



# Parenting Competences Among Migrant Families Living at Psychosocial Risk in Spain

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## Abstract

The impact of parenting competences on child well-being is well-established. During the last years, parenting support initiatives have increased in several countries, namely in Spain, offering support to promote parents' childcare resources and competences, particularly for families at psychosocial risk. Recognizing the specificities of different subgroups of families, such as migrant families, allows the development of more tailored and effective interventions in the field of family support. However, there is a gap in the literature about parenting competences in migrant families. This article explores differences and similarities in parenting competences among 492 migrant and non-migrant parents involved in family preservation services in Spain, as well as examines the impact of these competences on children's well-being. Our findings revealed that migrant and non-migrant vulnerable families face similar needs in terms of parenting competences in domains covered by the existing family support interventions. However, we found a few differences in parenting competences between both populations, as well as in the impact of several parenting competences in children's well-being. Implications for research and practice are discussed.

**Keywords** Parenting competences · Child well-being · Vulnerable families · Migrant and non-migrant families

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Marco Martins, Rita Pinto, Marija Živković, and Lucía Jiménez contributed equally.

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## Introduction

Positive parenting poses an enormous contribution to the well-being of children and adolescents, by preventing behavioral, emotional, and social problems (Newland, 2015; Sanders et al., 2017), as well as by promoting the development of stage-appropriate skills and healthy functioning (Acquah & Thevenon, 2020). In achieving this, parents need to display competences to nurture, protect, and educate their children (Barudy & Dantagnan, 2010). During the last years, parenting support initiatives have increased under this assumption, offering formal support to promote parents' childcare resources and competences, particularly for families that face vulnerable situations (Rodrigo et al., 2016). The European Recommendation 19 on Policy to Support Positive Parenting highlights the responsibility of the states to establish the proper conditions for positive parenting (Council of Europe, 2006). Among the measures stated in this policy statement, local authorities are encouraged to support parents in their childcare tasks through the provision of family support programs aimed at promoting parenting competences. Particular attention in this statement is paid to families with psychosocial risk conditions, as those families fail to meet their children's needs, thereby hindering their development and well-being, but these situations are not serious enough to warrant children being placed in out-of-home care (Rodrigo et al., 2012). Formal support is crucial in these situations to guarantee that children can stay with their birth families, while at the same time ensuring family well-being and children's rights (Council of Europe, 2011).

Modern conceptualization of psychosocial risk is based on a multi-dimensional, multi-directional and probabilistic understanding of risk and protective factors, therefore with diverse interconnected circumstances explaining the compromise of child well-being and development (Jiménez et al., 2019). Previous research addressing families at psychosocial risk has emphasized these diverse situations end in vulnerability in terms of parenting resources to deal with the challenges of upbringing a child (e.g., Meyers et al., 2004; Sandstrom & Huerta, 2013). It has been proposed that the lack of parenting resources influences parenting behaviors, contributing to the adoption of harsher parenting strategies and less involved parenthood, undermining children's adjustment and well-being (McFarlane, 2010; Newland, 2015; Zhao et al., 2017).

Being aware of the specificities in the characteristics, needs, risk factors, and strengths of different subgroups of families (e.g., migrant families) allows developing more tailored and effective interventions in the field of family support (Chen et al., 2013). Ensuring the interventions' ecological validity is crucial to better assist the families at psychosocial risk in the task of raising new generations, and in promoting a more fulfilling family environment.

Research is increasingly moving towards a holistic view of parenting and its influence on the broader social environment in which the parent-child relationship is embedded (Daly, 2013; Jensen & Dost-Gozkan, 2015; Kiang et al., 2017). The ecological theory of human development originally developed by Bronfenbrenner, (1979) has helped us to understand that influences that gravitate on the

family system are key for understanding children's and adults' development and well-being. From this conceptual basis, the ecology of parenting emerged as a widely used multidimensional model that conceptualizes the interaction between child developmental needs, parenting competences to meet those needs, and the positive and negative contextual influences (Pecnik, 2007). This model underlies the assumption that variation in how parents coping with their parenting responsibilities reflects not only their competences but also the resources and support that are available to them. From this ecological perspective, migrant families are exposed to multiple stressors and risks associated with migration, which could lead them to require specific family support for a positive parenting exercise (Paat, 2013; Sánchez et al., 2020). Given all these findings from previous studies, our study aims to investigate parenting competences in migrant families at psychosocial risk conditions that benefit from family support services in Spain.

Migrant families experience an acculturation process that involves a set of cultural, behavioral, and psychological changes and adaptation (Sam & Berry, 2010). When parents migrate to a new culture, they bring with them implicit knowledge on parenting and the process of adaptation involves negotiating the parenting practices of both cultures (Bornstein et al., 2020). Children also face the challenge of adapting to the values and expectations of the new culture while maintaining the cultural heritage of their parents (Cole et al., 2010; García-Coll & Patcher, 2002). From an ecological perspective, it is notable that migrant families experience higher socio-cultural discontinuity with relevant contexts (i.e., educational, social and health services), while, at the same time, they rely more on formal support in comparison to other families (Hernández-Plaza et al., 2006; Poureslami et al., 2013). Moreover, acculturation brings not only issues related to language barriers, sociocultural differences, and economic status, but also changes in family structures, dynamics, and roles (Bornstein, 2017b).

Many studies stated that migrant children are at increased risk of developing emotional, behavioral, and other adjustment problems, due to the multiple stressors related to the migration experience (Derluyn et al., 2008; Hamari et al., 2022). For instance, a systematic review of emotional and behavioral problems in migrants' children and adolescents in Europe found that migration status was a risk factor for poor children's well-being (Kouider et al., 2014). In agreement with these findings, previous research stated that migrants' children in Europe tend to have a lower level of educational performance and to become early school leavers than those without a migrant background (Janta & Harte, 2016). However, the evidence about the influence of migration on children's well-being is not fully consistent. Other studies found that migrants' children are equally adjusted and sometimes better than children without a migrant background (Suárez-Orozco & Qin, 2006). In literature, this phenomenon has been called the immigrant paradox with the argument that, considering the challenges inherent to the migration process, it is unexpected that migrants have better outcomes than their native peers. Some researchers argued that there often is a coherent and supportive family culture within migrant families, which protects them against the development of mental health problems (e.g., Harker, 2001).

