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Challenges, coping and resilience in caring for children with disability among immigrant parents: A mixed methods study

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Abstract

Aims: To examine the relationships between challenges, coping and resilience among immigrant parents caring for their children with disabilities; and to explore their coping and resilient experiences and the service centre providers' perspectives on these.

Design: A sequential explanatory mixed methods study.

Methods: The participants were recruited from seven centres of disability service in Australia between May 2019 and February 2020. Phase 1 consisted of a cross-sectional survey. Data were collected from 134 immigrant parents. Phase 2 consisted of semi-structured interviews. Data were collected from nine immigrant parents and nine service providers. The findings from each phase were analysed separately and then integrated to answer the research aims.

Results: Immigrant parents experienced challenges such as overwhelming caretaking responsibilities, lack of supportive social networks and feeling embarrassment over their children's behaviours. They used a variety of coping strategies, including reframing and mobilizing family to acquire and accept help from others to overcome their challenges. They had positive gains from the parental experience. Immigrant parents had a reasonable level of resilience. Those with a higher level of perceived challenges had a lower level of coping and resilience. Perceived barriers to parental coping included barriers to establishing social networks and utilizing available disability services. Services from competent service providers and the availability of social support networks were factors facilitating immigrant parents' coping.

Conclusion: Sensitive communication and culturally appropriate care provided by service providers and healthcare professionals can facilitate service utilization and reduce perceived stigma over children with disability.

Impact: Findings from the study support that special training provided to healthcare providers about the challenges of immigrant parents raising children with disabilities may enhance awareness of the experience of these parents. Information and instrumental support may help to enhance parental coping, reduce isolation and promote their mental health.

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Patient or Public Contribution: We thank the immigrant parents and the service providers who have been instrumental in the conception of this study.

KEYWORDS

challenges, child, coping, disability, immigrant, nursing, parent, resilience

1 | INTRODUCTION

There has been an increase in the prevalence of childhood disability around the world. For example, recent United States (US) estimates showed that about one in six, or about 17%, of children aged 3–17 years have one or more health conditions that cause developmental disabilities. During 2014–2016, the prevalence of children aged 3–17 years who had ever been diagnosed with a developmental disability increased from 5.76% to 6.99% (National Health Interview Survey, 2014). An Australian study found that people from culturally and linguistically diverse (CALD) backgrounds had a similar level of disability as Australian-born people (18.5%). However, there was a greater rate of profound and severe disability and a higher level of need for assistance in core activities in CALD people (Zhou, 2015).

Parenting children with disabilities poses challenges and creates stress for the parents. Compared with non-immigrant parents, immigrant parents experience additional challenges in caring for children with disabilities as a result of dual burden of immigration and child care. Immigrant parents with children with disabilities face extra challenges related to adaptation, finance, service utilization and stigma (Alsharaydeh et al., 2019). Thus, the current study examined the challenges, coping and resilience of immigrant parents raising children with disabilities.

Disabilities "is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure" (World Health Organization [WHO], 2001, p. 10). Many terms have been used to describe parents' challenges when raising children with disabilities. Terms like challenges, burdens, needs and concerns were used interchangeably. In this study, the term 'challenges' is used to describe the burdens and the needs of immigrant parents raising children with disabilities in Australia.

1.1 | Background

Immigrant parents reported various challenges in raising their children with disabilities and found it difficult to adapt to their host country's norms and customs (Shtutman, 2015). In this study, the term 'challenges' is used to describe burdens and needs of immigrant parents raising children with disabilities in Australia. Language barrier was reported by immigrant parents as the most common barrier in schools and healthcare system (Lai & Ishiyama, 2004; Wathum-Ocama & Rose, 2002). Even immigrant parents who were connected to healthcare professionals and were proficient English speakers

Summary Statement

This mixed methods study, to the best of this researcher's knowledge, is the first study to examine the relationships between challenges, coping and resilience among immigrant parents caring for their children with disabilities; and to explore their coping and resilient experiences and the service centre providers' perspectives on these. Findings can be used to identify gaps in clinical care and arm the development of interventions that meet the unique needs of this population. The findings of this study are applicable to countries that had immigrant parents raising children with disabilities.

considered many jargons used by healthcare professionals to be incomprehensible (Shtutman, 2015). Khanlou, Haque, et al. (2015) and Khanlou, Mustafa, et al. (2015) found that financial hardship was a crucial challenge among immigrant parents. They had inadequate employment opportunities, which reduced family income. They often quit their jobs and lose their income because they need to devote more time to their children with disabilities (Narayan, 2015).

Immigrant parents reported feeling ashamed of their children's mental health problems due to the challenging behaviours of their children with disabilities, such as violent outbursts. This stigma resulted in families' tendency to hide their children at home and prevented parents from seeking care (Fox et al., 2017; Sritharan & Koola, 2019). On the other hand, immigrant parents reported complicated healthcare system and long waiting lists as barriers for immigrant parents (Sritharan & Koola, 2019). Others reported that lack of cultural awareness among healthcare professionals is a contributing factor that makes the parents avoid utilizing healthcare services (Jegatheesan et al., 2010).

Coping involves purposeful attempts to manage stress regardless of effectiveness (Compas et al., 1988). Adaptive coping refers to cognitive and behavioural efforts to manage internal and external demands that are taxing or exceeding the resources of the person (Lazarus & Folkman as cited in Docena, 2015, p. 29). Some immigrant parents use problem-solving coping strategies such as searching for knowledge related to their child's disability and looking for appropriate community resources (Wang & Casillas, 2012) to overcome their challenges. Spiritual coping was reported by some immigrant parents as an effective coping strategy. They sought spiritual support, such as praying at home to maintain a sense of hope (Croot

et al., 2012). Support groups that bring together families facing the same situation were found to be effective (Lee & Park, 2016).

'Resilience' is defined as the process of adapting well in the face of adversity or various sources of stress such as family and relationship problems, serious health problems or financial stressors (American Psychological Association [APA], 2014). Resilience involves protective, attenuating and recovery factors and incorporates resources across personal, relational and environmental domains (Windle, 2011). Some of these resources are internal (such as adaptive coping behaviours) and others are external (such as useful government policies or access to a responsive and attuned social support network) (Windle, 2011). Resilience can be referred to as the ability to adjust rapidly and in a healthy manner to adversity (Windle, 2011). Immigrant parents reported factors associated with their resilience. Parents who received their families' social, emotional, and instrumental support seemed to be resilient (Heer et al., 2015; Su, 2008; Zechella & Raval, 2016). Other parents reported that their personality traits and faith were the vital factors that contributed to their resilience (Lee et al., 2022; Su, 2008; Zechella & Raval, 2016).

As shown in Figure 1, we hypothesized that immigrant parents of children with disability living in a host country face numerous and varying challenges. Bidirectional and interactive relationships are found among parental challenges, coping, resilience, positive gains and service providers. Parental challenges are impacted by parents' coping and resilience. Immigrant parents who have more coping strategies and better resilience have less perceived challenges. The

hypothesized conceptual framework suggests that more resilience could lead to better coping and, thus, less perceived challenges.

