



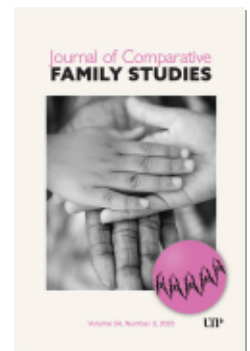
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Mothers, Household Bubbles, and Social Support During the First Wave of the COVID-19 Pandemic¹

Áine M. Humble*, Jessie-Lee D. McIsaac†

Abstract: Parents of young children experienced many stressors due to stay-at-home directives in the first wave of the COVID-19 pandemic. Bubbles were implemented by some governments, allowing households to connect with another household while minimizing contagion risk, but little is known about their effectiveness. We explored the social support experiences of Canadian mothers living in Nova Scotia during this first wave, focusing on whether they perceived household bubbles to be helpful in reducing parenting stress. In-depth interviews were completed with 18 mothers (aged 21–49) who had at least one child under the age of 12 during the first shutdown. Interviews focused on how they coped during the initial shutdown period, the immediate time after they paired up with another household, and what was happening for them currently (approximately eight to ten months later). Data were analyzed using qualitative description and content analysis through application of topic, descriptive, and analytical coding; memo writing; and matrix analysis. Deciding who to bubble with typically focused on direct support for parents or having playmates for children. Having a bubble arrangement reduced the pressure of the situation, and perceptions of future emergency backup support also reduced anxiety levels. Support from family members who lived far away, however, was still key for some families. Household bubbles play an important role in reducing stress levels during a pandemic through received and perceived support. As the COVID-19 pandemic evolves, policy directives and support interventions need to enhance social support for parents and peer interactions for young children.

Keywords: COVID-19, ecological, parenting, resilience, social capital, social support

Résumé : Les parents de jeunes enfants vécurent beaucoup de facteurs de stress à cause des directives de rester à la maison pendant la première vague de la pandémie de COVID-19. Des bulles sociales mises en place permettaient d'être connectés avec un autre foyer tout en minimisant le risque de contagion. Néanmoins, on connaît peu sur leur efficacité. Nous avons exploré les expériences de soutien social des mères canadiennes vivant en Nouvelle-Ecosse pendant cette première vague,

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en nous focalisant sur la question si elles percevaient les bulles sociales comme utiles dans la réduction de stress parental. Des entretiens approfondis ont été complétés avec 18 mères (âgées 21–49 ans) qui avaient au moins un enfant plus jeune que 12 ans pendant la première période de confinement. Les entretiens se sont concentrés sur comment elles faisaient face durant le confinement initial, durant la période immédiate après s'être mis en bulle avec un autre foyer, et puis durant la situation courante (huit à dix mois plus tard). Les données ont été analysées utilisant la description qualitative et l'analyse du contenu en utilisant des codes thématiques, descriptifs et analytiques; des annotations; l'analyse matricielle. La décision de se mettre en bulle, typiquement, permettait surtout de soutenir directement des parents ou d'avoir des camarades de jeu pour les enfants. Avoir un arrangement de bulle diminuait la pression de la situation et la perception d'avoir de futurs soutiens d'urgence aussi réduisait le degré d'anxiété. Le soutien par des membres de famille vivant éloignés restait pourtant essentiel pour quelques familles. Les bulles entre ménages jouent un rôle important dans la réduction du stress pendant une pandémie en s'appuyant sur les soutiens reçu et perçu. Autant que la pandémie de COVID-19 évolue, les directives politiques et les interventions d'appui doivent augmenter les soutiens sociaux pour les parents et les interactions entre pairs pour les jeunes enfants.

Mots-clés : COVID-19, écologie sociale, parentage, résilience, capital social, soutien social

Introduction

On January 30, 2020, the World Health Organization declared COVID-19 a Global Public Health Emergency, and a State of Emergency was declared in the Canadian province of Nova Scotia on March 22, 2020. Individuals suddenly found themselves sheltering at home for almost two months with few opportunities for in-person interactions with others beyond their immediate households.² Many parents temporarily lost typical sources of social support and experienced a stress called *parenting role captivity* (Nomaguchi & Milkie, 2020) for which they had little reprieve from their parenting responsibilities, as well as additional roles such as helping children with schooling (Quah, 2020). The stress of this physical isolation quickly appeared for many families, especially those with young children (Statistics Canada, 2020b).

