shared an announcement on their social media channels and an appeal was posted in the local newspaper. Professionals and parents were furthermore recruited by snowball sampling. Parents who wished to participate either contacted the researcher or permitted organizations to share their contact details with the researcher. During a telephone conversation, the ethical guidelines were described and questions were answered. The explained information was also sent digitally and informed consent was obtained digitally, verbally or on paper.

In the spring of 2021, the majority of the interviews were due to the COVID-19 restrictions conducted by telephone or by online software, in Dutch. They lasted on average 52 minutes.

Data collection strategies

The interviews were conducted with semi-structured interview guides (appendix 2 and appendix 3). The interview guides were determined by the theoretical framework and concepts were operationalised to formulate interview topics (appendix 4). The interview guide aimed at parents consisted of the topics: social connections and information as well as assistance. The interview guide aimed at professionals consisted of the topics: information as well as assistance, social networks and cultural norms as well as values. These topics were investigated by formulating open-ended questions to ensure that participants had ample opportunity to discuss their points of view. Besides this, open-ended questions prevented directing participants' responses in a predetermined direction (Patton, 1990). The interview guide aimed at parents was pilot tested, specifically field-tested, to ensure that the topics were relevant and the order in which they were addressed was logically (Kallio et al., 2016).

Data analysis and data management

The interviews were recorded and transcribed verbatim. The transcripts were analysed with the qualitative analysis programme ATLAS.ti by assigning codes to phrases. The codes were based on the theoretical framework and in the second round of analysis new codes were created to analyse new insights. To protect participants' privacy and ensure confidentiality, the anonymous audio recordings and transcripts were stored separately from participants' personal details. Professionals' positions were anonymised by using general position titles to prevent that their position revealed their identity. Both data servers were managed by Utrecht University and only the researcher and supervisors could connect participants' personal details to the data. The study has obtained ethical approval as part of a larger research by the Ethics Committee of the Faculty of Social and Behavioural Sciences of Utrecht University.

Results

In total 16 participants voluntarily participated in the study, four parents (PA) and twelve professionals (PR). These parents lived with their families in various neighbourhoods in Arnhem and resided for at least 21 years in the Netherlands (table 1). They descended from different countries in Africa or Asia and migrated either with their parents or independently when they were a young adult. In the

Netherlands, they attended education, constructed their daily lives and raised their children. Their social-economic position varied, but two parents experienced financial hardships and received government assistance. The disability of one of their children was either recognized at birth or in the first years of their child’s life. Their children endured, for instance, a chronic illness or a rare syndrome. Their access to preschool services may be influenced by the type of their child’s disability since some services are targeted at specific disabilities, while other disabilities are not associated with a corresponding preschool service and this may complicate parents’ access.

Professionals occupied various positions at different organizations involved in enabling and supporting parents’ access to preschool services. This includes healthcare professionals who generally indicated the relevance of preschool services and provided the referral as well as social workers who supported parents in accessing the services. In addition, a social worker and a pedagogical worker employed at a primary school and an after-school care service participated and shared experiences of whether and how parents accessed preschool services before the start of primary school. Due to difficulties in reaching preschool services, the perspectives of the employed pedagogical- and social workers at those services were not included. The professionals practised their profession between one and twenty-one years (table 2). The effort was made to select professionals with various cultural backgrounds to ensure representativeness with Arnhem’s population and to safeguard that professionals could relate parents’ experiences to their own ethnic groups.

| Characteristics | Parent 1 | Parent 2 | Parent 3 | Parent 4 |
|--------------------------------|---------------------------------|----------------------------------|-----------------|-----------------|
| Gender | Female | Female | Female | Male |
| Age | 42 | 45 | 33 | 56 |
| Marital status | Single when her child was young | Married when her child was young | Married | Married |
| Years lived in the Netherlands | 41 | 28 | 32 | 21 |
| Country of origin | Turkey | Somalia | Morocco | Iran |
| Number of children per family | 3 | 5 | 2 | 1 |
| Children with a disability | 1 | 1 | 1 | 1 |

Table 1: Characteristics of parents

| Characteristics | Professionals n = 12 |
|------------------------|-----------------------------|
| Gender | |
| - Male | 1 |
| - Female | 11 |

| | |
|--|------|
| Years of experience | |
| - Mean | 8 |
| - Range | 1-21 |
| Occupation | |
| - Healthcare professional | 4 |
| - Social worker | 7 |
| - Pedagogical professional | 1 |
| Type of organization | |
| - Healthcare organization | 4 |
| - Children treatment centre | 1 |
| - Community service organizations | 5 |
| - After-school care service | 1 |
| - Primary school for special education | 1 |

Table 2: Characteristics of professionals

Presently, it is known who the parents are and which roles the professionals occupy. To comprehend the barriers and enablers that these parents encounter in accessing preschool services, attention will first be paid to parents' cultural backgrounds since this influences how they navigate the system. Subsequently, parents' social networks and practical difficulties as well as parents' preferences will be examined for the same reason just provided. Afterwards, the system and the related information provision as well as communication between parents and professionals will be addressed. Finally, the interrelatedness of the barriers and enablers will be studied.

Cultural disparities

Parents comprehended and dealt in various ways with their child's disability. Some professionals signalled that not all parents are familiar with certain mental- and behavioural conditions and that not every condition is acknowledged in parents' country of origin. As a result, parents searched for reasons to explain disabilities, such as injected vaccines. Other professionals indicated that parents assigned their child's condition to incestuous relationships or punishments of God. The way parents perceived their child's disability affected the way parents addressed the disability, also related to using preschool services. A Somali mother indicated this by sharing:

The entire situation is always hard when you have a child with a disability ... it can get easy, but that is dependent on the parents and sometimes parents' environments ... it starts with acceptance, you must accept ... this is what you have ... and then ... the situation will progress (PA 2).