As shown in Figure 1, we hypothesised the availability of appropriate disability services could positively impact parental challenges, coping and resilience. Immigrant parents who receive appropriate services for their children may have better coping and resilience.

The prevalence of childhood disability combined with an increased influx and diversity of immigrant families in Australia indicates a need to improve childhood disability services for immigrant families. Studies have explored the double impact of immigration and disability on families (Jegatheesan et al., 2010; Yu, 2013), but few have addressed the interrelation of immigration and disability affecting the lives of families. Some Australian studies have explored the impact of disability on families, but not on immigrant families (Miller et al., 2012; Young et al., 2020). It is also important to examine the coping strategies and resilience of immigrant parents and determine how resilience influences parental perceived challenges and coping. Such understanding is the first step in developing appropriate and equitable services for parents and their children with disability. Studies should also include the perspective of service providers as they may have a different perspective on this phenomenon. This study would fill the present knowledge gaps in the challenges, coping and resilience of immigrant parents taking care of children with disability in Australia. To the best of this researchers' knowledge, this is the first study of its kind on this specific topic.

This study aimed to examine the relationships between challenges, coping and resilience among immigrant parents caring for

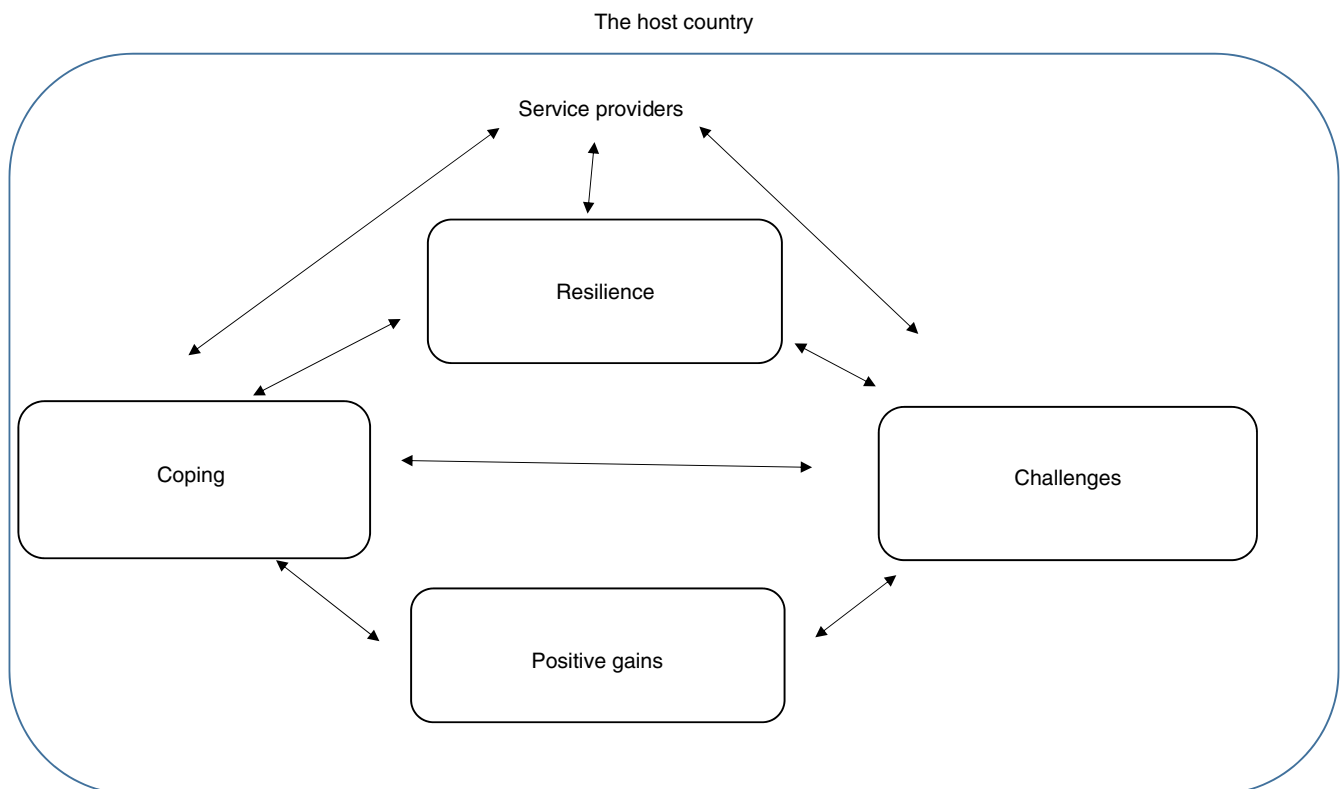


FIGURE 1 Hypothesised conceptual framework of the study

their children with disabilities; and to explore the immigrant parents' coping and resilient experiences and the service centre providers' perspectives on these.

2 | THE STUDY

2.1 | Aim

The purpose of this study was to examine the relationships between challenges, coping and resilience among immigrant parents caring for their children with disabilities; and to explore their coping and resilient experiences and the service centre providers' perspectives on these. Also, this study aimed to examine the relationship between the sociodemographic characteristics of the immigrant parents and their challenge, coping and resilience.

2.2 | Design

To gain a holistic perspective of the experience of immigrant parents raising children with disabilities, the present study used the sequential explanatory design (Creswell & Plano Clark, 2017). A sequential explanatory mixed methods design is useful when interpretation or explanation of relationships in a phenomenon is required (Creswell, 2013). The first phase of the study was a quantitative design. In this phase, the researcher examined the challenges, coping and resilience of immigrant parents of children with disabilities using a quantitative survey. The survey was completed by the immigrant parents raising children with disabilities. The data generated from the survey guided the purposive sampling of the second phase, which was an individual semi-structured interview. The data from the first phase also helped to refine the interview questions.

The second phase of the study aimed to understand immigrant parents' challenges and their experiences in coping and resilience from both the parents' and service providers' perspectives. Literature has highlighted the challenges, coping and resilience of immigrant parents from the parents' perspectives (Beatson, 2013; Bradby et al., 2007; Lee & Park, 2016; Narayan, 2015). Although immigrant parents realized their challenges and the existing services, gaps in access to essential services remain rampant. To ensure an in-depth and comprehensive understanding of this topic, we also investigated service providers' perspectives on services accessibility and the challenges faced by immigrant parents in raising children with disabilities. To ensure an in-depth and comprehensive understanding of this topic, we also investigated service providers' perspectives on services accessibility and the challenges faced by immigrant parents in raising children with disabilities. The findings from the present study could help to identify how the service providers perceive the needs and challenges of parents and whether there are differences in perceived needs and challenges between service providers and parents. If there are gaps, host countries' governments should develop strategies to ensure that service providers

are well aware of the immigrant parents' experiences and ensure early support and intervention can be provided to immigrant families with children with disability. Thus, both immigrant parents and service providers were interviewed in phase 2. The qualitative data helped to explain and understand the quantitative data of the first phase. The findings of both phases were integrated into the interpretation phase. Incorporating both quantitative and qualitative data, the Strengthening the Reporting of Observational Studies in Epidemiology checklist was chosen to ensure accurate reporting of this study.