After approximately two months of this stay-at-home directive, on May 15, 2020, the Nova Scotia government announced a public health policy called *immediate family bubbles*. A bubble (sometimes referred to as a pod) is an “exclusive social network” allowing households to increase their close physical interaction with others while still minimizing contagion risk (Long et al., 2020, p. 3). The Nova Scotian bubble allowed two households to join, and despite the policy’s language, families could pair with friends or neighbors. These bubbles were the only way in which people could socialize beyond their immediate household until restrictions were loosened about one month later, then allowing individuals to gather with 10 or fewer people and with individuals outside their bubble.

Research is needed to understand families’ experiences during mandated confinements (Perlman, 2020) at the start of the pandemic (Kerr et al., 2021),

and to identify how to reduce stress during such circumstances (Aguiar et al., 2021). Bubbles could play a role in enhancing social support for households during the pandemic shutdown, but little research has been published on this topic. Therefore, this study qualitatively explored 18 Nova Scotian mothers' experiences of household bubbles during the first wave of the COVID-19 pandemic, with a specific focus on whether or not household bubbles helped them.

Theoretical Framework

This study was guided by stress and resilience theory (Allen & Henderson, 2017), the bioecological model (Bronfenbrenner & Morris, 2006; Shelton, 2019), and social capital theory (Coleman, 1988). Stress and resilience theory examines how resources and perceptions mediate the impact of a stressor event. The bioecological model draws attention to the ways in which families mutually interact with other systems, which may be proximal (e.g., microsystems in which a person directly interacts) or distal (e.g., indirect influences from governments, cultural ideologies). Social capital focuses on how people's relationships with their social networks create a reciprocal web of trust, expectations, and obligations that can help them achieve their goals (Coleman, 1988).

On their own, nuclear families cannot meet all their needs and thus lack social capital (Coleman, 1988; Litwak & Szelenyi, 1969). Relationships with others contribute to family resilience (Masten, 2018; Walsh, 2016). We focused on proximal social support provided from microsystem relationships outside of families' immediate dwellings as a resource potentially used in times of need and that also influences families' perceptions of a stressor.

Social support is one aspect of social capital (Szreter & Woolcock, 2004). It refers to resources exchanged between two people intended to help another person (Shumaker & Brownell, 1984). It may be received or simply perceived as available, and both kinds are positively related to good mental and physical health (Thoits, 2010, 2011). Three types of social support commonly explored are emotional, informational, and instrumental support (Thoits, 2011).

Social support is important for coping not only with major life events but also for routinized aspects of life (Thoits, 2010, 2011). The COVID-19 pandemic impacted families in daily ways related to communication, routines, rituals, and rules (Prime et al., 2020). During the first wave, it also reduced the number of and/or changed the nature of microsystems and mesosystems (connections between microsystems) in which families interacted. The role of social support in enhancing families' resilience under such conditions warrants examination.

Social support is typically exchanged between individuals who know each other well (Shumaker & Brownell, 1984). Under pandemic conditions, however, families may have turned to other people they did not know well, particularly for those without immediate family or close friends nearby. Family ties are just one part of a person's social network. Neighbors and friends also play roles (Litwak & Szelenyi, 1969), and neighbors may be particularly important in short-term emergencies (Litwak & Szelenyi, 1969). *Peripheral ties* may also play a role

(Fingerman, 2009). They are nonfamily, nonintimate relationships arising from various situations (e.g., the parent of a child's friend, a neighbor down the street) that are often part of individuals' social networks. Yet, family scholars seldom study nonintimate relationships despite their value and presence for individuals (Fingerman, 2009). The potential pairing up of unrelated families with each other during the pandemic lockdown provided a naturally occurring situation in which to study how such nonintimate relationships could contribute to social support.