Despite the existing literature about the impact of migration on migrant children's well-being, few studies have explored the specific needs of migrant families

in terms of parenting competences (Daglar et al., 2011). Daglar et al., (2011) found that immigrant parents are more authoritarian, and their children showed more externalizing and internalizing problems and emotional dysregulation and were less socially competent compared to their migrant and Turkish peers. Similarly, Zhang and colleagues (2017), in a longitudinal study, investigated differences in parenting in migrant and non-migrant families and similarities and differences in adolescents' well-being in China. This study found that migrant families in China exhibited less positive parenting strategies compared to non-migrant families. At the same time, it has been pointed out that migrant families experience a dual framework of reference (i.e., comparing the current situation with the poorer conditions in the home country), which leads to increased feelings of optimism and works as a buffer against difficulties (Louie, 2012).

Although some studies show vulnerability for migrant families in terms of parenting competences and children's well-being, migration is not a single homogeneous entity, and several factors moderate the impact of the acculturation process, also impacting the parenting exercise and family life (Bornstein et al., 2020). Those moderating factors can be easily understood from an ecological perspective (Jack, 2000), including not only family characteristics (such as the family's economic situation, family structure integrity, gender and age of children, among others), but also cultural discrepancies (in terms of language, values, socialization practices, race), and other contextual aspects (social networks, quality and responsiveness of public services, social attitude towards immigration, etcetera).

As a process, the impact of acculturation during the migration process varies depending on whether someone is a newcomer or has lived in the host country for several years. In this regard, a dimension to be considered with a positive influence on migrants' acculturation is the time they stay in the host country (Millán-Franco et al., 2019a, b; Uña et al., 2009). Empirical evidence has shown that migrant parents who have lived in the host country for a longer period revealed better social inclusion and less hostile parenting strategies than those who have lived in the host country for a shorter time (Ispa et al., 2004; Parke et al., 2004). The length of residence relates to higher adaptation and well-being, due to the acculturation process, which contributes to reducing the stress experienced by migrants over time (e.g., Millán-Franco et al., 2019b). Moreover, migrant families are expected to face more difficulties and higher levels of stress related to migration in the first stage of the latter. As time passes and the acculturation process takes place, migrant families can improve their housing (e.g., find a more permanent home with better conditions), financial, and employment conditions (e.g., find a full-time job), which, in turn, allows them to increasingly foster a more secure and nurturing family emotional environment. Thus, interventions might need to be adapted to accommodate and address migrants' specificities (e.g., in terms of parenting), and they should acknowledge the impact of the length of residence in parenting (Millán-Franco et al., 2019b).

In sum, the previous literature underlines the connection between parenting and child well-being, although important gaps remain when focusing on migrants' families (Bornstein et al., 2020). Most studies have focused on migration in non-European countries (Nesteruk & Marks, 2011), leaving it unclear how migration affects parenting competences in European families, especially in countries with high

migration rates, such as Spain. With a foreign-born population of around 6.8 million, in 2020, Spain was the fifth most popular migrant destination in Europe, as was stated in the latest World Migration Report (McAuliffe & Triandafyllidou, 2021). Moreover, a recent systematic review of the antecedents of well-being in migrant children found few primary studies addressing migrant children's well-being (Bajo-Marcos et al., 2021). Bajo-Marcos et al., (2021) revealed that the evidence available is mostly descriptive and focused on forced migrants settled in Western countries. Furthermore, it was found that most of these studies collected data on adolescents only, leading to a significant bias.

The present study had two main goals: (1) to determine whether the parenting competences of migrant families are similar to those of other families at psychosocial risk who benefit from parenting support initiatives in Spain and (2) to examine the relationship between parenting competences and child well-being in migrant and non-migrant parents among families at psychosocial risk in Spain, analyzing whether the length of residence in the host country plays a protective role in said relationship. Based on previous literature, we hypothesized that we would find (a) differences in communication, stress management, and imposition for conflict resolution between migrant and non-migrant parents and (b) similarities in self-esteem, affection, recognition, and shared activities between migrant and non-migrant parent. We expected a direct relationship between parenting competences and child well-being: better parenting competence predicts better child well-being control by SES, educational level of parents, age of children, and parents' employment status. Moreover, we hypothesized that the parents' length of residence in Spain would have a moderating effect on the relationship between parents' competence and child well-being in migrant families.

## Method

### Participants

The participants of the study were 492 parents at psychosocial risk involved in family preservation services in Spain: 260 (53%) migrants and 232 non-migrants. In the migrant sample, the most frequent participants' origin is Morocco, followed by Venezuela, Colombia, and Algeria. The sociodemographic characteristics of the sample are summarized in Table 1. The majority of the participants in the migrant and non-migrant subsamples were females (90%, and 94%, respectively), and the total sample was mostly constituted of parents (94% and 72% in the migrant and non-migrant subsamples, respectively). Both subsamples were also comparable in terms of the target children's age and respondent's employment status. Most of the participants attained primary or secondary education in the migrant (70%) and non-migrant (73%) subsamples. Nevertheless, participants included in the migrant subsample were younger ( $t(393.997) = -3.27$ ,  $p < 0.001$ ,  $d = -0.30$ , 95% CI  $[-0.48, -0.12]$ ) and comprised a larger number of individuals who attained a higher education level, with fewer individuals reporting no education ( $\chi^2(3, N=492) = 17.53$ ,  $p < 0.001$ ,  $\omega = 0.19$ ).