2.3 | Sample/participants

This study was conducted in seven disability service centres in New South Wales (NSW), Australia, across two cities: Sydney and Newcastle—four centres in Newcastle and three centres in Sydney between May 2019 and February 2020. The first phase of the study was a quantitative survey. A convenience sampling approach was used to recruit participants from disability service centres who represent this study's target population of interest. We recruited 134 immigrant parents raising children with disabilities who attended the disability services centres for activities. Inclusion criteria were:

1. Immigrant parents included mothers and/or fathers who immigrated from their country of birth to Australia regardless of their immigration period, age, education level, socioeconomic status or cultural background.
2. Have one or more children who are <18 years old with one or more disabilities.
3. Can read, speak or understand basic English (fifth-grade level).

To address potential bias, all immigrant parents raising children with disabilities who visited the centres were invited to participate in the study. Additionally, in-centres recruitment visits at all centres were done by research staff rather than clinic staff to avoid the potential for coercion.

2.4 | Data collection

This mixed methods study was operationalized by eliciting the participants' perspectives through both quantitative (via cross-sectional survey) and qualitative (via one-on-one interviews) arms. The study instruments were pilot tested in 15 immigrant parents raising children with disabilities who met the inclusion criteria. Following the pilot, no changes were made; thus, these data were included in this study.

2.4.1 | Quantitative arm—survey

The following measures are used to measure parental challenges, coping and resilience:

The Zarit Burden Interview Scale. Parental challenges were measured using the 22-item Zarit Burden Interview Scale (ZBI) rated on a 5-point Likert scale (Zarit et al., 1980). The ZBI was designed to assess the challenges experienced by family caregivers of older people and persons with disabilities. It has been used to evaluate the challenges faced by caregivers. The ZBI was designed to assess the challenges experienced by family caregivers of older people and persons with disabilities. The ZBI has been used to evaluate the challenges faced by caregivers of children and adolescents with chronic illnesses such as sickle cell anaemia, haemophilia, inborn errors of metabolism and cancer (Javalkar et al., 2017; Macedo et al., 2015; Toki et al., 2010). The ZBI has four subscales: burdens of the child's dependence, burdens of exhaustion and uncertainty, burdens of guilt and fear for the child's future and burdens of consequences such as social and health burdens (Al-Rawashdeh et al., 2016). As suggested by the instrument's authors, the higher the scores, the higher the challenge (Zarit et al., 1980). The ZBI has high internal consistency (Cronbach's α at 0.88 and 0.91) and good test-retest reliability ($\alpha = 0.71$) (Gallagher et al., 1985; Hebert et al., 2000).

Family Crisis Oriented Personal Evaluation Scale. The parental coping strategies were measured by the 30-item Family Crisis Oriented Personal Evaluation Scale (F-COPES; McCubbin et al., 1991). The F-COPES focuses on family interactions and family-to-environment interactions. Many F-COPES items are geared to the family's response to new problems (Padula, 1995). The F-COPES contains five subscales: The acquiring social support subscale, the reframing subscale, the seeking spiritual support subscale, the mobilizing family to acquire and accept help subscale and the passive appraisal subscale. The items are rated on a 5-point Likert scale. Higher scores indicate a higher use of coping methods (McCubbin et al., 1991). The cut-off points that were suggested by Chui and Chan (2007) are adopted in the current study. Scores <50 indicated a low level of coping, scores of 51–99 indicated a moderate level of coping and scores >100 indicated a high level of coping (Chui & Chan, 2007).

F-COPES has been used in different populations, including parents with children who have learning disabilities, mental retardation or physical disabilities (Honey et al., 2005; Moawad, 2012; Twoy et al., 2007). The psychometric characteristics of the F-COPES have been established in a group of 30 caregivers of individuals with a learning disability, with a Cronbach's alpha coefficient value of 0.84. The internal consistency on the subscales of F-COPES is also acceptable, with Cronbach's alpha values of 0.94, 0.89, 0.76, 0.82 and 0.85 respectively (Hassani et al., 2018).

Connor–Davidson Resilience Scale. The Connor–Davidson Resilience Scale (CD-RISC 10; Connor & Davidson, 2003) was used to measure parental resilience. It is a self-rated unidimensional 10-item scale designed to measure resilience in different populations. CD-RISC 10 scores reflect the ability to bounce back from challenges that can arise in life. Items are rated on a 5-point Likert scale. Higher scores indicate a higher level of resilience. The CD-RISC 10 has been used to examine resilience among caregivers of individuals with chronic diseases, such as children with a cancer diagnosis and

people with a mental disorders (Aloba et al., 2016; Ye et al., 2017). The Cronbach's alpha coefficient of CD-RISC 10 was 0.88 (Goins et al., 2013).

The sociodemographic data of the participants were collected, such as parents' gender, age, nationality, ethnicity, religion, native language, education level, household income, number of children, and immigration period, as well as the child with disability's diagnosis, gender and age. Data were also collected about the frequency and duration of any support the parents received, such as from close family and/or friends and/or attending support services in the past or present.

Participants completed the survey first, and a subset of these participants completed interviews. Service providers who were recruited in phase 2 of this study also completed the interviews. Immigrant parents who were willing to be approached by a researcher were provided with written and verbal information and an opportunity to ask questions. Parents who expressed interest were provided with a copy of the survey to complete. The participants had the choice to either fill in the questionnaire at home and return it to the university in 2 weeks using the prepaid envelope or fill in the questionnaire at a quiet place in the centre and return it to a locked box placed at the centre lobby to promote anonymity.

2.4.2 | Qualitative arm—interviews

Following the completion of phase 1, the data collection of the second phase started for both groups—immigrant parents and service providers. Semi-structured individual face-to-face interviews were used to collect data. A purposive sample was used to collect qualitative data. Immigrant parents with high, moderate and low levels of coping were recruited from those who consented to participate in the interview during phase 1. This enriched the interviews with different perspectives and helped the researcher understand different parental coping levels. To create a balanced sample, an equal number of participants was recruited from each level of coping. A total of nine parents were recruited in this phase: three with a high level of coping, three with a moderate level of coping and three with a low level of coping. The inclusion criteria of the parents' sample were similar to that of phase 1.

Case managers or coordinators who had been working with disability service for at least 12 months, which is a reasonable amount of time to obtain good experience in providing care to immigrant families, and were willing to participate in the interview were included. The recruitment continued until data saturation was reached, where the participants' descriptions no longer provided any new information and had become repetitive. The data reached saturation after the ninth interview of the immigrant parents and the ninth service providers.