Literature Review

Parenting is both a rewarding and demanding experience (Nomaguchi & Milkie, 2020), and parenting research typically focuses on the latter aspect. Ongoing parenting stressors can be categorized into four general categories: (a) parenting role overload, (b) interrole conflict (e.g., spillover between home and employment), (c) parent-child relationship conflict, and (d) parenting captivity (not being able to escape the parenting role) (Pearlin, 1989). Parenting-related exhaustion (Gillis & Roskam, 2019) occurs when stressors last so long that parents feel that they are existing in survival mode, with little left to give. Moreover, parental stress includes perceptions of child difficulties (Roos et al., 2021), and the more exhausted parents are, the more they perceive their children as challenging (Gillis & Roskam, 2019).

Social Support and Parenting

Social support from various microsystems can have a positive impact on parenting behaviors, reduce parental stress (e.g., Gillis & Roskam, 2019; McConnell et al., 2011; Prime et al., 2020), and promote resilience (e.g., Doty et al., 2017; Masten, 2018). Grandparents help with childcare during a medical crisis, neighbors walk a child to school, and siblings empathize with the stresses of being a new parent. Peripheral ties can help in ways such as giving advice about resources (Fingerman, 2009). Additionally, simply spending leisure time with others and enjoying their company can help reduce parenting stress (Doty et al., 2017; Nomaguchi & Milkie, 2020). For example, mothers' sense of problem-solving capability can be increased by having a confidant nearby (Forgatch & DeGarmo, 1997). These various actions can help parents feel they have increased efficacy in their roles, increased control in managing multiple life demands, and more confidence in their choices (Doty et al., 2017). Perceived social support (as compared to received support) also reduces the negative effect of parental stress on parent-child interactions (McConnell et al., 2011).

Social support networks contribute to community cohesion and resilience during disasters (Townshend et al., 2015). In a pandemic situation, however, necessary physical isolation prevents people from engagement with others. The number of microsystems that families would normally interact with are reduced, thus cut off from typical sources of social support (Long et al., 2020). Although

technology such as Zoom can help, it cannot fully replace in-person support (Charnock et al., 2021). This sets the stage for increased parental stress.

The Pandemic, Parental Stress, and Social Support

Research needs to explore parenting stress within emerging sociocultural circumstances (Nomaguchi & Milkie, 2020), and the COVID-19 pandemic is a focal social context in which to study parenting strain. This pandemic intensified parenting stress (Chung et al., 2022; Helland et al., 2021; Hertz et al., 2021; May et al., 2023; Roos et al., 2021). It created stressor pileup when isolated households became the central proximal environment for parents and their children (Single-tary et al., 2022). Parents found themselves coping with multiple challenges such as balancing employment with taking care of their children (Craig & Churchill, 2021; Martucci, 2023; Statistics Canada, 2016), including overseeing children's schoolwork (Quah, 2020), and managing increased behavioral problems (Kerr et al., 2021). Issues around how to share indoor spaces and the closing of outdoor spaces created new problems (Prime et al., 2020) and increased parenting role captivity.

Parents had multiple concerns during the initial lockdown period. They were concerned about the impact of social confinement and children's reduced opportunities to socialize with friends (Statistics Canada, 2020a). Almost three in four parents expressed concerns about how to balance their employment responsibilities with caring for their children and overseeing their schooling, and this worry was more pronounced with parents of young school-aged children (Statistics Canada, 2020b). The uncertainty of the stay-at-home directive duration was an additional stressor. Over a third of Canadian parents (Roos et al., 2021) reported increased negative depression and anxiety due to government-mandated stay-at-home directives. These numbers are alarming when considering how parents' well-being is crucial for children's well-being (McConnell et al., 2011; Nomaguchi & Milkie, 2020; Prime et al., 2020). For example, parents' negative psychological well-being can result in increased problematic parental behaviors (Nepl et al., 2016), further compounded by inadequate childcare support (Roos et al., 2021). Perceived stress about COVID-19 issues also indirectly negatively affected family cohesion and conflict (Mohanty et al., 2022).

Household Bubbles

Household bubbles, exclusive networks used to follow government distancing mandates, were an important COVID-19 policy put into place in regions around the world to help people deal with the challenges of mandated stay-at-home directives. Pairing with another household allowed for a small increase in the number of people a household could interact with while still minimizing contagion risk (Long et al., 2020), but little is known about how such pairings were experienced by families.

