



Parenting in place: The reception centre as the spatial context for laying the foundations for asylum-seeking children's healthy development

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ABSTRACT

Brain architecture is shaped by early childhood experiences, which thus affect future physical and mental health. These experiences consist primarily of parenting, intertwined with environment. The mental health of migrants has received much attention in research; however, early childhood experiences and the spatiality of parenting have largely been ignored. This study examines asylum-seeking parents' perceptions of parenting their 2-6-year-old children, focusing on the spatial context of the reception centre. We conducted 26 semi-structured interviews among parents in three reception centres in Finland. The results show that parenting was challenged by all three dimensions of place: location, locale and sense of place. The findings indicate that for parents, the reception centre is an essential factor interacting with parenting, enabling or impeding caregiving. These findings are discussed from the viewpoints of transnationalism, insufficient children's spaces and activities and lost sense of place. We urge policy-makers to improve the spatial context for parenting in reception centres by ensuring adequate children's spaces and activities, including opportunities for early learning, privacy of the family, parents' social support and possibilities for establishing everyday routines. We suggest that these improvements would have far-reaching beneficial implications for the healthy development and future mental health of asylum-seeking children.

1. Introduction

Early childhood experiences, specifically parenting, shape brain architecture and cognitive and psychosocial development, further influencing a child's future physical and mental health (Black et al., 2016; Cantor et al., 2018). Parenting intrinsically intertwines with spatiality (Luzia 2010) as described in Bronfenbrenner's (1979) ecological framework: parenting practices interact with the environment of children and parents. In this respect, one environment of particular interest for parenting is the reception centre. Forced migration is a considerable threat to children's healthy development (Kadir et al., 2019). The mental health of migrants has received much attention during the past two decades, with notably epidemiological, quantitative and trauma-focused approaches (Silove et al., 2017). However, previous work has largely failed to address early childhood experiences and the attached spatiality of parenting that are the foundations of present and future mental health (Merry et al., 2017; Frounfelker et al., 2020).

Studies analysing the spatial contexts of reception centres often discuss the different discourses of living in reception centres, like the contradiction between policy providing shelter and asylum-seekers requiring a home (van der Horst, 2004), and the periurban locations that are experienced traumatic by some asylum-seekers and seen to represent marginalisation (Simonsen and Skjulhaug 2019). To date, there has been little research on the spatiality of reception centres and its implications for parenting (see Merry et al., 2017). Ogbu et al. (2014) focused on the spatiality of Irish reception centres, and addressed that parents felt they were unable to fulfil the basic roles of parenting. They concluded that reception centres are potentially damaging to the well-being of children. Lietaert et al. (2020) found that various organisational aspects of reception centres restrict the opportunities for parenting, and insufficient attention is paid to asylum-seeker's parental role in reception facilities. Ní Raghallaigh et al. (2021) highlighted that structural causes, such as institutional-type accommodation, compel staff to take unreasonable regulatory role over parenting, often without

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adequate competencies, resulting in negative consequences. These organisational aspects may be particularly significant for caregiving in asylum-seeking families, considering that in many of parents' cultures caregiving is embedded in neighbourhood and communal ways of living (Allport et al., 2019).

In Finland, there were 33 reception centres for adults and families in operation in August 2020 (Migri 2020a). Asylum seekers wait for the asylum interview and the decision in reception centres, sometimes referred to as refugee camps. They usually stay first in a transit centre situated near the location for asylum interview, and after an asylum interview are transferred to another reception centre to wait for a decision (Migri 2020a). Reception centres are either state-owned or maintained by other operators, in addition, some asylum seekers choose to live in private accommodation (Migri 2020a). Reception centres are not closed institutions (as opposed to detention units which the detained persons cannot leave): Asylum seekers who live in reception centres plan and decide on their daily life themselves (Migri 2020a). The basic services provided by the reception centre are accommodation, social and health services, a reception allowance and spending money, interpretation services, work and study activities, and voluntary return (Migri 2020a). Furthermore, it is noteworthy that in the sparsely populated Finland, many reception centres are located in peri-urban locations with restricted connections to the city centre and services.

Typically, reception centres have different kinds of activities for children, created mainly by volunteers. Save the Children Finland brought the Child Friendly Space (CFS) into the Finnish reception centre context in 2015 particularly in order to provide children with opportunities to develop and play, thus regaining a sense of normalcy, and to support parents in providing a safe and nurturing environment (Häikiö et al., 2017). However, the last CFSs closed down at the end of 2019. CFS is an approach widely utilised in humanitarian emergencies to effectively address the protection and psychosocial needs and support the developmental assets of young children (Hermosilla et al., 2019). These aims apply to reception centres as well, where asylum-seekers spend prolonged periods of time. In 2018, 806 minors arrived with their family who applied for international protection (Migri 2020b), and the average processing time for an asylum application was 237 days (Owal Group, 2019). A maximum processing time of six months has applied to applications submitted on or after 20 July 2018; however, this waiting time may be longer under certain conditions and is often prolonged further by appeals and new applications (Owal Group, 2019).