**Table 1** Sociodemographic characteristics of migrant ( $n = 260$ ) and non-migrant subsamples ( $n = 232$ )

| Informant                            | Migrant families |           | Non-migrant families |           |
|--------------------------------------|------------------|-----------|----------------------|-----------|
|                                      | <i>M</i>         | <i>SD</i> | <i>M</i>             | <i>SD</i> |
| Age                                  | 40.00            | 8.31      | 43.26                | 12.44     |
| Sex                                  | <i>n</i>         | %         | <i>n</i>             | %         |
| Female                               | 236              | 90.77     | 218                  | 93.97     |
| Male                                 | 24               | 9.23      | 14                   | 6.03      |
| Education                            |                  |           |                      |           |
| No education                         | 34               | 13.08     | 46                   | 19.83     |
| Primary education                    | 105              | 40.38     | 116                  | 50.00     |
| Secondary education                  | 78               | 30.00     | 54                   | 23.28     |
| Higher education                     | 43               | 16.54     | 16                   | 6.90      |
| Length of residence in Spain (years) | <i>M (SD)</i>    | Range     | <i>M (SD)</i>        | Range     |
|                                      | 10.10 (6.90)     | 1–31      | -                    | -         |
| Employment status                    | <i>n</i>         | %         | <i>n</i>             | %         |
| Active                               | 66               | 25.38     | 65                   | 28.02     |
| Inactive                             | 194              | 74.62     | 167                  | 71.98     |
| Relationship with the child          |                  |           |                      |           |
| Parent                               | 245              | 94.23     | 167                  | 72.29     |
| Other relatives                      | 14               | 5.38      | 56                   | 24.25     |
| Foster parents                       | 0                | 0.00      | 8                    | 3.46      |
| Family's compatriot                  | 1                | 0.38      | 0                    | 0.00      |
| Children                             | <i>M (SD)</i>    | Range     | <i>M (SD)</i>        | Range     |
| Age                                  | 8.93 (3.00)      | 1–16      | 9.01 (3.00)          | 1–17      |
| Sex                                  | <i>n</i>         | %         | <i>n</i>             | %         |
| Female                               | 122              | 48.22     | 99                   | 44.80     |
| Male                                 | 131              | 51.79     | 122                  | 55.20     |

## Procedure

We used data from the project “Validation of a parenting competences scale and advising practitioners from the Red Cross Family Preservation Services” (Code CP3279-CGT0925), which is a cross-sectional study with a multi-informant data collection and a quantitative methodological strategy aimed at validating a parenting competence scale for families at psychosocial risk who benefit from Family Preservation Services in Spain. This paper is a secondary study, as the project was coordinated by the contact author of the paper, but the rest of authors were not involved in the project. We pre-registered this study's hypotheses, variables, procedures, and planned analyses on Open Science Framework (<https://osf.io/24agb>) before the analysis of the data. A summary of the procedure followed for data collection in the project is described below.

Red Cross in Spain has 101 local offices distributed across 32 regions around the country. In each region, the Red Cross practitioner responsible for the Family

Preservation Service was asked to select 4 families referred to the service to participate in the study. To guarantee the representativeness of the sample, the stratification strategy was as follows: for each region, from the four selected families, there had to be at least one migrant family, one single-parent, and one family with severe economic hardship according to the practitioner's criteria. The inclusion criteria were as follows: (1) family with children between 3 and 12 years of age considered to be at risk of negative developmental outcomes and (2) parents with inadequate parenting competences and possibilities for improvement. On the other hand, the exclusion criteria were as follows: (1) children with severe disabilities; (2) previous out-of-home placement measures in the family; and (3) a low level of Spanish that would prevent the adequate realization of a semi-structured interview. The Child Welfare Services or non-family-intervention-related Red Cross Services encouraged families to participate in the Family Preservation Services of the Red Cross.

Practitioners from the Red Cross received a 10-h training by two members of the research team to perform the evaluation. The training included conceptualization of the dimensions to be evaluated, training in interviewing skills, information about ethical standards in research, and training in data coding. The practitioners administered the questionnaires, as a semi-structured interview, to the main caregiver. Information about the project was provided during the interview and clarifications were offered. After the compilation of the questionnaires, the practitioners uploaded all the information to an online platform developed by the research team, who was in charge of the data analyses.

All the participants in this study signed an informed consent that referred to the voluntary nature of their participation, the objective of the study, the confidentiality of the data, and the freedom to leave the process at any time without any consequences for them, per the guidelines of the Declaration of Helsinki. There were no monetary compensations or any other incentives for participation.

## Measures

**Sociodemographic Characteristics** For this study, an ad hoc survey was developed to gather sociodemographic information about the family (number of children in the household, family socioeconomic status), main caregivers (length of residence in Spain, migrant legal status, Spanish proficiency level, occupational status, educational level) and children (gender and age).

**Parenting Competences** The Parenting Competences Scale for Parents with Young Children (PCS-YC; Martínez-González & Iglesias-García, 2018), with 15 items, is used to measure parenting competences, and it presents an improved adaptation of the Parenting Competences Questionnaire (Martínez-González, 2009), which was developed to identify the needs for parental support in a self-reported format. This questionnaire has five subscales: parental self-regulation (SR), parental self-esteem (SE), promotion of children's self-esteem (PCSE), imposition for conflict resolution (ICR), and non-assertive communication (NAC) with a four-point Likert scale from 1 (*never*) to 5 (*always*). The following are some examples of the items that make up

the scale: “I know how to relax and control my emotions,” “I have a good opinion of myself about how I raise my children,” and “I tell my children how I feel with their behavior.” In the original study, the Parenting Competences Scale for Parents with Young Children revealed Cronbach’s  $\alpha$  values between 0.58 (promoting children’s self-esteem) and 0.78 (self-regulation), while, in the present study, we found values between 0.72 (promoting children’s self-esteem) and 0.83 (self-regulation). The Positive Parenting Scale (PPS; Suárez et al., 2016) has 18 items and four subscales: family involvement (FI), affection and recognition (AR), communication and stress management (CSM), and shared activities (SA), with a Likert scale from 1 (*never*) to 5 (*always*). The following are some examples of the items that make up the scale: “I encourage my children to solve problems together,” “I let my children know that I trust them,” “I listen to my child when he/she tells me about a concern or problem,” “I search for and develop family leisure activities.” Suárez et al., (2016) found Cronbach’s alpha values between 0.79 (shared activities) and 0.92 (affection and recognition). In our study, the Positive Parenting Scale revealed acceptable to good reliability, with Cronbach’s  $\alpha$  values ranging from 0.71 (shared activities) to 0.89 (affection and recognition).