The interview guide for the parents and service providers was developed based on previous studies (Al-Azzam, 2011; Su, 2008) and commented on by experts in the field. Individual interviews were conducted by one researcher to maintain consistency. Interviews were conducted either face to face in the study venue or

via telephone. All interviews were digitally audio-recorded with the participant's consent.

3 | ETHICAL CONSIDERATIONS

The study received institutional review board approval before study initiation.

4 | ANALYSIS

Initially, each dataset was analysed separately and then integrated into the discussion section.

4.1 | Quantitative arm

SPSS Version 24 (IBM Corp, 2016) was used to analyse the study survey. Descriptive statistics were used to summarize the data, including frequencies, percentages, means and standard deviations (SDs). Pearson correlation was used to examine the association among the ZBI, F-COPES and CD-RISC 10 results. T-tests and ANOVA were conducted for each of the three measures to explore potential differences in the challenges, coping strategies and levels of resilience among groups of different sociodemographic characteristics, including gender, age, marital status, socioeconomic status and ethnicity.

4.2 | Interviews

Content analysis was used to identify the themes from the qualitative data. The entire transcript for each interview was divided into meaningful units and labelled with codes (Graneheim & Lundman, 2004). Each response to the interview questions was considered a meaningful unit. The meaningful units were given descriptive codes. The assigned codes were based on broad topical areas consistent with the main aim of this study. The researchers then read in the coded data and created more discrete descriptive subthemes. The various subthemes were compared based on differences and similarities and sorted into themes (Sandelowski, 2000). If a discrepancy was noted, it was discussed among the researchers to obtain consensus.

The researchers also reviewed the transcripts and the field notes again to confirm that all essential codes had been captured. To validate the coding, the researchers met biweekly to review the transcripts and coding and to discuss data analysis.

5 | RESULTS/FINDINGS

The results of the current study were integrated through 'building'. It occurs when results from one data collection procedure inform the

data collection approach of the other procedure, the latter building on the former (Fetters et al., 2013). In the current study, interview data from the qualitative arm were used to explore further and explain the survey data from the quantitative arm.

Out of the 237 immigrant parents approached by the researchers, 134 completed and returned the survey in the data collection period. The total response rate in Sydney and Newcastle was very similar. Some parents did not participate in the current study due to busy family responsibilities or did not feel confident of their English language. The sociodemographic characteristics of immigrant parents are displayed in Table 1, and the characteristics of immigrants' children with disability are shown in Table 2. A large majority of them were mothers ($n = 84$, 62.7%), aged between 31 and 40 years ($n = 64$, 47.8%), who were from an Arabic background ($n = 73$, 54.5%), spoke Arabic language ($n = 77$, 57.5%) and had university or higher education level ($n = 43$, 32.1%). Islam was the most common religion among participants ($n = 72$, 53.7%). Most participants were married ($n = 111$, 82.8%), employed ($n = 66$, 49.3%) and earned between A\$5000 and 10,000 per month ($n = 83$, 61.9%). Fifty-seven of the participants (42.5%) migrated to Australia for 6–10 years. About half of the immigrant parents had one to three children ($n = 69$, 51.5%). Eighty participants (59.7%) reported that they did not have close family support. Most participants attended support services for their child with a disability ($n = 121$, 90.3%).

5.1 | Quantitative

The ZBI was used to measure the challenges faced by immigrant parents of children with disabilities, including their burdens. Thirty-six participants (26.9%) experienced a severe level of challenges. The mean total score on the ZBI was 45.73 (SD = 20.14), which suggested that parents experienced a moderate level of challenges. The highest perceived challenge was in the 'caring consequences' subscale (mean = 21.62, SD = 9.55), followed by the 'burden of exhaustion and uncertainty' subscale (mean = 8.95, SD = 4.62).

In the 'burden of caring consequences' subscale, the item 'feeling stressed between caring for the child with a disability and trying to meet other responsibilities for family or work' (mean = 3.7, SD = 0.6) had the highest scores. The item 'feeling embarrassed over your child's behaviour' had the highest rating in the 'burden of exhaustion and uncertainty' subscale (mean = 3.7, SD = 0.5).

The F-COPES was used to measure coping strategies used by the parents. The mean total score of F-COPES was 90.08 (SD = 31.42), which was considered a moderate level of coping. The immigrant parents adopted 'reframing' as the most common coping strategy (mean = 24.41, SD = 8.67), followed by 'mobilising family to acquire and accept help' (mean = 16.50, SD = 6.05) and 'passive appraisal' (mean = 11.37, SD = 4.68).

In the 'reframing' subscale, the item 'believing we can handle our own problems' (mean = 4.7, SD = 0.4) had the highest scores, indicating that the participants utilized this coping strategy most often.

TABLE 1 Sociodemographic characteristics of immigrant parents (n = 134)

Characteristic	N	%
Gender		
Mother	84	62.7
Father	50	37.3
Age		
20–30	18	13.4
31–40	64	47.8
41–50	36	26.9
>51	13	9.7
Missing	3	2.2
Nationality		
Arabic	73	54.5
Indian	15	11.2
Afghani	14	10.4
Italian	8	6.0
Other	21	15.7
Missing	3	2.2
Language		
Arabic	77	57.5
Italian	8	6.0
Dari	12	9.0
Hindi	14	10.4
Other	20	14.9
Missing	3	2.2
Education		
University or higher	43	32.1
College	29	21.6
High school	28	20.9
Primary school	14	10.4
No education	17	12.8
Missing	3	2.2
Religion		
Christian	38	28.4
Muslim	72	53.7
Hindu	6	4.5
No religion	8	6.0
Other	7	5.2
Missing	3	2.2
Marital status		
Single	7	5.2
Married	111	82.8
Divorced	12	9.0
Other	1	0.8
Missing	3	2.2
Employment		

TABLE 1 (Continued)

Characteristic	N	%
Employed	66	49.3
Unemployed	61	45.5
Retired	4	3.0
Missing	3	2.2
Number of children		
1–3	69	51.5
4–6	54	40.3
>6	8	6.0
Missing	3	2.2
Household income per month		
Low (<A\$5000)	27	20.2
Moderate (A\$5000–10,000)	83	61.9
High (>A\$10000)	21	15.7
Missing	3	2.2
Immigration period		
0–5 years	38	28.4
6–10 years	57	42.5
>10 years	36	26.9
Missing	3	2.2
Close family support		
Yes	54	40.3
No	80	59.7
Attend support services		
Yes	128	95.5
No	0	0.0
Missing	6	4.5

TABLE 2 Characteristics of immigrants' children with disability (n = 134)

Characteristic	N	%
Child's diagnosis		
Autism	45	33.6
Cerebral palsy	19	14.2
Physical disability	48	35.8
Mental illness	22	16.4
Child's gender		
Male	62	46.3
Female	69	51.5
Missing	3	2.2
Child's age (years)		
0–5	44	32.8
6–10	49	36.6
11–15	27	20.1
16–18	14	10.5

The CD-RISC 10 measured participants' resilience. The CD-RISC 10 scores range was 4–40. The mean score of CD-RISC 10 was 26.12 (SD = 10.94), which was considered moderate. 'Adapt to change' was the highest rating item (mean = 3.4, SD = 0.5). The lowest rating item was 'can handle unpleasant feelings' (mean = 2.2, SD = 0.7).