A father from Iran added:

When I heard my daughter was sick ... of course everyone is sad at that point ... but on the other hand ... it is important to search for ways to solve the problem (PA 4).

Many professionals demonstrated that not all parents, native parents included, always recognized symptoms of their child's condition and if they did, they sometimes perceive certain conditions as temporary. Consequently, they had a more biding stance in addressing the disability. If migrant parents realized that their child's condition was not temporary and grasped the severeness, parents varied in how they coped with this. Some professionals underscored that it is hard for all parents, irrelevant of their descent, to discover that a child endures a condition. Professionals shared migrant parents' feelings related to denial, shame and unalignments with their expectations of their child's future. Parents who denied their child's condition recognized the symptoms but were not ready yet to embrace the condition. This might be related to shame, these parents often struggled with accepting that their child is different from society's standards. Professionals linked this to parents' communities who are not always supportive in accepting people with disabilities and consider it taboo. A social worker exemplified parents feeling:

Everyone hopes to give birth to a healthy child, to be honest nobody wishes to get a child with a disability ... people feel ashamed to show that they have a child who is not complete (PR 7).

If the disability of the child was not visible, parents risked being blamed as bad parents according to a professional. Another professional recognized a relationship between parents' denial and lower levels of education. On the contrary, she shared that parents with knowledge about child development, for instance due to their profession in the medical sector, are more eager to address the disability and use the available services. Some parents also experienced difficulties adjusting the expectations of their child's future since with migrating they hoped to give their child a successful future.

Differences in the contexts between the Netherlands and parents' countries of origin also influenced how parents dealt with their child's disability. A social worker from Moroccan descent indicated that the position of people with disabilities differed between various countries, he continued:

They see their child who was zero in their eyes, or in the eyes of people over there, ... their child is valued here, their child has perspective, it has a future (PR 9).

Additionally, a Turkish social worker indicated that Turkish and Moroccan parents are more likely to care how their child is perceived by others compared to natives and therefore cope differently with their child's disability.

Multiple professionals also indicated that some parents did not only struggle with accepting

their child's condition, but also with receiving help from other parties. They shared that migrant parents generally have a more reticence stance towards requesting or receiving assistance. Feelings of fear, shame, honour and courage played a role in this attitude. A social worker shared how parents' feelings of shame interfered with using assistance for their child:

In some cultures, you are expected to solve the problem as a family, and a supportive organisation or even a referral to a supportive organisation is a shame (PR 11).

Some professionals also shared that parents' assertiveness influenced their access to the concerned services, a single professional linked this to parents' cultural norms. Less assertive parents gave societal desirable answers in conversations with professionals and did not feel comfortable expressing any disagreements.

The credibility of professionals' roles also appeared to interfere with how parents addressed their child's disability. Doctors were generally assigned a powerful status whereas recognition of certain symptoms by pedagogical workers at regular preschool services was less valued.

Variations in assistance of social ties

The extent and nature of parents' social networks varied highly. Numerous professionals and a father from Iran described how they felt lonely and struggled to build relationships with new people who spoke a different language, in a rather individualistic society. A healthcare professional underscored the severity of these situations, by sharing:

If they come from another country and get a child, and that child endures a condition and they do not have any network surrounding them, those are tough situations (PR 5).

A social worker at a children treatment centre shared a similar struggle of parents and linked this to the condition of parents' children:

I think it is especially hard for women who do not have a job to build a social network because where do you find ... people, in the playground maybe, but you often do not start talking immediately there ... and your child is a bit different and maybe you will not easily do regular activities (PR 1).

A Turkish mother described that because of raising a child with a disability and all corresponding commitments she could not frequently keep in touch with friends and these relationships watered

down. Other parents and professionals elaborated on large extended families and they sometimes mentioned friendship networks as well. A Somali mother demonstrated, for instance, that her family and multiple friends with various ethnicities supported her and gave her useful advice about raising her child.

However, being part of a social network did not always imply that parents could also rely on them for support or assistance. Professionals and parents shared situations in which most of parents' family and friends lived in different cities in the Netherlands, which was in the case of refugees attributed by a professional to the allocation of housing after receiving a residence permit. Ongoing, family and native friends could not always provide information about the available specialised preschool services. A Moroccan mother provided the following reason for this:

If you do not have to deal with such a situation and your children are attending regular education ... you just do not know the possibilities ... if you do not use certain services, you are also not familiar with them ... you just do not have that information (PA 3).

A few professionals indicated that despite this lack of information, parents' networks could support parents in navigating information and making choices, if parents felt comfortable to ask them this favour. This could either be impeded by parents' shame to rely on others or if their networks were composed of migrants who had to deal with their own concerns due to their precarious situation. Bridging social capital hence is not always an enabling factor since not all parents favoured to rely on their native acquaintances and they could also not always support parents. Parents' social ties could often assist in accessing regular preschool services due to familiarity with these services.

Contrarily, other parents preferred to rely on their social networks instead of on professional assistance, linked to their norms concerning the shame of receiving professional assistance described earlier. Consequently, parents were either delayed in accessing the services or did not access them at all and instead raised their child in their own family, about which professionals expressed their concerns respecting the child's development. Accordingly, parents' bonding social capital acted as a barrier in accessing preschool services. This influence of negative social capital is examined in other studies, and it has been acknowledged that social capital can restrict individual autonomy due to informal control about groups' prevailing norms (Portes, 1998).