This article examined parents' perceptions of parenting their 2-6-year-old children focusing on the spatial context of the reception centre. To our knowledge, it is among only a few studies addressing the importance of spatiality for parenting in reception centres (Merry et al., 2017; Lietaert et al., 2020). A previous study in Finland indicated two decades ago that despite the high level of social security of the country, adequate living conditions for asylum-seeking children are not ensured (Sourander 1998). However, more recent studies in both Finland and other Nordic countries still show that the spatial situations of asylum-seeking children continue to contradict the Nordic childhood ideology (Lähteenmäki 2013; UNICEF 2018), even though asylum-seeking children are at particular risk for adverse psychosocial outcomes (Fazel et al., 2012). Therefore, a need exists for research on parenting in this context, especially to explore whether there are spatial solutions to support the parenting of asylum-seekers.

1.1. Theoretical framework

The main concepts of the study are parenting and place. The multifaceted nature of parenting has been operationalised in several ways (Hoghughy 2012). We use Bornstein's (2002) central domains of parenting: 1) *nurturant caregiving* refers to the biological, physical, and health requirements of children; 2) *material caregiving* includes the ways in which parents arrange the child's physical environment; 3) *social caregiving* means the behaviours that parents use to engage children

emotionally and manage their interpersonal exchanges; and 4) *didactic caregiving* includes parental strategies to stimulate children to engage in and understand the world. Caregiving is a universal task, and parents in all cultures must nurture, protect, and promote the growth of children, but cultural forces influence the ways in which these universal parenting domains are expressed in parenting practices (Bornstein and Leventhal 2015). For example, regarding social caregiving, some cultures enforce children's independence and activities in external environment, whereas other cultures promote closeness and dependency of the parent-child relationship (Bornstein and Leventhal 2015). Similarly, in some cultures caregiving is provided by neighbours and large extended families, whereas in other cultures parents are performing caregiving alone (Allport et al., 2019; Bornstein and Leventhal 2015). Moreover, parents' psychosocial well-being, referred to in this article as parenting capacities, influences all aspects of caregiving: parents need to be emotionally, financially and socially secure in order to be able to optimally fulfil their parenting tasks (WHO, United Nations Children's Fund, World Bank Group, 2018).

Place is created by human experiences, in contrast to space, which has no social connections for a human being (Tuan 1989). People interact with their environment subconsciously in everyday routines, extracting from abstract space a meaningful place (Gieryn 2000). The analysis utilises John Agnew's division of place into three dimensions: location, a point in space; locale, the broader context of social relations for individual locations; and a sense of place, the subjective feelings associated with a particular location (Agnew 1987). The multidimensional concept of sense of place has been defined and applied in many ways in various disciplines (Nelson et al., 2020). The meanings attributed to places help people to situate themselves in the world and to feel a sense of belonging, with routines offering the opportunity to repeat experiences and strengthen feelings of belonging (Vanclay 2008; Gordon 2010). In this study, feelings of belonging and everyday routines are studied as components of sense of place.

Morgan's (2010) developmental theory of place attachment addresses both parent-child relationship and place. It is developed as an extension to the Circle of Security model (Marvin et al., 2002), based on Bowlby's (1978) attachment theory. In the Circle of Security model (Marvin et al., 2002), the child moves circularly between the attachment figure and the environment: The child seeks physical and psychological attachment to the caregiver especially when distressed. By providing comfort and emotional regulation when the child needs it, the attachment figure can act as a "secure base" for the child, enabling their exploration. Frequent repetition of this exploration-attachment cycle between the attachment figure and child results in patterns of behaviour and emotions, and the emergence of an unconscious working model of the attachment relationship – the foundation of identity development (Siegel 2012). However, in the original model, characteristics of the environment play no role. Morgan (2010) argues that place is a "fascinating presence that draws in the child," and that a child's attachment to place develops as a result of this repeating cycle.