**Children’s Well-Being** The KIDSCREEN-10 index Spanish version (The Kidscreen Group Europe, 2006), with ten items, was used to assess child well-being. The questionnaire is based on a 5-point Likert scale, ranging from 1 (never; not at all) to 5 (always; extremely), with higher scores indicating better child well-being. Some examples of items are as follows: “Has your child felt full of energy?”, “Has your child felt lonely?”, and “Has your child had fun with his/her friends?”. For this study, the proxy version was used and reported by both parents and practitioners. In the original study, the KIDSCREEN-10 index revealed acceptable reliability for the proxy report version ( $\alpha=0.78$ ), obtaining Cronbach’s  $\alpha$  values close to one in the present study (0.76).

## Analytical Strategy

The variables distribution was analyzed through skewness (Sk) and kurtosis (Ku) values. For larger sample sizes Sk and Ku values are better indicators of the variables’ distribution than Kolmogorov–Smirnov (K-S) tests, given that K-S tests are very sensitive to small deviations to the normal distribution in large samples (Kline, 1998).

We used a one-way Multivariate Analysis of Covariance (MANCOVA) to evaluate differences between migrant and non-migrant families on nine parenting (family involvement, affection and recognition, communication and stress management, shared activities, self-regulation, self-esteem, promotion of children’s self-esteem, imposition for conflict resolution, and non-assertive communication). MANCOVA is a statistical methodology that integrates the analysis of variance (ANOVA) with linear regression to assess the effects of one or more independent variables in a set of multiple continuous outcome variables, while accounting for the influence of covariates (Tabachnick & Fidell, 2007). One advantage of using MANCOVA is that



it accounts for increased type I error that occurred when comparing independent groups on multiple outcomes (Tabachnick & Fidell, 2007). We included parents' education level, children's age, and families' socioeconomic level in the model as covariates, to control the possible influence of these variables in the criterion variables. After we tested multivariate effects, we conducted multiple individual ANOVAs to explore the specific sources of variability, i.e., to identify which dependent variables were contributing to these effects (Tabachnick & Fidell, 2007). To reduce the likelihood of type I error, we used Bonferroni-adjusted pair-wise comparisons of gain scores. We reported the *F* statistic and Pillai's trace. Instead of Wilk's lambda, we used Pillai's trace, since variance–covariance matrices were heterogeneous, and our design included unbalanced groups. We used partial  $\eta^2$  as a measure of effect size, following Cohen's, (1988) criteria: partial  $\eta^2=0.01$  (small effect), partial  $\eta^2=0.06$  (medium effect), and partial  $\eta^2=0.14$  (large effect).

To study the predictive role of nine parenting competences on children's well-being in migrant and non-migrant families, we performed two hierarchical regressions using the forced entry method. Previously, we explored Pearson's correlations among all the variables. For the sociodemographic variables, we only found significant correlations between children's age and our criterion variable. Thus, instead of following the initial plan, we only included one sociodemographic variable (children's age), which was entered into the models in the first block. We included the nine parenting competences in a second block to determine whether the parenting competences proved to be significant predictors of children's well-being above and beyond children's age. As effect size indicators, we report adjusted  $R^2$  for the general models, with 0.02, 0.15, and 0.35 for small, medium, and large effect sizes, respectively (Cohen, 1988).

We evaluated the moderating effect of the length of residence in Spain (M) in the link between nine parenting competences (X) and children's well-being (Y) in migrant families using the PROCESS macro (Model 1) in SPSS (Hayes, 2013). A total of nine models were created.

## Results

### Preliminary Analysis

In this study, values of  $Ku < |8-10|$  and  $Sk < |3|$  were observed, showing no severe deviations from the normal distribution, according to Kline, (1998). The evaluation of the extreme cases, based on the criterion of standardized values above  $|3.29|$  in each continuous variable separately, did not reveal any univariate outliers in the two subsamples (Tabachnick & Fidell, 2007). Ten cases identified through quadratic Mahalanobis distance ( $MD^2$ ) as multivariate outliers ( $p < 0.001$ ) (Tabachnick & Fidell, 2007) were removed, leaving 255 cases for analysis in the migrant subsample, and 227 cases in the non-migrant subsample. Further analysis revealed two additional multivariate outliers in the migrant sample, although they were retained, since none of them were revealed to be influential outliers, according to the criterion of Cook's distance  $> 1.0$  (Tabachnick & Fidell, 2007). Information regarding

power analysis is available in the study preregistration at <https://osf.io/24agb>. There were no missing data in most of the variables included in the present study, as the practitioners inserted the information on an online platform and all the answers were mandatory. Nevertheless, to test our third hypothesis, 14 cases were excluded due to a data entry error.

### Differences in Parenting Competences Between Migrant and Non-Migrant Parents

We found a statistically significant effect of families' origin (migrant VS non-migrant families) on the combined dependent variables after controlling for parents' education level, children's age, and families' socioeconomic level,  $F(9, 469)=2.77$ ,  $p=0.004$ , Pillai's trace=0.05, partial  $\eta^2=0.05$  as shown in Table 2. This result indicates that migrant and non-migrant parents in our sample differ in, at least, one of the parenting competences under study. To investigate which parenting competences differ in migrant and non-migrant parents, we used univariate ANOVAs. Separate univariate ANOVAs, using Bonferroni's correction, showed a significant difference between migrant and non-migrant parents for self-regulation and imposition for conflict resolution, although the effects were small for both variables. Specifically, the migrant parents revealed higher levels in self-regulation (95% CI [2.90, 3.07]) and imposition for conflict resolution (95% CI [3.09, 3.28]) compared to the Spanish parents (95% CI [2.76, 2.93], and 95% CI [2.94, 3.13], respectively), after controlling for parents' education level ( $M=2.35$ ; parents' education effect: Pillai's trace=0.14,  $F(9, 469)=8.61$ ,  $p<0.001$ , partial  $\eta^2=0.14$ ), children's age ( $M=8.94$ ; children's age effect: Pillai's trace=0.05,  $F(9, 469)=2.94$ ,  $p=0.002$ , partial  $\eta^2=0.05$ ), and