Practical difficulties and parents' preferences

Although the lack of legal citizenship in the Netherlands did not interfere in the study, parents still experienced complexities affiliated with being a new resident. Multiple professionals signalled that

parents had concerns related to housing, employment and traumas due to experiences in their country of origin. A healthcare professional shared how this affected parents' decision to follow-up a referral to a specialised preschool service:

They have many concerns ... if we also ask them to do something with their child and if they do not see the necessity or have a different point of view, then that is the reason why they are not doing that (PR 3).

Additionally, several professionals indicated that these parents often experience financial difficulties, two parents underscored this. A social worker shared that parents' level of education and language skills correlated with attaining a job and thus with their financial situation. Another social worker demonstrated that although certain preschool services are fully compensated by the government or healthcare insurances "parents are scared, scared that they have to pay" (PR 3). This financial worry could affect requesting help in accessing preschool services, according to a professional. On the other hand, some preschool services are affiliated with costs and dependent on parents' situation, the various schemes of the government can reduce this financial burden. However, a healthcare professional noted that this reduced amount is still not manageable for parents on benefits. Besides the financial means to pay for preschool services, knowledge about benefits as well as healthcare insurances and how to arrange those compensations also appeared to hinder parents, in correlation with language skills and digital skills. A healthcare professional illustrated this by saying:

I think ... childcare allowance as well, I mean it is complicated, we also think that is complicated (PR 5).

She indicated that there exists assistance to help parents with all arrangements, however whether parents are also aware of these support services is unknown. A father from Iran, who possessed limited Dutch language skills, was not aware of the available assistance and described how he received information about funding possibilities from other people:

We heard from other parents, by coincidence, that we could request, for instance, that card (PA 4).

Approximately half of the professionals shared parents' difficulties related to transportation to specialised preschool services, since these services are often not located in parents' neighbourhoods like regular preschool services. In certain conditions taxis are compensated by the government, however a professional mentioned that parents sometimes must deal with multiple referrals to organisations to receive this right. If parents do not have this right and do not possess a car or a driving license either, a social worker at a children treatment centre shared that transport is a complex issue

for parents in ensuring that their child attends a preschool: “they must go by public transport, ... by bike ... it is just a real puzzle for parents” (PR 1).

Parents’ family composition and role divisions also appeared to interfere with their access to the aforementioned services. Single parents were solely burdened with all commitments related to raising their child, however a social worker signalled a comparable situation if the father of the family worked full-time. A Somali mother underscored this by saying: “He was working, he did ... not help at home, so that was a really difficult situation” (PA 2). Similarly, one professional shared that the role of the husband in family affairs is generally smaller in migrant families compared to native families. If parents had multiple children, they often noticed their child’s development delay earlier due to comparison with their other children and they generally were already familiar with regular preschool services. However, caring for multiple children also required more time and effort to combine all tasks, such as the multitude of appointments parents needed to attend for their child with a disability.

In addition, parents varied in their preferences for regular or specialised preschool services. Some parents favoured specialised services because of the small groups with children who endured the same conditions, other parents preferred regular services since they did not identify their child with the other children attending specialised services. A professional shared that some parents do not immediately value utilizing preschool services, “without realising what an enrichment it could be” (PR 8). One single professional linked this to parents’ preference to develop their child’s language skills of their native language first and the Dutch language only later.

Information, communication and the system

Parents were generally unfamiliar with the array of preschool services. A Moroccan social worker explained that parents are not always accustomed to the open-access of regular services for children with disabilities and the existence of specialised services aimed at them specifically. He linked this to the discrepancies in countries’ systems and exemplified this by saying:

They come from another system and in that system, there are few services ... you are thus accustomed that a child ... with special needs does not simply attend a playgroup because the child is perceived differently (PR 9).

Parents indicated the importance of receiving assistance to navigate the available options. A social worker at a children treatment centre underscored this need as she acknowledged many organizations existed which offer multiple types of preschool services and a corresponding online overview is absent. A Moroccan mother linked receiving assistance to making desired choices, she shared:

If you know the possibilities for your child... you can consider ... do I wish this for my child or do I choose that option (PA 3).

Parents received assistance from various parties, this included healthcare organizations, children treatment centres, community service organizations and preschool services. Nearly all children were either observed in hospitals or at healthcare organizations and these actors played a role in stimulating parents to use preschool services. A Moroccan mother explained her satisfaction with the support she received via the hospital:

You are really supported at the start of the trajectory ... with family guidance ... if that is not the case, you are honestly a bit thrown in the deep end (PA 3).

Community service organizations could also support parents in accessing services, however parents needed to initiate this themselves and asking for assistance is not self-evident for all parents due to their cultural background as described earlier. This may be further complicated by difficulties in understanding the roles of the multitude of actors involved when raising a child with a disability. A social worker illustrated this by saying:

I notice that they ... the roles, they do not even know who is who, who is involved in what ... despite how often I explain it ... all those professionals ... I think it is really complicated for parents (PR 3).

At the point of cooperating with professionals, half of the parents and most of the professionals indicated that parents experienced a language barrier, which hampered effective communication. Parents were unable to share their point of view and emotions or professionals struggled to grasp this. Ongoing, professionals shared difficulties to explain the relevance of a specific preschool service, a social worker linked this to parents' level of education:

How do you explain to parents who do not know this, what does that mean, and of course this is dependent on the level of education of the parents (PR 2).