2. Data and analysis

The analysis is based on semi-structured qualitative interviews ($n = 26$) among parents living in three reception centres, of which two were transit centres and one for waiting for asylum decisions. The other transit centre had CFS on the premises. Asylum-seeking parents of 2-6-year-old children meeting the following criteria were recruited: 1) lived in one of the three reception centres where the study was conducted, 2) had a native language of Arabic, Dari, English, Farsi, Pashto, Somali, Sorani, Turkish or Russian (based on the main countries of origin for asylum-seekers in Finland) and 3) was literate. Participants were recruited in one reception centre through the information sessions held by the reception centre's social workers for each new asylum-seeking family. In the two other reception centres, the recruitment was done by either the researcher or the Save the Children Finland

project worker. Potential participants were given written information in their native language about the objectives of the study, the voluntary and confidential nature of the study and the topics that would be covered. Forty seven families received the information, and of those, 30 (64%) participated in the study. All participants gave written consent to their participation. The study protocol was approved by the Ethics Committee of the Hospital District of Southwest Finland (25.5.2018). The socio-demographic characteristics of the participating parents, children and families are presented in Table 1.

The first author collected the data in the reception centres with the assistance of interpreters between November 2018 and February 2020. The interview was conducted if the family was still in the reception centre approximately 2 months after the beginning of the study or the arrival of the family at the reception centre. Of the 30 families agreed to participate to the study, 26 families were still present in the reception centre, while 4 had moved out. The interviews ($n = 26$) were conducted by the researcher with either one parent ($n = 23$) or both parents ($n = 3$). All in all 29 parents were interviewed. Data were collected in English without an interpreter ($n = 2$) or with a qualified interpreter, using either over-the-phone ($n=8$) or in-person ($n=16$) interpreting. Semi-structured interviews explored the following subject categories: parenting amid the asylum-seeking process and in the reception centre environment, available support for the child and for parenting, barriers to parenting, changes in the child's behaviour or parenting after leaving the home country and views on possible changes to make the reception centre better support the development of the child. Additionally, parents' views on CFS were discussed if they had CFS at their reception centre. Interviews were audio-recorded and transcribed, resulting in 102 pages of text (Times New Roman, font size 10 and spacing 1). The average duration of all 26 interviews was 45 min (range 25–62 min).

The transcribed interviews were entered into Atlas.ti 7, and analysed using both inductive and deductive content analysis methods. First, open line-by-line coding was performed to inductively generate codes and subcategories. Open codes were discussed among the authors to

Table 1
Socio-demographic characteristics of participants.

2-6-year-old children ($n = 29$)		N/mean (range)
Gender	Males	13
	Females	16
Age, years		4.3 (1.9–6.4)
Early childhood education and care (ECEC) and pre-primary education attendance	ECEC	0
	Pre-primary	4
	Not attending	25
<i>Interviewed parent ($n=29$)</i>		
Gender	Males	7
	Females	22
Age, years		34.4 (21–50)
Education level	Primary or less	7
	Vocational training	6
	Upper secondary	2
	Post-secondary	14
<i>Family ($n=26$)</i>		
Family structure	Nuclear	18
	Single parent	6
	Not reported	2
Whole family in the reception centre	Yes	21
Number of children in the family	No	5
	1	8
	2	12
	>2	6
	Months from arrival in Finland	0–2
	3–6	7
	7–11	2
	>12	6

identify reappearing themes. Through this process, a concept of place was applied, with the analysis moving between data and theory. In the second stage of analysis, focused line-by-line coding was performed to organise and transform codes deductively according to spatial categories. Codes were further developed and processed in discussion with the authors, resulting in 97 open codes, 60 subcategories and 23 categories. The results section consists of the central themes developed in this process. In the text, the quotes are numbered according to the numbers of the participating parents.

3. Results

The results show the tangible ways in which the spatial dimensions of the asylum-seeking process have an impact on parenting in all three aspects of place: location, locale and sense of place. Each section is presented in depth below.

3.1. Location

3.1.1. Transnationalism as the source of parenting support and burden

Transnationalism presented new challenges, particularly for social and didactic caregiving regarding interpreting the situation to the child, and for maintaining parenting capacities and managing new means in communication with extended family members.

Challenges arose from children's questions relating to their understanding of what had happened, and their longing for home and relatives. Parents were forced to consider how to teach children to interpret the situation, as this mother describes: "It is necessary to tell children why we are here and what has happened. At least when we are just the two of us, and the child is maybe asking about those things." (Mother 12) One parent illustrated this when the father was still missing somewhere along the journey:

Often the child asks that Mom, how could I be a bird and fly to look for Dad? Or I could have a horse and I could go through all the forests to look for Dad. These are the questions that are really difficult. When we came here, the children who were with us and had their father with them, they were girls. The boy asked me that Mom, how could I become a girl. I was wondering that why do you ask this, and the boy said that if he was a girl, he would have his daddy here. (Mother 22)

Some parents presented that the psychological distress evoked by the tragedies still unfolding in home countries and their own feelings of longing diminished their parenting capacities. Sadness over the necessity to manage without the support network was often apparent: "I'm the youngest and this is the first child and nobody taught, not in the birth did they teach what to do and what is it going to be to parent a small baby, nobody gave advice. Only through these two I've gone: from YouTube I take advice and talk with Mom on the phone about what to do." (Mother 6).