**Table 2** Descriptive statistics, and MANCOVA on parenting competences between migrant ( $n=255$ ) and non-migrant ( $n=227$ ) families

| Dependent variables | Migrant  |           | Non-migrant |           | MANCOVA<br><i>Adjusted R</i> <sup>2</sup> | Univariate ANOVAs |          |                  |
|---------------------|----------|-----------|-------------|-----------|---|-------------------|----------|------------------|
|                     | <i>M</i> | <i>SD</i> | <i>M</i>    | <i>SD</i> |   | <i>F</i> (1,477)  | <i>p</i> | Partial $\eta^2$ |
| FI_PPS              | 3.74     | 0.90      | 3.88        | 0.92      | .068                                      | 2.80              | .095     | .006             |
| AR_PPS              | 4.41     | 0.69      | 4.46        | 0.61      | .054                                      | 0.77              | .381     | .002             |
| CSM_PPS             | 3.89     | 0.79      | 3.88        | 0.76      | .045                                      | 0.03              | .867     | .000             |
| SA_PPS              | 4.04     | 0.85      | 4.11        | 0.83      | .085                                      | 0.88              | .348     | .002             |
| SR_PCS              | 2.99     | 0.65      | 2.85        | 0.70      | .060                                      | 5.07              | .025     | .011             |
| SE_PCS              | 3.37     | 0.57      | 3.34        | 0.55      | .012                                      | 0.21              | .646     | .000             |
| PCSE_PCS            | 3.25     | 0.65      | 3.29        | 0.61      | .055                                      | 0.42              | .516     | .001             |
| ICR_PCS             | 3.19     | 0.70      | 3.03        | 0.74      | .009                                      | 5.40              | .021     | .011             |
| NAC_PCS             | 2.35     | 0.84      | 2.42        | 0.80      | .065                                      | 1.03              | .310     | .002             |

*Note.* FI\_PPS family involvement, AR\_PPS affection and recognition, CSM\_PPS communication and stress management, SA\_PPS shared activities, SR\_PCS parental self-regulation, SE\_PCS parental self-esteem, PCSE\_PCS parental promotion of children's self-esteem, ICR\_PCS imposition for conflict resolution, NAC\_PCS non-assertive communication

families' socioeconomic level ( $M=2.35$ ; families' socioeconomic level effect: Pillai's trace = 0.045,  $F(9, 469) = 2.59$ ,  $p = 0.006$ , partial  $\eta^2 = 0.05$ ).

### The Predictive Role of Parenting Competences on Children's Well-Being

Preliminary analyses of the assumptions of hierarchical multiple regression did not reveal severe violations of the normality, linearity, and homoscedasticity of residuals, and the Durbin-Watson statistics ( $d$ ) also suggested the independence of residuals for the migrant ( $d = 1.78$ ) and non-migrant subsamples ( $d = 1.96$ ). The absence of singularity and multicollinearity was ensured, as all variance inflation factor values being  $< 10$  for both equation models.

Regarding the migrant subsample (Table 3), the results of the regression analysis revealed that the first model (including only children's age as a predictor of well-being) was significant, with children's age explaining 2% of children's well-being. After including in a second block children's age and parenting competences (family involvement, affection and recognition, communication and stress management, shared activities, parental self-regulation, parental self-esteem, promotion of children's self-esteem, imposition for conflict resolution, and non-assertive communication), the model was significant. In the second model, in combination, the variables explained 29% of children's well-being, with shared activities ( $p = 0.020$ ), self-esteem ( $p < 0.016$ ), and non-assertive communication

**Table 3** Hierarchical regression analysis of children well-being in migrant families ( $n = 255$ )

| Predictors     | <i>B</i> | 95% CI <i>B</i> |           | <i>SE B</i> | $\beta$ | <i>Adjusted R</i> <sup>2</sup> | <i>F</i> |
|----------------|----------|-----------------|-----------|-------------|---------|--------------------------------|----------|
|                |          | <i>LL</i>       | <i>UL</i> |             |         |                                |          |
| Step 1         | 3.25***  | 3.03            | 3.46      | 0.11        |         | .02                            | 6.72*    |
| Children's age | −0.03*   | −0.05           | −0.01     | 0.01        | −.16    |                                |          |
| Step 2         | 1.49***  | 0.98            | 2.00      | 0.26        |         | .29                            | 11.59*** |
| Children age   | −0.02    | −0.04           | 0.00      | 0.01        | −.11    |                                |          |
| FI_PPS         | 0.06     | −0.02           | 0.15      | 0.04        | .10     |                                |          |
| AR_PPS         | −0.03    | −0.18           | 0.12      | 0.08        | −.04    |                                |          |
| CSM_PPS        | 0.02     | −0.10           | 0.16      | 0.07        | .04     |                                |          |
| SA_PPS         | 0.12*    | 0.01            | 0.20      | 0.05        | .17     |                                |          |
| SR_PCS         | 0.06     | −0.08           | 0.20      | 0.07        | .07     |                                |          |
| SE_PCS         | 0.19*    | 0.04            | 0.35      | 0.08        | .20     |                                |          |
| PCSE_PCS       | 0.03     | −0.10           | 0.17      | 0.07        | .04     |                                |          |
| ICR_PCS        | 0.09     | −0.01           | 0.19      | 0.05        | .12     |                                |          |
| NAC_PCS        | −0.09*   | −0.18           | −0.01     | 0.04        | −.14    |                                |          |

*Note.* *FI\_PPS* family involvement, *AR\_PPS* affection and recognition, *CSM\_PPS* communication and stress management, *SA\_PPS* shared activities, *SR\_PCS* parental self-regulation, *SE\_PCS* parental self-esteem, *PCSE\_PCS* parental promotion of children's self-esteem, *ICR\_PCS* imposition for conflict resolution, *NAC\_PCS* non-assertive communication

\* $p < .050$ . \*\* $p < .010$ . \*\*\* $p < .001$

( $p=0.022$ ) contributing significantly to predicting children's well-being. In turn, in the non-migrant subsample (Table 4), children's age alone did not predict children's well-being. Nevertheless, the second model tested for the non-migrant subsample proved to be significant, and, in combination, children's age and the nine parenting competences under study explained 41% of children's well-being. Here, affection and recognition ( $p<0.001$ ), parental self-esteem ( $p=0.015$ ), and imposition for conflict resolution ( $p<0.001$ ) emerged as the significant predictors of children's well-being in non-migrant families.