A few professionals observed a negative linkage between the number of migrants in neighbourhoods and the general level of education. Additionally, information leaflets about conventional preschool services were available in a limited number of languages due to organizations' financial constraints. A social worker indicated that it is impossible to translate the information in every language and "this feels like a failure" (PR 3). A few professionals also emphasized the need to align the distributed information between the actors involved in the process to ensure accessibility for parents. Ongoing, some professionals shared parents' hardships with completing the necessary paperwork, a healthcare professional underscored this:

Well, that requires some effort, they must fill in questionnaires ... and that is sometimes difficult for parents who are ... not proficient in the language (PR 5).

Some professionals and parents declared that social workers of preschool services could assist parents because at this point, they already accessed these services.

Professionals and parents offered several solutions to ease the language barrier. Switching to the English language was often considered the first option if parents and professionals were articulate in this language. A Somali mother hence indicated that due to her English proficiency she could communicate with professionals. A social worker at a children treatment centre mentioned that although this is a way to communicate more effectively with each other:

I think it is more difficult to have a conversation in English ... I already think it is hard to explain my position, let alone all other things and I think this is the case for many people who assist parents (PR 1).

The second option according to several professionals and a few parents was to use online translation tools and non-verbal language. Thirdly, involving parents' social networks in the communication was considered a possibility according to professionals. However, professionals signalled that not all parents consider it appropriate to ask this favour from their fellows or favoured to share their concerns about their child's condition with them. Additionally, a risk that emerged here is poor quality of translations and that children were asked to translate. A social worker illustrated why she preferred to prevent this:

Often older children of the family are brought along for the appointment, well that child is also burdened with all the concerns, that happens frequently (PR 2).

The last resort, due to the associated costs, is the use of an interpreter. Professionals expressed their satisfaction with using interpreters, however a social worker indicated that she considered it "more an exchange of information than a real conversation" (PR 1). The included parents did not use an interpreter, but it has been argued that interpreters, aside from translating information, also can support parents in reconciling the cultures and creating a secure setting to share their perceptions (Rosenberg et al., 2008). Accordingly, interpreters can act as a facilitating factor for parents to share their perceptions of their child's development if interpreters are not associated with their social networks, which some parents feared according to a professional.

Aside from information that is shared with parents by various professionals, parents own information-seeking behaviour also played a role. Parents varied highly in their tendency to search for information or to pose questions, which some professionals linked to parents' educational level. A Somali mother indicated the need to actively search for information herself:

You should not always wait until the assistance is provided to you, you must ask it yourself, do you not understand something completely, you must act (PA 2).

Other parents had a more wait-and-see attitude.

However, receiving information or actively searching for information is just the first step. Professionals shared that parents varied how they dealt with the information. A social worker demonstrated that she was convinced that parents received sufficient information about preschool services, but that the concern is:

Whether all parents ... understand everything ... we notice something goes wrong at that point, why does my child have to go ... what is that and if he is there what does that mean (PR 2).

Professionals also demonstrated that the amount of information and the speed at which information is explained to parents plays a role in their ability to process it and parents' level of education interfered here as well. Additionally, parents needed to have an open stance towards receiving the information, which could be complicated by acceptance issues as described earlier and by limited emotional space due to the full-time task of caring for their child. Parents' character traits also influenced how parents dealt with information. A Somali mother shared: "my character ... what I do not understand, I ask ten times, does not matter" (PR 2).

Aside from complexities related to information and communication, professionals and parents also described system inefficiencies, such as waiting lists and difficulties related to bureaucracy. A social worker shared parents' experiences with bureaucratic structures, which could result in feelings of despondence:

You do not have to be in touch with one person to fix all things, but with several people ... in steps, one calls the other one, the other one writes to the other one and at one point you will reach the other one, it takes a lot of time (PR 9).

Non-migrant parents have to deal with these issues as well, however migrant parents' language barrier and their lower information position interfered here.

The system could also act as an enabling factor, in terms of information provision, in accessing preschool services. If children were already observed in regular preschool services and the provided care appeared not to be sufficient, parents more often received sufficient information as well as assistance concerning why and how to apply for which preschool service. This demonstrates that regular preschool services can act as gatekeepers for parents in accessing specialised preschool services (Czapka & Sagbakken, 2016).

The cultural diversity of organisations' personnel also appeared to play a role in parents'

access. A few professionals shared that their team does not represent the diversity of ethnicities in Arnhem and that this affected their professional relationships with parents. A social worker exemplified this by saying:

I notice that there can be issues revolving around trust, it is difficult to have faith in a Dutch woman who tells you how things should be arranged. In the run-up to assistance ... it requires much more reconciliation ... in language ... as well as understanding each other and ... in the different perceptions of the child's needs (PR 3).

Professionals indicated that equal cultural representativeness would have a positive influence on the collaboration due to the possibility to assist parents in their own language and a more secure environment for parents to share their perspectives.

The interaction between barriers and enablers

The described factors that influenced migrant parents' access to the concerned services are interconnected and an accumulation of difficulties is visible. Parents who struggled with the Dutch language, communicated less effectively with professionals, experienced difficulties in understanding provided information and had fewer chances to expand their social networks. Social connections, in turn, appeared to facilitate access, if parents dared to ask for help, their acquaintances had not too many concerns themselves as well as they were supportive of using professional assistance and parents thus possessed no negative social capital. If parents' social networks consisted of highly educated people or they were employed in the health sector this seemed to positively influence the amount of acquired information and the way parents processed it. If parents and their connections also did not consider disabilities taboo, this led more often to actively asking for information and assistance. In this accumulation of factors, language proficiency appeared thus the foundation of the difficulties, which seemed to negatively influence parents' information position and the extent of their social networks. This, in turn, determined in conjunction with the nature of parents' social networks – the potential possession of negative social capital as well as the educational level of their ties – and norms about addressing disabilities parents' access to preschool services for their children with disabilities.