Complex contacts with relatives and friends in the home country were described as a source of both parenting support and burden. For many parents, as demonstrated above, this contact with grandparents was the only source of parenting support. Parents attempted to maintain this contact via communication technologies described at best to occur several times a day. The attempt to teach children to socialise and sustain relationships with relatives via the Internet was not without problems, as one parent demonstrated:

It's funny when we moved here, the child doesn't want even via phone or Internet, where you can see the photo, she doesn't want to be in touch with my family and I'm wondering why, even though she liked to be there but she doesn't want to be in contact. I don't know if she thinks that they are guilty because we are here now, this far. (Father 4)

Furthermore, in some families, contact with grandparents had

become a source of negative interference with the parental teaching of values. In one family, the grandparents discussed their dissatisfaction towards the parents' unemployment with the children:

Grandmothers seem to ask the children, that well, are Mom and Dad working. And children are then contemplating this. Our mothers are surely thinking, who themselves have been working all their lives to raise and support us with everything, and they have wanted to give that hardworking example, for sure. They are probably wondering if they have raised us the right way, and of course I'm as a parent wondering about the example I'm giving to my children. And involuntarily grandmothers are weakening children's trust in us as parents. (Mother 12)

3.1.2. *The past and on-going transitions affect parenting in multiple ways*

The past and on-going transitions affected parenting capacities and support negatively; however, reassessing social and didactic caregiving in a more compassionate direction was often reported as a positive result.

Parents articulated how the hardships during the journey had diminished their parenting capacities due to the psychological distress and multiple problems in their life situation, as described by a mother who was pregnant during transition: "I didn't then think about how the child is going to grow and what to do when the child is here and what it brings to my life. Those were not in my mind at all, only problems I had." (Mother 6) In reacting to multiple adversities children had encountered during transitions, many parents had developed their social and didactic caregiving in a more responsive direction.

Relocations of new friends onwards away from the reception centre were described as contributing to the psychological distress parents experienced, and to remove the possibility of social support and parenting help, for example in child care.

We had one family here, whom my son was really clinging to. He was all the time spending time with them. And then they were transferred. Now we have met another family, and they have the interview next Tuesday, and we have later this month. My son is in constant fear and stress that this family is going to be transferred like the first one. ... I have my interview coming and I have to go there alone, and my son won't stay with anyone else except this family. So it would be really good, if this family would be here and they could look after my son that one day. (Mother 22)

Psychologically, I am anxious. Of course, I haven't shown this to my children, and they haven't noticed it, but this is how I feel inside. Maybe the problem is also my language skills, now that I don't have any friends here anymore, I can't use my language. I had one friend, but she left 1,5 months ago. (Mother 32)

3.2. *Locale*

3.2.1. *Restoring but unachievable spaces and organised activities for adults*

Adults' spaces and activities were important for restoring parenting capacities, but both single parenthood and mental health problems presented barriers to attending.

Almost all parents stated that there were activities that helped them to regain parenting capacities, have time on their own without children or create networks of social support. However, small children and mental health problems were often barriers to attendance. Single parents predominantly had no possibilities for child care and mental health problems made it difficult to participate as reflected below:

I can't attend anything because I have a small child, and I can't have any time on my own ever. And sometimes I have thought that where is my place then? When can I be myself sometimes? I have to be with the child when she can't get to day care. I have to be in an isolated place with a child ... (Mother 3)

There are many activities in the reception centre for adults, like knitting, textile work and language courses, but I think the problem is mostly me. I don't want to participate, and the reason is that I am so tired mentally. (Mother 32)

Furthermore, the longing for networks of social support was often replicated in responses:

Even from my mother, I can't get full support. Because she is there, and she has her own life even though she understands and wants to help me when I ask for help. She can't feel what I am feeling. (Mother 6)

This mother on her last week of pregnancy pronounced on the missing support networks:

It would have been easier for me if I was close to friends and our children could play with their children. I am tired and not well mentally, but we have to take care of everything ourselves. (Mother 23)

3.2.2. *Valuable, but insufficient spaces and organised activities for children*

Albeit being gravely insufficient, children's spaces and organised activities aided parents to successfully implement the four categories of caregiving. Children's spaces and organised activities were reported to be essential for restoring parenting capacities, and decreased in part parents' constant pressure to organise activities for children.