Table 3 presents the correlation among the ZBI, F-COPES and CD-RISC 10 scores. The ZBI total scores had a strong negative correlation with the F-COPES total scores ($r = -.796, p = .05$) and all its subscale scores. All ZBI subscales had a strong negative correlation with the F-COPES subscales. That means immigrant parents who had higher challenges scores had lower coping scores.

When examining the coping subscales and ZBI total scores, the results showed that immigrant parents who had higher scores in 'reframing' ($r = -.795, p = .05$) 'sought spiritual support' ($r = -.759, p = .05$) and 'mobilising family to acquire and accept help' ($r = -.750, p = .05$) had lower ZBI scores. That means those with higher challenges scores used less reframing, seeking spiritual support and mobilizing family to acquire and accept help coping strategies.

The CD-RISC 10 total scores had a strong positive correlation with the F-COPES scores ($r = .855, p = .05$) and all its subscales, indicating that immigrant parents with high resilience scores used more coping strategies. Results also showed that those who used more reframing coping strategies had higher CD-RISC 10 scores ($r = .849, p = .01$). CD-RISC 10 had a strong negative correlation with the ZBI total ($r = -.800, p = .05$), and all its subscales, indicating that immigrant parents who had high resilience scores had lower-level challenges.

5.2 | Qualitative/interviews of immigrant parents

A purposive sample of nine parents was recruited in phase 2. Three parents had a high level of coping, three had a moderate level of coping and three had a low level of coping. Table 4 presents the sociodemographic characteristics of immigrant parents of this phase.

Three themes and nine subthemes were identified from parental interviews with support from the participants' direct quotations.

5.2.1 | Ongoing challenges of everyday life

Feeling overwhelmed

Immigrant parents reported having doubled responsibilities in their daily life due to raising their child with a disability in a host country. A mother of a 9-year-old girl with a physical disability, who migrated to Australia to accomplish a higher degree in a university, reported not having enough time to look after her daughter with a disability and her other children. In comparison, she was a higher degree research student. She had many responsibilities as a student:

My responsibilities doubled. I have to give her more attention and care than her siblings. I am also a

student; I moved to Australia to study, and I can't ignore that I am a student. I must manage my time between the university, my daughter, the rest of my family, and my house. It is tough (p. 44, P4 [35]).

Another parent shared her perception of added responsibilities in arranging and attending medical appointments for her son on top of her everyday responsibilities at home and work:

We have ongoing added responsibility. It's about making appointments, travelling to appointments, going home, and doing the family's routine on top of caring for my son (p. 1, P1 [25]).

Being isolated due to a lack of social networks

All parent participants expressed that they had difficulties obtaining social support. Immigrant parents with close relatives who live in Australia reported a lack of emotional support, love and care from family and friends. They thought their family and friends could not provide support because they also had busy lives or did not understand or accept the child's disability. A mother described her experience:

I have some relatives who live close by, but everyone is busy. They need to work as living here is expensive and very hard for me. I could not find my relative when I needed them.(p. 124, P8 [13]).

Other immigrant parents with no close family or friends in their community reported that living away from family and being disconnected from them was difficult and that it felt like living without a backbone. An immigrant mother of a 15-year-old girl with autism stated:

No one to help you left alone with your daughter; I am very emotional, constantly crying, and living away from my family is hard. They are my backbone, and I missed my backbone (p. 126, P8 [13]).

Three immigrant parents reported being very selective when they were visiting other families or attending a social gathering. The participants reported that they preferred to isolate themselves to avoid any embarrassment caused by their child with a disability. Samreen is the mother of a 2-year-old boy with a mental disability. She described it this way:

We are not going out that much; every outing means hard time for us. My son might put us in a very embarrassing situation. Thus, we are very selective who we will visit ... it's hard to go out (p. 77, P5 [16]).

About instrumental support, immigrant parents reported challenges in the healthcare and education systems. Immigrant parents reported that they experienced challenges in navigating the school system in

TABLE 3 Correlation between study variables (n = 134)

Measures	1	2	3	4	5	6	7	8	9	10	11	12
ZBI: Total	1											
ZBI: Burden of caring consequence	.83	1										
ZBI: Burden of child's dependence	.76	.85	1									
ZBI: Burden of exhaustion and uncertainty	.79	.79	.81	1								
ZBI: Burden of guilt and fear for child's future	.76	.82	.76	.81	1							
F-COPES: Total	-.79*	-.77*	-.76*	-.69*	-.70*	1						
F-COPES: Acquiring social support	-.71*	-.74**	-.75*	-.61**	-.67*	.81	1					
F-COPES: Seeking spiritual coping	-.75*	-.74*	-.70*	-.71*	-.66**	.87	.79	1				
F-COPES: Mobilizing family to acquire and accept help	-.75*	-.72*	-.60*	-.66*	-.68*	.79	.80	.79	1			
F-COPES: Passive appraisal	-.67*	-.63**	-.71*	-.53*	-.61*	.87	.76	.81	.80	1		
F-COPES: Reframing	-.79*	-.79*	-.71*	-.74*	-.69*	.75	.78	.84	.73	.78	1	
CD-RISC 10	-.80*	-.78*	-.77*	-.69*	-.75*	.85*	.81*	.82*	.74*	.79*	.84**	1

Abbreviations: CD-RISC 10, Connor-Davidson resilience scale; F-COPES, family crisis oriented personal evaluation scale; ZBI, Zarit Burden Interview Scale.

*Correlation is significant at the .05 (two-tailed); **Correlation is significant at the .01 level (two-tailed).

TABLE 4 Immigrant parents' characteristics

Demographic	Frequency (%)
Gender	
Father	3 (33.3)
Mother	6 (66.7)
Nationality	
Arabic	4 (44.4)
Nepalese	2 (22.2)
Bangladeshi	2 (22.2)
Congolese	1 (11.2)
Religion	
Muslim	5 (55.6)
Christian	4 (44.4)
Age	
31–40	4 (44.4)
41–50	3 (33.3)
>51	2 (22.3)
Education	
University	6 (66.6)
College	2 (22.2)
High school	1 (11.2)
Child age	
0–5	3 (33.3)
6–10	3 (33.3)
11–15	3 (33.4)

Australia as they have a different system of regular schools. Immigrant parent participants expressed that the Australian healthcare system is complicated and difficult to understand. They raised concerns about the high number of documents to be updated annually, as requested by the healthcare system. They said that the documents were very difficult to understand. Furthermore, they reported long waiting lists.