In addition, parents' access to preschool services is determined by their access to other services. First, access to healthcare appeared to be vital since healthcare professionals' indicate the relevance of preschool services and provide referrals to specialised preschool services. Second, access to social workers' support, in terms of emotional and practical support, emerged to be a facilitating

factor as well, if parents were assertive enough to initiate this assistance and their cultural norms were in favour of using professional assistance. Third, access to conventional preschool services enabled access to specialised preschool services.

Discussion

This study investigated the barriers and enablers that parents with a non-western migration background encountered in accessing preschool services for their children with disabilities. The municipality of Arnhem acted as a case study and parents residing and professionals working in Arnhem demonstrated in qualitative interviews that parents experienced several hurdles on various theoretical levels of influence.

Respecting the micro-level, the case study did not validate the influence of parents' legal status of residency since there were no included parents or professionals who worked with parents who were not legally residents of the Netherlands. Following previous research on service access for migrant parents who have children with disabilities, access was obstructed by dissonances in languages (Fox et al., 2017; Khanlou et al., 2017; Kibria & Becerra, 2020). The language barrier not only complicated effective communication with professionals, but also attaining emotional support from professionals, which was even more favourable if parents' social networks were limited or could not offer support (Khanlou et al., 2017). Moreover, despite the full or partial financial compensation of these services by the government or healthcare insurances, anxieties of high costs or difficulties with paying the reduced fees complicated access (Khanlou et al., 2017). Due to the geographical distance of specialised preschool services to parents' homes, parents experienced transportation barriers if they did not own a car or were not entitled to taxi transport for their children (Khanlou et al., 2017).

Concerning the meso-level, the case study showed that parents' social capital appeared to affect their access to services as previous studies have already shown (Khanlou et al., 2017; Khoir et al., 2015). If parents possessed bonding social capital, it acted either as an enabling or obstructing factor. Despite that parents' networks were generally not familiar with specialised preschool services, their bonding social capital relationships could still positively influence parents' service access if they could support parents in navigating the available services and making necessary choices. Alternatively, if these relationships discouraged to use preschool services due to culturally specific norms about receiving assistance, parents possessed negative social capital and this operated as an obstructing factor. Cultural disparities between parents' country of origin and the Netherlands influenced their access due to beliefs about the cause of disabilities, the severity and consequently how to deal with disabilities (Fox et al., 2017; Jegatheesan et al., 2010; Khanlou et al., 2017). This includes whether, when and which preschool services to use. Migrant parents were more likely to deny their child's

condition or to perceive it as temporary and subsequently had generally a more biding stance in addressing the disability by using specialised preschool services (Fox et al., 2017).

Regarding the macro-level, it has been well established that migrants' unfamiliarity with new service systems complicates their access, as this case study in the event of preschool services confirmed (Fellin et al., 2013; Fox et al., 2017; Jegathesaan et al., 2010). Differences in the availability of preschool services for children with disabilities between countries, parents' information-seeking behaviour and confusions related to professionals' roles interfered here in conjunction with parents' language skills and level of education.

The enablers and barriers on these three theoretical levels of influence were interrelated in the context of the case study. Parents' limited language proficiency appeared to negatively influence their information position and the extent of their social network. This in combination with the nature of their social network, in turn, influenced their access and processing of information due to their own as well as their networks' level of education and their cultural norms concerning disabilities. Finally, all these factors influenced their access to preschool services.

The cultural diversity of organisations' personnel also appeared to impact parents' access to preschool services for their children with disabilities in Arnhem. The results indicated that the current cultural representation in the organisations' workforce was unsatisfactory and that this could negatively influence relationships between parents and professionals. Several studies showed the importance of a culturally and linguistically diverse workforce which is trained in providing culturally sensitive assistance (Khanlou et al., 2017; Lindsay et al., 2012). For instance, on how to deal with cultural disparities related to addressing disabilities and how to ease the language barrier (Lindsay et al., 2012). Parental preferences for either regular or specialised services or not using preschool services at all also played a role in gaining access to services. These considerations regularly dealt with how parents perceived their child compared to other children with disabilities (Fox et al., 2017).

Strengths and limitations

The findings are based on the case study conducted in Arnhem consisting of qualitative interviews with four parents of four different ethnicities who were articulate in the Dutch language and twelve professionals who assisted parents in the early childhood phase of their child. Consistent with previous studies that focused on migrant parents who have children with disabilities, difficulties in recruiting a share of the 275 potential parents in the context of the case study were evident (Fellin et al., 2013; Fox et al., 2017). It is unknown whether these parents' experiences exemplify, in Arnhem and other municipalities, the experiences of their entire ethnic group or non-western migrants in general. However, because of the included professionals the latter likelihood is reinforced. Referring to the

former, professionals were generally not able to link parents' experiences to a specific ethnic group. In the case of parents' cultural understanding of disabilities, differences between ethnic groups will expectedly be present which were now not fully grasped. Additionally, despite that referral to and assistance in accessing preschool services by healthcare organizations, hospitals and community service organizations is fairly similar organized in municipalities, variations in assistance between the municipality of Arnhem and other municipalities may be existent. Related to the validity of the study, concepts were operationalized based on similar studies to ensure that the interview guide captured vital topics. However, factors related to the system were not included in the theoretical framework while the influence of waiting lists and bureaucratic structures is established in some studies. Yet, the theoretical framework is predominantly based on studies concerning health services and since system inefficiencies relate specifically to the healthcare system these factors were not included. The study showed that system inefficiencies are nonetheless also evident in accessing preschool services. To safeguard correspondence between participants' statements and the processed data, member verification was applied during the interviews (Gobo & Molle, 2017). However, due to COVID-19 restrictions the majority of the interviews were conducted remotely and this complicated comforting participants, which is considering the cultural sensitivity of disabilities especially important for parents (Khanlou et al., 2017). Consequently, this could have negatively affected the reliability of the data.