All the parents described that children's spaces and activities facilitated the burden of parenting. Children's spaces and activities were reported to implement nurturant caregiving, offering a stimulating atmosphere with essential space and opportunities for safe play to keep up with age-appropriate development as part of material caregiving, and providing parents with opportunities to rest. In addition, children had the possibility to "get their thoughts away from problems to doing something" (Mother 26). Many parents emphasised benefits related to didactic caregiving; the possibility to develop social and fine motor skills and creativity.

However, children's spaces and activities were described as insufficient. Some of the respondents told that there was hardly anything for children and no possibilities to "use the energy". Almost all parents highlighted as part of material and didactic caregiving the urgent spatial need for adequate children's spaces and activities with reference to area, opening hours, organised activities or the possibility to attend early childhood education. This perceived impossibility of implementing parenting as before was a source of significant parental stress.

The unavailability of spaces and activities meant for many children spending the days in a confined family room with mobile phones or running in the corridors, which was seen to increase agitation and arguments among children, further complicating social and didactic caregiving. As the below narrative illustrates, there was a general concern among parents over the children's use of mobile phones.

They play hide-and-seek the whole day and run around the office. Unfortunately there is one angry employee who becomes disturbed because of the noise, but they are children, you can't ban them completely. ... Here we have to satisfy them all the time, so that they won't spend the whole day again with the phone. It's more difficult to entertain them here. (Mother 16)

And then when the children were running here, we had to all the time hush them, that be quiet, you can't run around or make noises. Silence was at nine and sometimes when they didn't want to sleep then, we gave them phones so that we could get them to be more quiet. So that they have now used to be with phones or computer. This bothers us because normally we wouldn't allow this, but here we have let them so that we wouldn't disturb others. (Mother 18)

Parents acknowledged the unavailability of any space reserved for children, and some parents tried to reserve segments of the family room

for children, as part of material caregiving. Many parents tried to organise lacking activities themselves; however, this was often hindered by lacking information on hobbies and insufficient public transport.

In addition to the above results concerning children's spaces and activities in general, parents regarded the CFS activities as advantageous. They highlighted the social and didactic aspects of caregiving, such as the possibility to engage in learning processes, and social aspects attached to group engagement. These social aspects were reflected in several examples of positive changes in children's behaviour, and the emotional significance of being together with other children, as commented on by one parent regarding the snack time at CFS: "Eating together with friends makes them happy." (Mother 31) Further, the supporting relationship formed between CFS volunteers and children was noted by some parents.

3.2.3. Family in the same space means more time with children

Family in the same space affected material caregiving, and meant for many parents an enhanced possibility for social and didactic caregiving, but negative consequences were also reported.

Families were spending more time together in the same localities and often in one shared room. In contrast, in their home countries families had been more apart as a result of parents' long working hours, prison sentence or hiding, among other aspects.

Spending time with the child was described as one of the key features of good parenting by the majority of parents, and they both acknowledged and appreciated what this made possible. Parents experienced having more possibilities to teach skills and play, enhancing the parent-child relationship, and to protect the child from the negative influences of the asylum-seeking process.

I was an entrepreneur and from the early morning I was working, during day time I only came home to eat and not until ten o'clock in the evening I was home. So I didn't have much time with my child. But now here, when I have had more time, I have spent more time with my child. She's growing up and needs a close relationship and I think it's my obligation to support her more. (Father 4)

We got her books in her language, and we teach her the alphabet and numbers. Those things she would learn in kindergarten. Here we have time to explain her things. (Father 20)

However, the increased proximity also resulted in negative consequences for parenting. The shared family room did not provide parents with the possibility to rest, and children were reported to be less independent and to react negatively more easily when they had both parents at home at all times, as described below.

Here, he has started to act younger than his age. Maybe it is because we have more time to pay attention to him. ... Before, when only one parent was at home, the parent had domestic chores and other things, and he clearly understood that the parent could not be all the time helping. (Mother 12)

3.2.4. Safety hazards and difficulty to control children

The spatial organisation was regarded as affecting caregiving negatively in all four categories of parenting via the lack of privacy, problems in adapting to living with others, and children's social interactions, yet positive aspects were also mentioned.

The most evident impact for parenting described by almost all parents was the underlying lack of privacy due to shared accommodation: Parents expressed that the privacy of an apartment is a prerequisite for implementing adequate parenting. The few parents who had moved to an apartment from shared accommodation described that it had markedly improved their possibilities in parenting in all categories of caregiving.