### Moderator Role of the Length of Residence in the Host Country

The moderating analyses showed no significant interactions when testing the moderator role of the length of residence in Spain (Table 5) in the link between parenting competences and children's well-being in migrant families. This result shows that in our sample, the length of residence of the migrant families in Spain did not seem to interfere with the relationship between any of the parenting competencies under study and children's well-being.

**Table 4** Hierarchical regression analysis of children well-being in non-migrant families ( $n=227$ )

| Predictors     | <i>B</i> | 95% CI <i>B</i> |           | <i>SE B</i> | $\beta$ | <i>Adjusted R</i> <sup>2</sup> | <i>F</i> |
|----------------|----------|-----------------|-----------|-------------|---------|--------------------------------|----------|
|                |          | <i>LL</i>       | <i>UL</i> |             |         |                                |          |
| Step 1         | 3.05***  | 2.84            | 3.26      | 0.11        |         | .00                            | 0.74     |
| Children's age | −0.01    | −0.03           | 0.01      | 0.01        | −.06    |                                |          |
| Step 2         | 0.61     | 0.05            | 1.18      | 0.29        |         | .41                            | 16.72*** |
| Children age   | −0.01    | −0.03           | 0.01      | 0.01        | −.07    |                                |          |
| FI_PPS         | −0.01    | −0.10           | 0.08      | 0.05        | −.02    |                                |          |
| AR_PPS         | 0.31***  | 0.16            | 0.47      | 0.08        | .38     |                                |          |
| CSM_PPS        | −0.04    | −0.17           | 0.10      | 0.07        | −.06    |                                |          |
| SA_PPS         | −0.01    | −0.10           | 0.08      | 0.05        | −.01    |                                |          |
| SR_PCS         | 0.07     | −0.03           | 0.17      | 0.05        | .10     |                                |          |
| SE_PCS         | 0.16*    | 0.03            | 0.28      | 0.06        | .17     |                                |          |
| PCSE_PCS       | 0.04     | −0.08           | 0.17      | 0.06        | .05     |                                |          |
| ICR_PCS        | 0.18***  | 0.09            | 0.26      | 0.04        | .26     |                                |          |
| NAC_PCS        | −0.05    | −0.13           | 0.04      | 0.04        | −.07    |                                |          |

*Note.* FI\_PPS family involvement, AR\_PPS, affection and recognition, CSM\_PPS communication and stress management, SA\_PPS, shared activities, SR\_PCS parental self-regulation, SE\_PCS parental self-esteem, PCSE\_PCS parental promotion of children's self-esteem, ICR\_PCS imposition for conflict resolution, NAC\_PCS non-assertive communication

\* $p<.050$ . \*\* $p<.010$ . \*\*\* $p<.001$

**Table 5** Results of the moderation analysis exploring the moderator role of the length of residence in Spain (YS) in the link between parenting competences and children's well-being (criterion variable) in migrant families ( $n = 241$ )

| Model                                 |          | <i>B</i> | <i>SE</i> | <i>t</i> | <i>p</i> | 95% CI    |           |
|---------------------------------------|----------|----------|-----------|----------|----------|-----------|-----------|
|                                       |          |          |           |          |          | <i>LL</i> | <i>UL</i> |
| Model 10<br>( $R^2 = .18, p < .001$ ) | Constant | 2.99***  | 0.03      | 91.08    | < .001   | 2.92      | 3.05      |
|                                       | FI       | 0.24***  | 0.04      | 6.67     | < .001   | 0.17      | 0.32      |
|                                       | YS       | 0.01*    | 0.00      | 1.72     | .087     | -0.001    | 0.02      |
|                                       | FI*YS    | 0.01     | 0.01      | 1.61     | .109     | -0.002    | 0.02      |
| Model 11<br>( $R^2 = .19, p < .001$ ) | Constant | 2.98***  | 0.03      | 91.20    | < .001   | 2.92      | 3.04      |
|                                       | AR       | 0.33***  | 0.05      | 6.71     | < .001   | 0.24      | 0.43      |
|                                       | YS       | 0.01*    | 0.00      | 2.06     | .041     | 0.00      | 0.02      |
|                                       | AR*YS    | 0.00     | 0.01      | 0.57     | .568     | -0.01     | 0.01      |
| Model 12<br>( $R^2 = .21, p < .001$ ) | Constant | 2.98***  | 0.03      | 92.88    | < .001   | 2.92      | 3.04      |
|                                       | CSM      | 0.31***  | 0.04      | 7.39     | < .001   | 0.22      | 0.39      |
|                                       | YS       | 0.01     | 0.00      | 1.67     | .097     | -0.001    | 0.02      |
|                                       | CSM*YS   | 0.00     | 0.01      | 0.65     | .518     | -0.01     | 0.01      |
| Model 13<br>( $R^2 = .22, p < .001$ ) | Constant | 2.98***  | 0.03      | 92.49    | < .001   | 2.92      | 3.05      |
|                                       | SA       | 0.30***  | 0.04      | 7.65     | < .001   | 0.22      | 0.37      |
|                                       | YS       | 0.01*    | 0.00      | 2.43     | .016     | 0.00      | 0.02      |
|                                       | SA*YS    | 0.01     | 0.01      | 0.97     | .331     | -0.01     | 0.02      |
| Model 14<br>( $R^2 = .24, p < .001$ ) | Constant | 2.98***  | 0.03      | 94.81    | < .001   | 2.92      | 3.05      |
|                                       | SE       | 0.45***  | 0.06      | 8.25     | < .001   | 0.35      | 0.56      |
|                                       | YS       | 0.01*    | 0.00      | 1.99     | .048     | 0.001     | 0.02      |
|                                       | SE*YS    | 0.01     | 0.01      | 1.68     | .094     | -0.002    | 0.03      |
| Model 15<br>( $R^2 = .20, p < .001$ ) | Constant | 2.98***  | 0.03      | 92.36    | < .001   | 2.92      | 3.04      |
|                                       | SR       | 0.36***  | 0.05      | 7.29     | < .001   | 0.26      | 0.46      |
|                                       | YS       | 0.01     | 0.00      | 1.60     | .111     | -0.002    | 0.02      |
|                                       | SR*YS    | 0.01     | 0.01      | 1.00     | .317     | -0.01     | 0.02      |
| Model 16<br>( $R^2 = .18, p < .001$ ) | Constant | 2.98***  | 0.03      | 91.22    | < .001   | 2.92      | 3.05      |
|                                       | PCSE     | 0.33***  | 0.05      | 6.72     | < .001   | 0.24      | 0.43      |
|                                       | YS       | 0.01     | 0.00      | 1.38     | .170     | -0.003    | 0.02      |
|                                       | PCSE*YS  | 0.01     | 0.01      | 1.62     | .106     | -0.002    | 0.02      |
| Model 17<br>( $R^2 = .09, p < .001$ ) | Constant | 2.98***  | 0.03      | 85.96    | < .001   | 2.91      | 3.05      |
|                                       | ICR      | 0.19***  | 0.05      | 3.81     | < .001   | 0.09      | 0.29      |
|                                       | YS       | 0.01     | 0.01      | 1.00     | .317     | -0.01     | 0.02      |
|                                       | ICR*YS   | 0.01     | 0.01      | 1.10     | .271     | -0.01     | 0.02      |
| Model 18<br>( $R^2 = .04, p = .04$ )  | Constant | 2.98***  | 0.04      | 84.08    | < .001   | 2.91      | 3.05      |
|                                       | NAC      | -0.12**  | 0.04      | -2.75    | .006     | -0.20     | -0.03     |
|                                       | YS       | 0.01     | 0.01      | 1.10     | .274     | -0.004    | 0.02      |
|                                       | NAC*YS   | 0.00     | 0.01      | 0.70     | .483     | -0.01     | 0.02      |