Implications and recommendations

For future research in this area, the process of the study highlights the need to invest more time as well as effort to recruit parents, also parents who are not articulate in Dutch, and to earn their trust (Fellin et al., 2013). Attempting to reach the intended parents via organizations and key figures in communities appeared not to be sufficient. In addition, further research should pay more attention to variations between ethnic groups to understand parents' culturally specific understandings of disabilities and consequently their decisions whether and which preschool services to use. Accordingly, attention can be paid to the ethnic groups who are most at risk. Lastly, to comprehend the extent to which the findings are transferrable to other municipalities in the Netherlands, similar research should be conducted in other settings. By doing this, the impact of Arnhem's tailored day-care policy in accessing preschool services can be examined as well.

The results indicate that it is vital for policy and intervention to, first, create more awareness about disabilities in migrant communities and hence reduce the influence of delay in recognizing symptoms and feelings related to shame. Second, parents need more assistance in accessing preschool services, especially if a language barrier is evident and if their social networks are limited or not capable to provide support. Using interpreters can ease the language barrier, however as the results and other

studies have shown migrant parents then still have a disadvantaged position (Khanlou et al., 2015). Third, the involved organizations should aim for equal cultural and linguistic representation in their workforce to enhance their provided support, in terms of emotional and practical assistance.

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Appendices

Appendix 1: Calculations concerning the number of children of the intended parents

The population of Arnhem counts 162,477 inhabitants, in 2021 (Arnhem in Cijfers, 2021). The number of first- and second-generation migrants with a non-western background younger than 18 years, equals 5% of the total number of Arnhem's population, which are 8124 children (table A1). As mentioned before, 3.4% of Arnhem's inhabitants endure a disability, in 2015 (Steketee & Tierolf, 2017). Assuming that this percentage is also valid in 2021 and applicable to these 8124 children, then 276 children with a first- or second-generation non-western migration background have a disability in Arnhem.

| Age categories | Group of origin: non-western |
|-----------------------------|-------------------------------------|
| Category 0 - 2 years | 0,5% |
| Category 2 - 4 years | 0,5% |
| Category 4 - 12 years | 2,2% |
| Category 12 - 18 years | 1,8% |
| Category 18 - 25 years | 2,9% |
| Category 25 - 35 years | 4,2% |
| Category 35 - 45 years | 3,4% |
| Category 45 - 55 years | 2,8% |
| Category 55 - 65 years | 1,8% |
| Category 65 - 75 years | 0,9% |
| Category 75 years and older | 0,4% |
| Total | 21,4% |

Table A1: Percentages of residents with a non-western migration background divided in age categories as part of Arnhem's total population (Arnhem in Cijfers, 2021)

Arnhem in Cijfers. (2021). Bevolking naar migratieachtergrond. Available online:

<https://arnhem.incijfers.nl/jive/>

Steketee, M., & Tierolf, B. (2017). Kinderen in Tel Databoek 2016. Utrecht: Verwey-Jonker Instituut.

Appendix 2: Interview guide parents

Smalltalk

- Hoe gaat het met u? Bedankt dat u wilt deelnemen aan dit interview.
- Ik ben Dana Hoitink. Ik voer dit onderzoek uit in opdracht van de gemeente Arnhem en de Universiteit Utrecht.
- Ik probeer zo in ons gesprek uw situatie zo goed mogelijk te begrijpen. Daarom zal ik nadat u iets vertelt, vaak een vraag hierover stellen. Ik doe dit bij alle ouders die ik spreek.
- Zoals ik aan de telefoon al vertelde, hoeft u vragen niet te beantwoorden als u dit niet wil. U hoeft hier geen reden voor te geven.
- Als u specifieke vragen heeft over de mogelijkheden van opvang en ondersteuning voor uw kind, zal ik uw vraag binnen de gemeente uitzetten. Ik kan u dan in contact brengen met een medewerker bij de gemeente. Zodat zij u daarbij kunnen helpen.

Opening: U en uw gezin

We zullen het zo hebben over uw ervaring met mogelijkheden van opvang en ondersteuning voor uw kind met een beperking, ontwikkelingsachterstand of chronische ziekte. Het gaat hierbij om de leeftijdsfase waarin uw kind tussen de 0 tot 4 jaar oud is of was. Maar eerst zou ik graag wat meer over u en uw gezin te weten willen komen.

Initiële vraag: Wilt u iets vertellen over uzelf en uw gezin?

Topics:

- Geboortejaar
- Alleenstaand of met partner
- Opleidingsniveau
 - o Hoogst behaalde opleidingsniveau in Nederland of land van herkomst
- Geboorteland
 - o Wanneer niet Nederland: aantal jaren in Nederland
 - o Wanneer Nederland: geboorteland ouders
- Verbondenheid cultuur/culturen
- Talen machtig
- Aantal kinderen en leeftijden
- Het leven van kind met beperking, ontwikkelingsachterstand of chronische ziekte (hoe wilt u dat ik de situatie van uw kind benoem in ons gesprek?)
- Gebruik opvang
 - o Afstand tot opvang en gevolgen

Onderwerp 1: Sociale connecties

Ik zou het nu graag met u willen hebben over mensen buiten uw gezin om die betrokken zijn bij uw kind. Om zo te begrijpen welke mensen u helpen bij de zorg/ontwikkeling voor uw kind.