Having difficult adapting to a new culture

As the immigrant parents had their own culture, they reported challenges in migrating to a host country with a new culture. A parent explained how it was difficult at times to enrol his daughter with a disability in sporting activities due to cultural issues, such as going to mixed-gender swimming pools:

She likes swimming. We attended about five swimming classes; we found it hard for us to continue. Because in our culture, we would not go to a mixed-gender swimming pool like here. Her swimming pool has boys and girls together (p. 53, P3 [23]).

Immigrant parents who participated in the current study were proficient English speakers. However, they still reported language challenges in the healthcare context. They felt that the jargon used by healthcare professionals was incomprehensible. A parent stated:

'I find it difficult sometimes to understand some terms used by physicians or nurses; there were terms that we could not understand. Also, there are things I could express them well in my mother tongue, but not in English. Language is a barrier to me' (p. 49, P3 [23]).

5.2.2 | Ongoing coping tactics

Seeking spiritual support

Immigrant parents sought spiritual support through praying and attending religious activities when faced with challenges raising their child with a disability. A parent said:

First, I am a Muslim, so I ask Allah to support me and help me with my daughter. Because I have faith to help me, this is a big thing supporting me. And help me to overcome all these challenges. Oh, Allah, you have given it to me, now give me the strength. Then, he will give you the strength. I believe in Allah (p. 69, P6 [22]).

Taking steps to restore control

Other immigrant parents described the effort required to confront and manage their challenges. This included looking for more information to solve their problems and implementing strategies to prevent or address potential challenges. A parent stated:

Being an immigrant parent in a country, not your own country, taking care of a child with a disability is about learning and gathering information as quickly as possible and keeping up to date with that information. Keeping up to date with good services, knowing where I could find the right service for my child (p. 131, P9 [19]).

Learning how to be optimistic, positive and cheerful

Immigrant parents reported that a happy, positive personality was an effective strategy for managing their everyday challenges. A parent described:

I always look at the positive side. For negative things, I just put them aside. I think it is the best way to deal with problems (p. 68, P6 [17]).

5.2.3 | Ongoing help-seeking behaviours

Seeking social connectedness

Immigrant parents reported that they coped well and felt more resilient by connecting to people in the same situation and healthcare professionals. It assisted them in overcoming their challenges. Attending support groups to meet immigrant families with children with disabilities was reported by immigrant parents as very helpful. A parent said:

I remember attending a support group, and at the support group, I met a parent who gave me information that nobody else could give me. This is really helpful. It's a good opportunity for my daughter to know that she is not the only one who has a disability (p. 8, P1 [19]).

Many immigrant parents expressed the value of professional support. A parent stated:

The support provided by the medical staff is helpful to us as a family. They made appointments to check what was going on with my daughter. They provided us with all the necessary information (p. 49, P4 [13]).

Having English language skills

Immigrant parents reported that fluency in English is helpful and makes them more resilient. A parent stated:

I believe that everything becomes easier if you have the English language proficiency. I am probably a little bit more fortunate because I can communicate in English well, which honestly helps me. I know some friends suffer because they are not good English speakers (p. 85, P6 [21]).

Identifying the availability of disability services

Immigrant parents explained that the availability of disability services positively affected their experience. They appreciated the support provided by disability services and their service providers, which makes their life easier. A parent said:

Good services made my challenges easier. The availability of equipment required for my daughter to give her good quality of life, like walking aids, is amazing. Also, the financial support from the disability service supported my child with a disability (p. 37, P3 [16]).

5.3 | Qualitative/interviews of service providers

Two themes and five subthemes were identified from the service providers' interviews with support from the participants' direct quotations. Table 5 presents the sociodemographic characteristics of service providers.

5.3.1 | Barriers

Perceived barriers to establishing social networks

Service providers reported that immigrant parents raising a child with a disability are socially isolated due to various factors. A case coordinator with 6 years of experience summarized the barriers:

TABLE 5 Characteristics of the service providers (n = 9)

Demographic	Frequency (%)
Gender	
Male	4 (44.5)
Female	5 (55.5)
Nationality	
Australian	3 (33.3)
Arabic	3 (33.3)
Afghani	2 (22.3)
Netherlander	1 (11.1)
Religion	
Muslim	2 (22.3)
Christian	7 (77.7)
Age	
20–30	0 (0%)
31–40	2 (22.2)
41–50	6 (66.6)
>51	1 (11.2)
Immigration period	
Born in Australia	4 (44.4)
0–5	0 (0%)
6–10	2 (22.3)
>10	3 (33.3)
Position in work	
Case coordinator	9 (100%)
Years of experience	
1–5	1 (11.2)
5–10	3 (33.3)
>10	5 (55.5)

It's hard enough to be isolated because of the language issue, and being in a new country, they are unfamiliar with the new environment, and they are scared of integrating and interacting with people in their community, even within their community. They have a lot of things to do and many responsibilities (p. 20, S3 [15]).

Perceived barriers to utilizing available disability services

Service provider participants believed that the Australian healthcare system is complicated. However, they expressed that the immigrant parents did not understand the available services well. Thus, they did not use the service, refused it or cancelled their children's medical appointments. A case coordinator stated:

Parents don't understand the importance of these weekly appointments such as occupational therapy, speech therapy, and physiotherapy. Because they don't understand how it benefits the child, they asked

whether they really needed this appointment? Lack of understanding of our services is a challenge. (p. 17, S3 [11])

A case coordinator with 7 years of experience perceived the immigrant parents' culture as a challenge. He stated:

The other aspect is their cultural norms that kicked in ... some parents' culture is not to ask for more information, not to ask someone for help, they only stay at home. Those parents are unaware of their rights ... they need to be educated about their rights (p. 40, S7 [15]).

All service providers reported language, a part of the parental culture, as a barrier.

5.3.2 | Facilitators

Services with competent staff

Service providers believed that the availability of disability services and competent staff, who understand the immigrant parents' needs and support them in making the right decisions, is a major factor that can make immigrant parents' challenges easier. A case coordinator said:

The parents are not in the right frame of mind to make the right decision. They need qualified service providers with good communication and good skill sets such as patience, understanding, good listening and critical thinking who can help those parents (p. 43, S7 [23]).

Service providers reported that language was the main barrier limiting the immigrant families' caring for children with disabilities and that the provision of bilingual service providers would benefit the immigrant families.

Availability of social support networks

Service providers perceived social support provided by family members, the community and healthcare professionals as a facilitator for parents. However, other service providers thought that being introduced to other families from their own culture is a sensitive part of the coping process:

I believe that engaging immigrant families with people from the same culture is a good idea. But introducing them to other people from the community or other families that might have a child with a disability from the same culture is not easy. We need to be cautious and do it in a very sensitive way. Because, as I said,

some don't want other people to know that they have a child with a disability (p. 38, S6 [15]).