Shared kitchens, bathrooms and toilets raised multiple issues regarding health and safety as part of nurturant caregiving. For example,

small children could not be left alone in the family room when the parent went to cook, and they had to be taken along even though the parents were unable to control the safety hazards caused by others, e.g. boiling water. The toilet was illustrated as dirty, thus complicating toilet visits with a small child. Trying to avoid going to the toilet by restraining or not drinking enough were reported among both parents and children. In addition, some parents feared of violence and harassment hazards if they let their children go to the toilet alone.

Parents attributed arguments and anxiety among adults to living in the isolated yet public spatial organisation of the reception centre, where it was difficult to adapt to living with people from different backgrounds, and at the same time necessary to socialise with everybody.

Regarding social and didactic caregiving, the melange of children from different cultures in same confined and largely public space was described as leading to misunderstandings, fights and imitating of bad behaviour. Most parents expressed that in the mishmash of rules it was markedly harder than in the home country to get the child to adhere to the rules of the family. Parents felt that they had to forbid children more than before, which was perceived to have a negative influence on the parent-child relationship.

Some parents also presented positive impacts from the spatial organisation of the reception centre in regard to access to medical services and occasional assistance in child care for a few parents, thus supporting parents with nurturant caregiving. Although complicating parenting, the interactions of children were also viewed as didactic, offering opportunities to explore different cultures.

3.2.5. Space outside the locale often hard to access

The reception centre was generally described as an isolated and closed space with limited public transport connections to the outside influencing material caregiving. In response to isolation, regular visits to the outside world were described to support parents' mental well-being, but concurrently there were hardly any places to go to when parents lacked social relationships outside the centre, and had no knowledge of local activities: "Here sadly when we don't have the language, we would like to be better informed of what is happening in the city so that we could participate more." (Mother 16).

3.3. Sense of place

Belonging to a place was often hampered for both adults and children, with parents trying to support the belonging of children, but for some the reception centre was a place of security and receiving care and support. On the temporal aspects of everyday life concerning opportunities to repeat experiences and strengthen feelings of belonging, almost all parents presented that routines were hard or impossible to create. Together, the altered possibilities to feel belonging and create routines influenced in the parents' possibilities to offer sense of security (nurturant caregiving) and to stimulate children to engage with the surrounding world (didactic caregiving).

3.3.1. Feelings of belonging

There was a general awareness among parents of the difficulties in belonging to a place for adults and children that many parents tried to overcome in diverse ways. The awareness was voiced among parents as problems to get accustomed, to feel at home and belong, and grief for the atmosphere in the home country. Once self-evident aspect of life was now missing, as this mother explained: "... I really had a perfect life. I had a big apartment, many things to do and many possibilities. Suddenly coming here to a different environment, different situation and to such a small space has been the most difficult thing." (Mother 15) A further barrier to belonging connected to a change for the worse in living conditions, such as isolation ("worse than prison," Father 11) and small rooms. For children, the multiple changes very concretely made it hard to belong:

He couldn't feel belonging anywhere because the apartment was changing, the surroundings were changing, the people around us changed so that in at the age of 3 he has changed 7 residences. When we had an appointment with social worker here in the morning, and we were preparing us for that, I said that "Okay, we have an appointment with the social worker, let's go there". I noticed that he took his jacket and started to put his toys in the pockets. I said that you don't have to take toys because the social worker has toys in the room. He said that, "Yeah, but all my toys in the previous city were left there so that I want to take these with me if we can't come back". So you notice that he's home nowhere, he can't say that this is my home, I live here and belong here. (Mother 24)

Parents tried to support the belonging of their children by familiarising children with the surroundings and organising activities as part of nurturant and didactic caregiving. Further, parents tried to illustrate the placelessness to their children in some way, as the examples below describe:

At the beginning of the journey, because children understand things through play, we told the children that this is a sort of a race. And then at the end a prize awaits us. (Mother 31)

Yes, because when I came here she was like: "Why are we with so many people? Why are we not on our own?" And I was like: "They are looking for our house". (Mother 33)

For a few parents, the reception centre was a place for security and receiving care and support in the form of being looked after, the staff's investment in listening and attempts to help as such regardless of success, and health services. One parent commented on the organised children's activities: "It brings us joy. For example when the child is there for couple of hours, so the burden is a little lighter. The circumstances are so that we are being looked after, it makes us happy." (Mother 29) The positive sense of place was seen to be reflected in caregiving and onwards in the well-being of the child.