The only empirical study to date on household bubbles is a report by Long and colleagues (2020) about bubbles in New Zealand, one of the first countries

to implement a mass-scale bubble policy. Based on an online survey and seven ethnographic interviews, Long and colleagues concluded that the bubbles were effective in promoting mutual care between two households while still emphasizing the need to minimize social contacts. This study reported general findings about bubble experiences, not focusing specifically on parents, parents of young children, or experiences of social support via these bubbles. It also did not provide information about what social supports families typically used prior to the pandemic, which helps to contextualize families' support needs during the pandemic (Hertz et al., 2021). However, Long et al., (2020) did point out that essential workers who were allowed to have one extra person assist with childcare during the strictest isolation phase reported that this arrangement was insufficient because it did not help their children have playmates of a similar age.

Summary

Social support from multiple microsystems is important for parenting efficacy and family resilience. However, COVID stay-at-home directives resulted in changes to and losses of typical microsystems. In turn, increased mental health issues emerged. Studies have focused on the negative impacts of the pandemic rather than interventions that can help individuals and families. The introduction of household bubbles was assumed to increase families' resources via social support, but little is known about families' experiences of these bubbles. Focusing on Canadian families living in Nova Scotia, our research question was: What were mothers' experiences of household bubbles during the first wave of the pandemic, and did these bubbles help them?

Method

Participants

Although we sought both mothers and fathers, only mothers were interviewed. The few fathers who expressed initial interest did not respond to inquiries after additional information was provided. A focus on mothers is important, however, because early pandemic research indicated that compared to fathers, mothers reported higher amounts of childcare and housework (Leclerc, 2020; van Tienoven et al., 2023), parental burnout (Aguilar et al., 2021; Kerr et al., 2021), and concern about the fairness of their work-family balance (Craig & Churchill, 2021; Quah, 2020).

Eighteen mothers between the ages of 21 to 49 were interviewed (average age: 37 years old). They lived in urban and rural areas across the province. Sixteen mothers were married and two in common-law relationships. One woman was lesbian; the rest were heterosexual. We asked participants to identify the ethnic/racial backgrounds of their families, and they could identify more than one ethnicity. For the first ethnic identity ($n = 17$, one declined), responses were:

Caucasian (7), Acadian (6; descent of French settlers), South Asian (2), East Indian (1), and Indigenous (1). Six participants also identified a second ethnicity.

At the time of the stay-at-home directive, participants had between one and five children, with most having two or three children (one woman had a second child during the isolation period). Children's ages ranged from newborn to one year old ($n = 7$), two to six years old ($n = 19$), and six to eleven years old ($n = 12$). Three mothers also had five children who were 12 to 21 years old.

Six mothers were employed full-time, two worked part-time, four were on maternity leave, five were stay-at home mothers, and one was a student. All participants' spouses were employed full-time. The percentage of dual-earner families (67%) in this study was similar to the average for the Atlantic provinces (Statistics Canada, 2016). Those who were employed had jobs in areas such as education, health care management, and the military. Three mothers' employment statuses changed during the first wave shutdown, such as moving from maternity leave to full-time employment. Our sample was highly educated, with 10 university degrees and five graduate degrees. Participants' household incomes were also mostly high. Of the 13 participants who responded, ten had household incomes of more than \$100,000 CAD. Two women reported household incomes between \$30,000 to \$39,999 CAD.

Prior to the shutdown, 13 of the mothers said they typically turned to family for instrumental support and emotional support (Table 1). Four of these 13 mothers also reported a second source of support: two mentioned human service agencies and two mentioned friends. One South Asian mother said there was no one that they turned to for support. Of the remaining four families, two turned to neighbors and two turned to friends for support.

Procedure

This study used a qualitative design and in-depth interviews, which is more suited than quantitative methods for examining what social support means to individuals (Williams et al., 2004). After receiving university ethics approval, recruitment occurred through social media and materials emailed to over 100 provincial family-focused organizations (e.g., family resource and child care centres, immigrant settlement agencies) that passed along the information to the families they served. Prospective parents emailed the first author and a screening call took place in which their eligibility was checked. Eligibility consisted of (a) living in Nova Scotia during the first shutdown, (b) having at least one child under the age of 12 years at the time of the first shutdown, and (c) not having paired up with another family prior to the May 15, 2020 policy. Several families were excluded from the study because they did not meet the third criterion (a limitation we will return to later).