Steps to take over own control

Service providers perceived that parents who took control of their situation had better problem-solving techniques, and those willing to learn more about resources and services coped better. Alfred, a case coordinator with 14 years of experience, stated:

Parents who have their own plans, who are aware of what systems are in place, who are willing to find alternatives and correct information, who prioritise their duties, and know ways to access services or care structure provided by the Australian government, have better coping (p. 70, S9 [19]).

6 | DISCUSSION

The aim of this study was to examine the relationships between challenges, coping and resilience among immigrant parents caring for their children with disabilities; and to explore the immigrant parents' coping and resilient experiences. Additionally, we explored the service centre providers' perspectives on those experiences. Our study adopted a mixed methods approach, combining both quantitative and qualitative methods. The study was the first of its kind conducted in Australia.

Our findings indicate that immigrant parents caring for their children with disabilities experienced different levels of challenges, where the highest scoring ZBI item was 'feel stressed between caring for your child and trying to meet other responsibilities for your family or work'. Such findings were supported by the qualitative data. Both immigrant parents and service providers perceived overwhelming caretaking responsibilities as the most significant challenge for immigrant parents raising children with a disability while looking after the whole family and other aspects of their life. Such findings highlight the importance of disability services in providing social support to these parents, especially childcare services and respite care. These findings are consistent with Stevens's (2010) study that suggested care responsibilities as the main challenge for immigrant parents raising children with disability. However, Stevens (2010) reported immigrant mothers, not fathers, because fathers left caregiving responsibilities to their wives.

In the present study, both immigrant mothers and fathers reported being overwhelmed by raising children with disability, indicating that fathers were also involved in the caretaking process. The traditional sex-typed division of labour (gender roles), with women serving as homemakers and caretakers and men serving as providers and protectors, has evolved, and these gender roles are influenced by culture and context (Zhu & Chang, 2019). The participants of the present study are living in a safer and more stable society in Australia that might foster modernized gender roles and encourage

fathers' involvement in family caretaking responsibilities. Thus, the fathers shared the child's caregiving role with their wives.

The lack of supportive social networks was perceived as a significant challenge by immigrant parents. This was supported by both quantitative and qualitative findings. These findings agree with Shtutman's (2015) study that immigrant parents struggled without a support system to help in raising their children with disability.

Social support has increasingly been recognized as an important source of support for people with stressful life situations (Filipič Sterle et al., 2018). In the current study, participants who did not have extended family or relatives in Australia could not rely on relatives and could not find support from their community and neighbours. Participants believed that in the Australian culture, it is not acceptable to ask help from a neighbour to help with a child with a disability, as opposed to in other cultures such as Middle Eastern culture. Interestingly, immigrant parents in the current study who had extended family members and relatives in Australia also reported a lack of emotional support from their relatives. Their relatives might be unable to support them due to the pressure of life in Australia. The participants expressed that their relatives had their own responsibilities or jobs and, thus, had no extra time to support the immigrant parents in raising children with disability.

The present findings are different from many studies conducted in the United States that suggested social support from family members, and extended family was the first line of support for immigrant parents (John et al., 2016; Lee & Park, 2016). This difference might be related to the host country's culture. This also highlights the importance of finding alternative support resources for these parents. Immigrant parents need to be directed by service providers to engage in support groups where they could meet other families experiencing the same situation as an alternative to extended family separation and/or lack of family support.

In the present study, both quantitative and qualitative findings confirmed that immigrant parents of children with disability often did not want to socialize with families or friends because of their worries of their children's disruptive behaviour. While parent interviewees did not mention embarrassment, they expressed the fear that their extended families or friends might not accept their children's behaviour or might otherwise react adversely. Parents' worries could be related to the stigma attached to disabilities. Bradby et al. (2007) reported immigrant parents feeling ashamed of their children's mental health problems. Stigma and feeling ashamed of disability is a universal occurrence (Koschorke et al., 2017). In the present study, although parents did not mention stigma, it could be one of the reasons that they avoided social gatherings. If this stigma is not adequately addressed, parents may continue to avoid accessing their social networks, healthcare and/or social services and may face further social isolation and exclusion.

The findings suggested that immigrant parents of children with disability have a moderate coping level, as indicated by F-COPES scores. A moderate level of coping means that parents use some purposeful coping strategies to manage their challenges (Lazarus & Folkman, 1984). Reframing strategy was the most frequently used

copied strategy by immigrant parents raising children with disability in the current study. Reframing is a positive coping strategy that refers to parents' ability to redefine stressful events to make them more positive and manageable (Kliewer et al., 1996). The use of reframing to cope with the challenges of caregiving had also been highlighted in an Asian study conducted among family caregivers of persons with dementia in Singapore, which was related to the caregivers' culture (Tay et al., 2016).

In the present study, the ability to use this coping strategy is probably reflective of the participants' educational (74.6% had a high school education or above) and religious profile (92.6% had religious beliefs). Education level and religious beliefs may have a positive influence on the ability of immigrant parents to use reframing as a positive coping strategy. More educated immigrant parents might view and experience events, ideas, concepts and emotions as positive learning experiences that aid in future decisions (Fischer et al., 2010). They might also be more resourceful in finding support for their children. Religious beliefs can shape parents' psychological perception of pain or disability as they create a mindset that enables them to relax and see the positive side of their challenges (Joshi et al., 2008).

The qualitative findings suggested that immigrant parents sought informational support and prepared themselves by putting plans in place to manage potential expected challenges. This proactive approach was not found in the questionnaire survey. The proactive approach was considered a positive coping strategy (Guribye et al., 2011). Proactive coping involves the collection of information, accumulation of resources and long-term strategic goal planning to adapt well and ensure the quality of life (Guribye et al., 2011). Being proactive in managing potential challenges assisted the participants in coping. This result was not captured by the F-COPES.

While the quantitative findings suggested that reframing and mobilizing family to acquire and accept help are the most common coping strategies used by immigrant parents, the qualitative findings in the present study showed that seeking spiritual support and having faith in God and prayer were also essential components in coping with challenges. They considered having faith a helpful coping strategy. Emotion-focused coping might not have a direct impact on resolving problems but serves other functions. For example, Koenig (2012) noted that religion might serve important functions in helping people understand and cope with life events by offering guidance, support and hope. Religion was regarded as providing a frame of reference for individuals to help them understand, predict and control events, and maintain self-esteem, thus allowing them to solve their problems. Religion represents a potentially significant element in the problem-solving process (Koenig, 2012).

Positive gain is defined as the perceived positive mental well-being of raising a child, including growing as a person, learning new skills and becoming more determined to face challenges (MacMullin et al., 2011). Participants in the current study reported positive gains from raising a child with a disability in a host country, such as being strong enough to stand up, learn new things and face challenges in a positive manner as positive gains. It appeared that living away

from extended family and in an individualistic culture forced these parents to learn to depend on themselves and grow stronger. The positive gains might contribute to the growth of the parents, which could help to enhance their resilience.