3.3.2. *Everyday routines*

Families' lack of routines was a significant concern for parents, especially regarding children, reflecting difficulties in nurturant and didactic caregiving. Almost all parents explained that routines were hard or impossible to create. The lack of routines also applied in the long term:

Here we have the unawareness that we don't know what happens next and where we are after a month or two months. In the home country, the children knew that after first class is second class next, there was routine and everything was logical, but here nothing happens in order so that we can't say what happens next. (Mother 19)

Children ask: When can we start school? When are we getting friends? When are we getting our old routine back? It is not possible here the same way, and I don't know how I can create those routines. (Mother 16)

Parents, however, sought to bring routines through meal times and bedtime rituals. The regular children's activities were generally experienced to support the routine-making, and were illustrated as important temporal sign posts for the children. Other sources of support in creating routines were church activities and preschool for 6-year-olds. In parents' view, these regular routines were important for children's well-being:

But you know when before she felt sadness all the time, depression, but when they go to school, it's completely different. Because they are feeling: "Okay, we are normal, go to school like other children". Like that. (Mother 14)

She just plays with her friends, I think the friends are also bored. ... So, that's the routine. Just playing, plus play, play, play. But when

the class is there, she says: "Mommy, it's time for my class. There is a children club, I have to go there". (Mother 33)

Some parents explained that their struggle to create routines was so exhausting that it did not leave much energy for other things.

4. Discussion

This study aimed at unveiling the ways in which the different dimensions of place affect the caregiving of asylum-seeking parents. The results show that parents perceived challenges in implementing parenting in all three dimensions of location, locale and sense of place. We discuss these findings from the viewpoints of transnationalism, insufficient children's spaces and activities, and lost sense of place.

Firstly, parents attempted to mitigate the experienced loss, isolation and loneliness reducing parenting capacities by transnational connections home. These connections, especially with grandparents, are significant sources of parenting support in all areas of caregiving, but hands-on help can only occur in person (Baldassar 2007). The parents of this study widely recognised this lack of practical hands-on help, for example regarding child care, which is known to further influence parenting capacities (Bornstein 2002). In many cultures, families live in close communities with extended family nearby and thus have natural large support networks. The cultural relocation to individualistic culture from close community can be described as 'life in a cage': safe from the adversities of the home country, but trapped in an unfamiliar environment that holds other dangers and without the sense of safety and security provided by the community (Allport et al., 2019). Connections home seem to have an emphasised meaning especially when families are placed in the temporal contexts of the asylum-seeking process, and under continuous threat of being sent back (Menjívar 2012). In addition, research shows that grandparents' involvement in grandchildren's lives is associated with improved mental health and resilience in the grandchildren (Buchanan and Rotkirch 2018).

Connections home were realised relying on communication technologies, which can intensify feelings of loss: The more real and effective the media is, the more it "can still be an unbearable reminder of an actual absence" (Madianou and Miller 2012). Transnational interaction via communication technologies poses specific challenges regarding concerns about how much information should be revealed, for example in an attempt to protect relatives from bad news, thus managing between "truth and distance" (Baldassar 2007). In this study, the "truth and distance" seemed to be reflected in grandparents' queries and comments to children about family life, thereby concurrently affecting parenting negatively. Further, parents described it as challenging to teach children to sustain relationships with relatives via the Internet. This "virtual co-presence" (Baldassar 2008) is an emotionally demanding way to maintain contact, and engaging children successfully in video calls requires parents and grandparents to take on the role of director in a performance (Share et al., 2018).

Secondly, the insufficiency of children's spaces and activities left children without meaningful ways to develop their capacities. Children were perceived to spend their days in the corridors with an uncontrollable melange of children who provided negative role models, or in the tightness of a family room with mobile phones. This finding is consistent with research conducted in deprived neighbourhoods highlighting the higher likelihood of coming into contact with negative peer role models as perceived by parents, which causes worry in parents over psychosocial development, and further influences parenting, like autonomy given to children (Pinkster and Fortuijn 2009). Parents in this study felt pressure to organise activities for children, which was experienced as strenuous in the absence of appropriate facilities. The constricted parental possibilities regarding children's spaces and activities and simultaneous emphasis on parents' responsibility for caregiving reflected by parents' own beliefs and the reception centres' policies created discrepancy causing parental stress, as stated by the previous

literature (Lietaert et al., 2020).