*Note.* FI family involvement, AR affection and recognition, CSM communication and stress management, SA shared activities, SR parental self-regulation, SE parental self-esteem, PCSE parental promotion of children's self-esteem, ICR imposition for conflict resolution, NAC non-assertive communication

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

## Discussion

Migrant families face specific challenges related to their migrant status and could benefit from targeted family support interventions. However, there is a lack of studies addressing parenting competences in migrant families with psychosocial risk conditions or examining the impact of these competences on children's well-being. Our study intended to explore the needs of migrant families in terms of parenting competences compared to non-migrant families involved in family preservation services, as well as to identify the key competences that influence children's well-being in both groups.

Our findings revealed that migrant and non-migrant parents did not differ in most of the parenting competences. Migrant and non-migrant families revealed similarities in competences that promote family bonding and a sense of togetherness, such as spending family time with their children in a structured environment (shared activities) and involving the children in family tasks, objectives, and problem-solving (family involvement). Furthermore, we found similarities in parents' communication competences related to the reduced use of harsh communication (non-assertive communication) and active listening and clear, respectful speaking without overreacting (communication and stress management). Likewise, we found similarities in migrant and non-migrant parents' ability to foster a children's positive sense of self, recognizing children's achievements (affection and recognition) and promoting children's self-esteem. If analyzed with cultural lens, the similarities found in these parenting competences can be explained by the shared collectivist culture between Spain and a high portion of the migrant sample coming from Morocco and Latin America. In the collectivist culture, a high emphasis is placed on interdependence between family members, since this is considered more beneficial for children's development (Keller et al., 2006). However, from an ecological perspective, culture is shaped by its interaction with other contextual, family, and individual characteristics, as those involved in the migration process (Bornstein, 2017a). Thus, on the other hand, we found small differences in two competences between the two target groups in parental self-regulation and imposition for conflict resolution, with migrant parents reporting slightly higher competence in both cases. For migrant families with children, moving to a different country, integrating, and settling can be especially challenging and stressful (Bornstein, 2017b). Moreover, migration can create disconnections and disagreements in family relationships (Lara, 2017), which parents and families need to deal with, in addition to all the challenges involved in the daily life of a vulnerable family. All these challenges could lead parents to exercise and develop their ability to apply regulatory processes to behavior, emotions, and thoughts and to use more imposition for conflict resolution skills, rather than negotiation, to effectively manage children's difficult behaviors. The migrant parents' use of a more directive and authoritarian approach to solving conflicts could be associated with the additional stressors related to their life conditions, compared to the non-migrant families. The lack of time and the additional stress could reduce the parental availability to foster negotiation. However, the use of a firm

parenting strategy to deal with conflicts does not imply the adoption of a rigid parenting approach that have a negative impact on children's well-being (Moore et al., 2016). In fact, in our study, we found that the use of imposition for conflict resolution was not a predictor of children's well-being in the migrant sample, whereas, in the non-migrant parents, it predicted better children's well-being. This led us to hypothesize that, in our non-migrant sample, parents that reported lower use of this parenting competence could be those who use more permissive parenting approaches, which is associated with poor well-being in children. Another possible explanation for the higher reports of imposition for conflict resolution in migrants could be related to the culture of origin of the migrant families, which might value such parenting strategies (Sánchez et al., 2020). However, we did not collect data that allows exploring these hypotheses, which poses a limitation of our study. Future studies should delve into the determinants of the differences in parenting competences between migrants and non-migrants.

Considered together, the comparative profile of migrant and non-migrant families at psychosocial risk shown in our study is not in line with the scarce previous literature, which reports that migrant families exhibit higher authoritarian practices and less positive parenting strategies (Daglar et al., 2011; Zhang et al., 2017). As our study addressed specifically those families identified to be at psychosocial risk by family support practitioners, it extends previous literature by pointing out remarkable similarities in terms of needs for support regardless of the migrant status, showing even slightly higher needs in non-migrant families at psychosocial risk.