This study showed that immigrant parents had a reasonable level of resilience. Immigrant parents seemed to have a reasonable ability to bounce back to their normal life after facing challenges and had the capacity to manage stress and challenges (Min et al., 2013), but such capacity could be improved. Immigrant parents might have developed various skills and resources during their lifetime, particularly throughout their immigration process. They may use these skills and resources more efficiently to manage their challenges after immigration.

The present study suggested that immigrant parents facing a higher perceived level of challenges had lower coping and resilience levels, while those with better coping and resilience levels perceived a lower level of challenges. These results support those of Shah et al. (2018). Participants in the current study faced daily challenges. Still, those who responded to the challenges directly and in a timely manner were proactive in managing their challenges, had plans in place for expected challenges, used available resources and sought assistance from healthcare professionals and disability services felt less challenged and coped better. Levels of resilience and coping appear to directly impact the perceived level of challenges. Therefore, improving immigrant parents' resilience and coping is crucial to lessening the perceived challenges they face.

This study found common challenges faced by parents, such as navigating the complexity of the healthcare and education system, language barriers and social isolation. Such challenges have been identified in previous studies in the United States, the United Kingdom and Canada (Al-Azzam, 2011; Beatson, 2013; Ijalba, 2016; Khanlou, Haque, et al. (2015) and Khanlou, Mustafa, et al. (2015); Kwon, 2016; Wang & Casillas, 2012; Zechella & Raval, 2016). Overcoming the difficulties faced by people with disabilities requires interventions such as providing interpreters and the availability of resources necessary to remove environmental and social barriers (WHO, 2001).

Compared with immigrant parents without children with disability, parent participants in the present study had extra responsibilities in organizing and attending medical appointments for their children, managing their children's behavioural issues, navigating the system of special needs school, and, most importantly, handling their children's high dependence on them at all the times. Parents could not leave their children with disability at home alone or trust others to take of their children. Thus, many were homebound.

Immigrant parents raising children with disability shared some similar challenges with non-immigrant parents raising children with disability—social isolation, lack of social support, overwhelming responsibilities, and insufficient understanding of available services are common in these two parent groups (Heather et al., 2006; Murray et al., 2006). For example, a study exploring caregiving challenges among Australian carers who provided care to a family member with a disability showed that carers faced challenges such

as social isolation, financial hardship, physical and health issues and psychological problems (Edwards & Australian Institute of Family Studies, 2008). However, challenges such as language barriers and living in a new culture were not experienced by non-immigrant parents raising children with disability. Immigrant parents experience additional challenges alongside raising children with disability.

The findings of the present study suggested that healthcare professionals and disability service providers need to increase their awareness of multicultural and immigrant issues such as living in a new culture, lack of supportive networks (especially lack of family support), feeling stigmatized and being socially isolated. Healthcare providers need to understand the uniqueness of the challenges faced by immigrant parents raising children with disability, making their experience more complicated than that of immigrant parents without children with disability or non-immigrant parents. Increased awareness will facilitate a deeper understanding of the challenges and service needs of immigrant parents raising children with disability.

Our findings suggested that language and communication are significant barriers for immigrant parents accessing healthcare system and services even when interpretation services are available. Immigrant parents and service providers believed that having a bilingual service provider who is a part of the social, healthcare setting or education system and who can speak the parents' language is a great help for immigrant parents raising children with disability. There is a need for cultural brokers to provide culturally appropriate information and personalized guidance to parents as how to navigate the health and social welfare systems and access services (Miklavcic & LeBlanc, 2014).

Stigma over children's behaviours due to disability can be a major cause of social exclusion and hinder disability services and healthcare system use. Decreasing the stigma of disabilities may improve parental help-seeking behaviour. Two approaches can be used by healthcare professionals and policymakers to reduce the stigma related to disabilities. Education is the first approach. Educational anti-stigma interventions can be implemented through media to present factual information about disability and stigma with the goal of correcting misinformation or contradicting negative attitudes and beliefs among community members (Hanisch et al., 2016). The second approach is encouraging connectedness (Hanisch et al., 2016). Healthcare professionals and service providers may encourage immigrant parents raising children with disability to interact positively with the public, describing their challenges and stories of success (Hanisch et al., 2016). These strategies aim to reduce public stigma but may also benefit self-stigma by creating a sense of empowerment and boosting self-esteem among parents raising children with disability.

In summary, parent participants in the present study faced various challenges in raising children with disability in a host country, including overwhelming responsibilities, embarrassment over their children's behaviours and cultural and social challenges. They used healthcare services more than other immigrant parents due to their children's health status. Thus, they experienced more difficulties navigating the health system than immigrant parents with children

without disabilities. Healthcare providers need to understand these challenges to attend to the needs of immigrant parents of children with disability.

6.1 | Limitations

Immigrant parents recruited in this study were able to read, speak or understand basic English (fifth-grade level). Those who have difficulty using English may have different challenges, coping and resilience that were not captured in this study. Future research should include immigrant parents who are not English speakers and cannot understand, speak or read English, as they might have different challenges compared with parents fluent in English. More than half of the participants in the present study were from Middle Eastern countries and shared the same culture and language. It was because the disability services centres that consented to participate in the study are located in areas where the immigrant population is mostly of Arabic origin and immigrated to Australia for humanitarian reasons. The generalisability of the findings is therefore, somewhat limited. Future research should have larger sample sizes with immigrant parents from more diverse backgrounds. Such studies will add to the body of knowledge and increase awareness of their priorities and needs.

Despite these limitations, the findings of this study provide in-depth and essential insights into the challenges among immigrant parents caring for their children with disabilities and their coping and resilient experiences. This study provides a valuable starting point for future efforts in a similar vein to develop a framework to help healthcare professionals provide required care to meet immigrant parents' needs.

7 | CONCLUSION

The challenges, coping and resilience of immigrant parents raising children with disability were examined in this study, including the perspectives of immigrant parents and service providers. Immigrant parents face the challenges of overwhelming caretaking responsibilities, lack of supportive social networks, difficulty navigating the healthcare and education systems, language barriers, adapting to a new culture, social isolation and embarrassment over their children's behaviours.

Immigrant parents utilized problem-focused coping such as reframing and mobilizing family to acquire and accept help from others. Due to the lack of extended family and community support, immigrant parents tended to seek assistance from healthcare professionals and disability service providers. Immigrant parents also utilized emotion-focused coping, such as seeking spiritual support. Positive gains were an essential part of parents' coping and resilience.

Immigrant parents and service providers shared the perception that the availability of disability services and competent service providers and parents taking steps to establish control over a situation

enhanced parental coping and resilience. While immigrant parents perceived spiritual support as one of the important coping strategies, service providers perceived social support provided by family, community and healthcare professionals as more important for parental coping.

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CONFLICT OF INTEREST

All authors declare there is no conflict of interest.

PEER REVIEW

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in [repository name e.g "figshare"] at [http://doi.org/\[doi\]](http://doi.org/[doi]), reference number [reference number].

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