Initiële vraag: Wilt u iets vertellen over de mensen die niet deel uitmaken van uw gezin en die betrokken zijn bij de zorg/ontwikkeling van uw kind?

Topics:

- Familie
 - Hoe vaak contact
 - Mate van tevredenheid met steun
 - Mate van tevredenheid met steun rondom het kind
 - Herkennen van de beperking, ontwikkelingsachterstand of chronische ziekte (zien/merken in dagelijks leven)
 - Mate van acceptatie van de beperking, ontwikkelingsachterstand of chronische ziekte (omarmen, vrede mee)
 - Overtuigingen over de oorzaken van de beperking, ontwikkelingsachterstand of chronische ziekte
→ Doorvragen afkomst familie.
- Vrienden
 - Hoe vaak contact
 - Mate van tevredenheid met steun
 - Mate van tevredenheid met steun rondom het kind
 - Herkenning van de beperking, ontwikkelingsachterstand of chronische ziekte (zien/merken in dagelijks leven)
 - Mate van acceptatie van de beperking, ontwikkelingsachterstand of chronische ziekte (omarmen, vrede mee)
 - Overtuigingen over de oorzaken van de beperking, ontwikkelingsachterstand of chronische ziekte
→ Doorvragen afkomst vrienden.
- Buren en kennissen
 - Hoe vaak contact
 - Mate van tevredenheid met steun
 - Mate van tevredenheid met steun rondom het kind
 - Herkenning van de beperking, ontwikkelingsachterstand of chronische ziekte (zien/merken in dagelijks leven)

- Mate van acceptatie van de beperking, ontwikkelingsachterstand of chronische ziekte (omarmen, vrede mee)
- Overtuigingen over de oorzaken van de beperking, ontwikkelingsachterstand of chronische ziekte
 - Doorvragen afkomst burens en kennissen.

Onderwerp 2: Informatie en hulp

Ik zou het nu graag met u willen hebben over uw ervaring met ontvangen informatie en hulp over de mogelijkheden van opvang en ondersteuning voor uw kind.

Initiële vraag: Wilt u iets vertellen over of u informatie of hulp heeft gekregen bij de mogelijkheden voor opvang en ondersteuning voor uw kind?

Topics:

- Afzender ontvangen informatie/hulp
- Hoeveelheid ontvangen informatie/hulp
- Mate waarin ontvangen informatie/hulp begrijpelijk is
 - Tevredenheid met eigen taalvaardigheden hierbij
- Vorm van ontvangen informatie (mondeling of schriftelijk)
- Mate waarin systeem van toeslagen en verzekeringen begrijpelijk is
 - Toegang tot informatie over toeslagen en verzekeringen

Over welke onderwerpen zou u het nog graag willen hebben?

Afronding

- Wat zou de gemeente voor u kunnen doen bij de mogelijkheden van opvang en ondersteuning voor uw kind?
- Is er nog iets dat u wilt zeggen?
- Bedankt voor uw tijd en het delen van uw verhaal.
- Kent u nog andere ouders die zouden willen deelnemen aan dit interview?

Smalltalk

Appendix 3: Interview guide professionals

Smalltalk

- Bedankt dat je wilt deelnemen aan dit interview.
- Ik ben Dana Hoytink. Ik voer dit onderzoek uit in opdracht van de gemeente Arnhem en de Universiteit Utrecht.
- Welke titel mag ik in het onderzoek voor jouw functie gebruiken? En welke titel voor de organisatie waarvoor je werkt? Om te voorkomen dat de antwoorden die je geeft tot jou als persoon herleidbaar zijn.
- Heb je nog vragen of zijn er onduidelijkheden op dit moment?

Opening: Je werk

We zullen het zo hebben over de ervaringen in je werk met ouders die een niet-westerse migratieachtergrond hebben en een kind met een beperking, ontwikkelingsachterstand of chronische ziekte. In het bijzonder, in de fase waarin hun kind tussen de 0 en 4 jaar oud is. Voordat we dit doen, zou ik eerst kort nog wat meer over je functie willen weten.

Initiële vraag: Zou je iets over je baan willen vertellen?

Topics:

- Functie
- Organisatie
- Jaren werkzaam in deze functie
- Manier van in contact staan met deze ouders

Onderwerp 1: Informatie en hulp

Ik zou het nu graag met je willen hebben over jouw perceptie van de eventuele informatie en hulp die deze ouders ontvangen.

Initiële vraag: Zou je iets willen vertellen over je ervaringen met de eventuele informatie en hulp die de ouders ontvangen over de ontwikkeling van hun kind en de mogelijkheden van voorschoolse opvang?

Topics:

- Afzender informatie/hulp die zij ontvangen
- Hoeveelheid informatie/hulp die zij ontvangen
- Mate waarin ontvangen informatie/hulp voor hen begrijpelijk is

- Taalvaardigheden ouders
- Vorm van informatie die zij ontvangen (mondeling of schriftelijk)
- Mate waarin systeem van toeslagen en verzekeringen voor hen begrijpelijk is
 - Toegang tot informatie over toeslagen en verzekeringen rondom voorschoolse opvang
- Opleidingsniveau van hen
- Afstand tot de opvang voor hen

Onderwerp 2: Sociaal netwerk van ouders

Ik zou het nu graag met je willen hebben over jouw perceptie van het sociaal netwerk van deze ouders.

Initiële vraag: Zou je iets willen vertellen over je ervaringen met in hoeverre deze ouders een beroep kunnen doen op hun sociaal netwerk voor steun of informatie rondom de ontwikkeling van hun kind?

Topics:

- Contact en steun van familie
- Contact en steun van vrienden
- Contact en steun van burens of kennissen

Onderwerp 3: Culturele normen en waarden

Ik zou het nu graag met je willen hebben over jouw perceptie van de culturele normen en waarden van deze ouders.