We also studied the predictive value of parenting competences on children's well-being in migrant and non-migrant parents separately, to better understand the key competences for children's well-being in each group. As was expected, in migrant and non-migrant families, parental self-esteem was revealed to be a predictor of children's well-being, which supports the importance of parents' sense of competence to foster children's adjustment. This is consistent with previous literature, highlighting that lower parental self-esteem is associated with the use of ineffective parenting strategies, which in turn contributes to undermining children's well-being (Grolnick et al., 2007). Thus, family support interventions aiming to improve parenting competences that increase parental self-esteem may be useful to promote children's well-being (e.g., Nogueira et al., 2022). Previous research examining parenting beliefs has showed that both in Spain a Peru a high value is given to the role of the family context for children's development and well-being, which is in line with the relevance of parental self-esteem revealed in our study (Sánchez et al., 2020).

Other parenting competences also emerged as predictors of children's well-being, although distinctively between migrant and non-migrant parents. In non-migrant parents, higher levels of affection, recognition, and imposition for conflict resolution predicted higher children's well-being. Previous studies found that demonstrating and sharing affection, recognizing children's achievements (affection and recognition) (Schrodt, et al., 2007), and acting consistently and decisively (imposition for conflict resolution) (Lippold et al., 2016; Rieforth, 2018) are important to ensure children's well-being in vulnerable families. Affection is possibly the educational practice with the highest consensual evidence on its role in child well-being, and there is strong consensus on the need to be considered in family support initiatives

(Khaleque & Rohner, 2002). Recognition is gaining attention in literature and practice, and it has been strongly emphasized by the positive parenting approach as a relevant parenting competence, as it recognizes the child as an active agent in their development (Pecnik, 2007).

In the migrant families, shared activities and non-assertive communication emerged as predictors of children's well-being, while affection and recognition, and imposition for conflict resolution lost their predictive role. In the migrant parents, higher levels of shared activities and lower levels of non-assertive communication were revealed to be protective factors for children's well-being. It seems that, for migrant families, spending quality time with their children, in a structured environment, including rules and boundaries (shared activities) (Richter et al., 2018), and having reduced harsh communication (non-assertive communication) impacted children's well-being. The loss of support networks is a major stressor that migrants often experience, and it can impact their well-being and that of their children (Hombrados-Mendieta et al., 2019). Migrant children are often separated from their schoolmates or can no longer interact with family members who were very present in their country of origin (e.g., grandparents). Even in the case of migrant children who were born in the host country, they are often exposed to a poorer support network and poorer family interactions, which does not dilute the eventual negative impact of the nuclear family on the child's development (e.g., absence of alternative role models and attachment figures) (Ashbourne et al., 2012). In this regard, it is possible that, in migrant families, higher levels of shared activities and lower levels of non-assertive communication could help to mitigate the potential negative impact of a poorer network and contribute to preserving the cultural identity of a family.

From a cultural analysis, the differential role for child well-being of discipline-related competences (as imposition for conflict resolution in non-migrant families and non-assertive communication in migrant families) is in line with previous findings from cross-cultural studies that have pointed out cultural differences in behavioral control as well as in the types of discipline that parents use (Lansford, 2022). The differential role of warmth-related competences found in our study (affection in non-migrant families and non-assertive communication in migrant families) speaks about differential facets of warmth having a predictive role for child well-being in migrant and non-migrant families. Both results have important implications for the provision of parenting support (Lansford, 2022).

Contrary to what we anticipated, the length of residence in the host country did not have an impact on the relationship between parenting competences and children's well-being. A possible explanation for our result is that the migrant families in our sample were also engaged with family support services, who experience additional parenting, social, and financial stressors (Johnsson et al., 2015). Thus, it is possible that, although the stress associated with migration may decrease over time, some of these families continue to be vulnerable and face various difficulties, regardless of the length of residence in Spain. In this way, we did not observe the buffering effect of the length of residence in the host country in migrant families, as we anticipated. Other methodological aspects may have also contributed to our results. Firstly, our sample was mostly constituted of migrants who had lived in Spain for over 5 years, with the process of acculturation having a different emphasis for the beginning of the process (Millán-Franco et al.,



2019a, b). This may not allow us to capture equal-sized subgroups of migrants representing adequate variability in terms of the length of stay in Spain to test our moderation hypothesis. Secondly, using the length of residence in Spain as the only indicator of acculturation may have hindered the accurate capturing of this construct in our study.

The present study aimed to contribute to a better and more focused understanding of what needs to be different and what can be common when supporting parenting competences of migrant and non-migrant families at psychosocial risk. Globally, our results revealed that migrant and non-migrant families at psychosocial risk face similar needs in terms of parenting competences in domains covered by the existing family support interventions (e.g., interaction and communication competences) (Hamari et al., 2022). Thus, similar approaches seem to fit both populations. However, highlighting the differences is also important to better inform how to tailor parenting interventions and improve their suitability to these target populations (Chen et al., 2013). In our study, we found a few differences in parenting competences between both populations, as well as in the impact of several parenting competences on children's well-being. Differences in parenting competences reflect both the complexity of the migratory process as well as the cultural ground of parenting (Bornstein, 2017a; Lansford, 2022). Although most of such competences are commonly covered in family support practices (Hamari et al., 2022), the parenting competence of shared activities, which was a predictor of children's well-being in our study, is usually not addressed in family support interventions. Sharing activities (e.g., listening to, or playing with children) and spending leisure time together as a family is seen as particularly valuable to child well-being. However, having structured quality time with children requires emotional work from parents, which can be fatiguing and demanding, and many parents can struggle with it (Craig & Mullan, 2012). Therefore, promoting the parenting competence of shared activities should be acknowledged as a key focus of interventions, particularly when involving migrant families.

In sum, these results contribute to informing the design and implementation of interventions with migrant and non-migrant families at psychosocial risk, with the ultimate goal of improving positive parenting practices and children's well-being.

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**Data Availability** Raw data are not publicly available due restrictions specified in the Research Agreement of the project (Code CP3279-CGT0925). Specific usage can be considered upon request to the contact author by any member of the scientific community.

## Declarations

**Conflict of Interest** The authors declare no competing interests.

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