In this study, parents widely acknowledged that children's spaces and activities were assisting them in providing caregiving in all four categories, highlighting the opportunities for early learning. Parents struggled with social and didactic caregiving regarding opportunities for early learning and play, well aware of their importance for children's development. Play was also regarded as therapeutic for children by parents, a possibility to "get their thoughts away from problems to doing something". Play has a crucial role for learning, cognitive and psychosocial development (Knee et al., 2006), and sense of self and others (Fonagy and Target 2007). Furthermore, parents expressed the need for early childhood education and care (ECEC). Participation in high-quality ECEC is positively associated with children's cognitive and psychosocial development, with disadvantaged children benefitting significantly from high-quality settings (OECD 2012). In Finland, all children under school age have a subjective right to ECEC (Finnish National Agency for Education, 2020). However, ECEC must be organised for asylum-seeking children only in "urgent cases, or when the circumstances otherwise so require" (Publications of the Ministry of Education and Culture, 2016), despite the fact that children with an immigrant background tend to have lower school readiness compared to children with a native background (De Feyter and Winsler 2009), and are thus in particular need of ECEC. In the absence of ECEC, CFS appeared to succeed in providing opportunities for development, learning and play, and support for parents in caregiving tasks, yet the activities were perceived as too infrequent.

Thirdly, parents described in various ways a loss of sense of place both for them and the children, and made conscious efforts to support the place attachment process through routines and activities. Routines were, however, hard to create. According to Weisner (2010), engaged participation in the daily routines of a community and the emerging psychological experiences are constituent parts of well-being. Chaotic environments, like reception centres, do not provide opportunities for these processes and thus pose a risk for well-being. Regarding sense of place, the emotional qualities of the relationship between parent and child mould a child's experience, and thus parents play a central role in the development of a child's sense of place (Chawla 2007). Strong sense of place is associated with better psychosocial well-being in both adults and children (Korpela et al., 2002; Gordon 2010), and with feelings of security and comfort, especially in regard to loss associated to migration (Juang et al., 2018). These involuntary losses of familiar places can be extremely stressful (Giuliani 2003), and it is suggested that these disruptions of sense of place in early childhood can create fragmented narrative memories, and affect identity development and further perceptions of socio-spatial ties (Brown and Perkins 1992; Kuusisto-Arponen 2011).

Both parents and children had difficulties belonging to a place. The peri-urban locations of the reception centres have been found to enforce experiences of not-belonging (Simonsen and Skjulhaug 2019). For a few parents, the reception centre was a source of security and a place for receiving social support and care from the personnel of the reception centre and the authorities. It is not only durable relationships that convey social support, but brief contacts with unfamiliar people can also function as sources of social support and generate belonging (Sarason and Sarason 2009). These social relationships can serve as "anchoring points" strengthening belonging, even when the life situation is uncertain (Verdasco 2019). Some parents of our study stated that the mere emotional investment of personnel and offers to help regardless of success were important. Thus, the critical factor in social support is not the actual amount of support received, but the feeling of being supported (Ghate and Hazel 2002).

In addition, the influence of parents' weak sense of place on parenting can be interpreted in the light of Morgan's (2010) developmental theory of place attachment. Previous literature shows that children are seen by parents as in need of protection in excluding environments, whereas in including surroundings they are seen as more

independent (Spicer 2008). This implies that the exploration-attachment system is partially regulated by parents' courage and willingness to let the child explore, which is essentially related to the parents' emotions connected to place, sense of place. This approach may be useful in understanding the connection between the formation of attachment relationship and place: If parent's sense of place has an influence on the exploration-attachment cycle, then parents' sense of place would be connected also to the formation of child's attachment relationship and to identity development (Siegel 2012).

The findings of this study should be interpreted in the context of both strengths and limitations. The qualitative design allowed parents to raise issues they perceived integral to parenting in a reception centre, thus enabling the exploration of the possible causes behind the detrimental effects of the asylum-seeking process for small children. However, there are limitations to this study. The findings are not intended to be generalisable due to the qualitative design and small sample size, but to give indications of parenting experiences. The use of interpreters can lead to the exclusion of some potentially relevant information. Consequently, nuances of language and nonverbal communication were not analysed.

5. Conclusion

The findings of this study suggest that for asylum-seeking parents, the spatial context of reception centre is not merely a physical setting where parenting happens, but an essential factor interacting with parenting, enabling or impeding caregiving in all four categories of nurturing, material, social and didactic caregiving. Policy-makers should consider the spatial context of parenting in reception centres, particularly by securing adequate children's spaces and activities especially regarding opportunities for early learning, and ensuring the privacy of families. Moreover, the results suggest that parents would benefit from appropriate social support and possibilities to establish everyday routines to strengthen their sense of place, which can further impact on the attachment between parent and child, and ultimately affect the child's identity development. We suggest that these improvements would have far-reaching beneficial implications for the healthy development and future mental health of asylum-seeking children.

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