Initiële vraag: Zou je iets willen vertellen over je ervaringen met de culturele normen en waarden die deze ouders hebben rondom de ontwikkeling van hun kind?

Topics:

- Herkennen van beperking of chronische ziekte
- Accepteren van beperking of chronische ziekte
- Overtuigingen over de oorzaken van beperking of chronische ziekte

Over welke onderwerpen die hierbij belangrijk zijn zou jij het nog graag willen hebben?

Afronding

- Waar hebben deze ouders volgens jou de meeste behoefte aan?
- Is er nog iets dat je wilt zeggen?

- Bedankt voor je tijd en de inzichten die je hebt gegeven.
- Zouden ouders die jij begeleidt wellicht willen deelnemen aan een interview?

Smalltalk

Appendix 4: Operationalisations

| Theme | Concept and corresponding source | Topic | Sub-topic (If applicable) | Source operationalisation and notes |
|---------------------|--|---|--|--|
| Micro-level factors | Legal status of residency Albrecht et al. (2009), Duda-Mikulín et al. (2020), Khanlou et al. (2017) | Number of years of residence in receiving country | | Khanlou et al. (2017) |
| | Financial situation Khanlou et al. (2017) | Understanding of entitled benefits | Access to information about entitled benefits | Khanlou et al. (2017) |
| | Transportation possibilities Khanlou et al. (2017) | Geographical proximity of preschool services | Implications of the geographical proximity of preschool services | Note: Own operationalisation due to no appropriate literature |
| Meso-level factors | Social capital Khanlou et al. (2017), Khoir et al. (2015) & Cultural norms and values Jegatheesan et al. (2010), Kibria & Becerra (2020) | Family | Frequency of contact | Roos et al. (2021) & Albrecht et al. (2009), Khanlou et al. (2017), Diken (2006) Note: The concepts bonding social capital and bridging social capital will not be operationalised as ethnic composition of the family, friends and neighbours as well as other acquaintances. Instead, the two concepts will be attached as codes in the analysis phase. |
| | | | Level of satisfaction with received support | |
| | | | Level of satisfaction with received support for the child | |
| | | | Recognition of the disability of the child | |
| | | | Level of acceptance of the disability of the child | |
| | | | Beliefs about the causes of the disability of the child | |
| | | Friends | Frequency of contact | |
| | | | Level of satisfaction with received support | |
| | | | Level of satisfaction with received support for the child | |
| | | | Recognition of the disability of the child | |
| | | | Level of acceptance of the disability of the child | |

| | | | | |
|---------------------|---|--|--|--|
| | | | Beliefs about the causes of the disability of the child | Note: Recognition of the disability refers to the acknowledgement that the child has a disability (Albrecht et al., 2009). Acceptance of the disability refers to the extent to which having a disability is approved by parents and their networks (Khanlou et al., 2017) |
| | | Neighbours and acquaintances | Frequency of contact | |
| | | | Level of satisfaction with received support | |
| | | | Level of satisfaction with received support for the child | |
| | | | Recognition of the disability of the child | |
| | | | Level of acceptance of the disability of the child | |
| | | | Beliefs about the causes of the disability of the child | |
| Macro-level factors | Information position Fox et al. (2017), Neely-Barns & Dia (2008), Al-Hassan (2002), Fox et al. (2017), Jegathesaan et al. (2010), Lim et al (2020) | Level of education | Highest educational level achieved in country of origin or receiving country | Seibel (2019), Liempt & Staring (2020), Hasnat and Graves (2000), own operationalisation (language skills) |
| | | Language skills | Languages spoken | |
| | | | Sufficiency of language skills in the context of preschool services | |
| | | Source of received information/formal assistance | | |
| | | Amount of received information/formal assistance | | |
| | | Ease of understanding received information/formal assistance | | |
| | | Form of received information (i.e., verbal or written) | | |

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Appendix 5: Code tree

Micro-level factors

- Legal status of residency
- Language proficiency
 - o Communication
 - o Availability of translated information
- Level of education
- Financial situation
 - o Number of financial means
 - o Knowledge about benefits
 - Digital skills (own)
- Transportation possibilities
- Complexities due to the status of new resident (own)
- Marital status (own)
- Number of other children (own)
- Available time (own)
- Assertiveness of the parent (own)
- Parents' experience with using preschool services when they were a child (own)
- Hardship of having a child with a disability (own)
- Beliefs about preference for regular or specialised services (own)
- Beliefs about which language the children should learn first (own)
- Trust as well as cooperation in professionals based on their ethnic background (own)

Meso-level factors

- Social capital
 - o Extent of social network
 - o Nature of social network
 - o Bonding social capital
 - o Bridging social capital
- Cultural norms and values
 - o Cultural understanding of the disability
 - Familiarity with disabilities (own)
 - o Cultural addressing of disability
 - Coping with the disability (own)

- Visibility of the disability (own)
 - Position of people with disabilities in society (own)
- Cultural norms about asking or receiving help (own)
- Cultural beliefs about the credibility of professional roles (own)

Macro-level factors

- Information position
 - Familiarity with the preschool system
 - Level of provision of information
 - Insufficient information
 - Information about to be completed paperwork
 - Agreement of provided information by different professionals (own)
 - Processing of information
 - Influence of personal character traits
 - Stance towards receiving information (own)
 - Understanding of divided tasks between educational, social and health services
 - Eagerness to individually search for information and ask for help (own)
- The system (own)
 - Waiting list (own)
 - Bureaucracy (own)
 - Cultural diversity of organisations (own)