Audio-recorded phone interviews were conducted by the first author and took place between January and March 2021, between the second and third waves in Nova Scotia. These semi-structured interviews ranged from 45 to 90 minutes. Participants were asked to describe how they coped and the social

Table 1. Participants, Support, and Bubbles Characteristics

Pseudonym (number of children)	Employment status	Who they normally turned to for support prior to the pandemic (type of support)	Who they bubbled with	Reason for bubbling	How often they met: a) during the shutdown b) now (8–10 months later)
1. Melissa (5)	Stay-at-home mother	Mother (practical), and neighbors to a lesser extent (practical)	Parents	Support for self, Following the rules	Shutdown: 4 days/ week plus once on weekend Now: Same
2. Wenly (3)	Stay-at-home mother	Father-in law (practical)	Parents	They are family	Shutdown: A few times/month for dinner, plus other visits Now: 4–6 times/ month
3. Karen (2)	Employed full time	Father (practical)	Parents	They are family	Shutdown: Every day Now: lots
4. Jennifer (3)	Student	Parents (practical) ^a	Friends	Other children to play with	Shutdown: Every day Now: 2–3 times/ month
5. Eve (1)	Employed full time	Parents (practical)	Parents	They are family	Shutdown: 3 times/ week Now: Once a week
6. Vidushi (3)	Maternity leave	Nobody	Neighbors ^b	Other children to play with	Shutdown: Weekly Now: Twice a month
7. Preeti (1)	Maternity leave	Family in India (emotional) ^a	Friends	Support for self	Shutdown: Weekly Now: 1–2 times/ month

(Continued)

Table 1. (continued)

Pseudonym (number of children)	Employment status	Who they normally turned to for support prior to the pandemic (type of support)	Who they bubbled with	Reason for bubbling	How often they met: a) during the shutdown b) now (8–10 months later)
8. Holland (3)	Stay-at-home mother	Mother (practical), Family Resource Centre (practical)	Parents	Support for self	Shutdown: 2–3 times/ week Now: Once a week
9. Leanne (1)	Maternity leave (switching to employed full time)	Parents (practical)	Parents	Support for self	Shutdown: On weekends Now: Similar, with a bit more help as needed during the week
10. Pam (1)	Employed full time	Parents-in-law ^a (practical)	Friends	Following the rules	Shutdown: Every 2–3 days Now: Less than once a week
11. Brooke (4)	Stay-at-home mother	Mother-in-law ^a (long- term practical), friend (short-term practical)	Friends	Support for self, Other children to play with	Shutdown: At least once a week Now: A little less but still regularly
12. Josey (2)	Student	Neighbors (practical)	Friends	Support for self, Other children to play with	Shutdown: Several times/week Now: Every week or so
13. Alice (2)	Maternity leave	Friends (emotional, advice)	Friends	Other children to play with	Shutdown: Every day or two Now: Once a week

(Continued)

Table 1. (continued)

Pseudonym (number of children)	Employment status	Who they normally turned to for support prior to the pandemic (type of support)	Who they bubbled with	Reason for bubbling	How often they met: a) during the shutdown b) now (8–10 months later)
14. Natalie (3)	Employed part time	Mother (emotional), formal support (practical)	Neighbors ^b	Other children to play with	Shutdown: A few times/week Now: A bit less
15. Margaret (2)	Employed full time (switched to maternity leave)	Friends (practical and emotional)	Friends	Other children to play with (primary). Support for self and following the rules (secondary)	Shutdown: Daily Now: Less often but not daily
16. Lori (2)	Employed full-time (then unemployed)	Parents-in-law (practical)	Friends	Other children to play with, Support for self	Shutdown: Daily Now: Once a week at least
17. Nancy (3)	Employed part-time	Mother (emotional and practical)	Friends	Other children to play with	Shutdown: Almost every day Now: Weekends
18. Jane (2)	Employed full time	Neighbors (practical)	Neighbors ^b	Other children to play with	Shutdown: Less than once/week Now: A couple of times a year

^aDid not reside locally. ^bPeripheral tie

support they received from others during three time periods: (a) the initial shut-down period before the bubble policy was put into place, (b) the period after they paired with another household, and (c) their current situation. Participants also completed a brief demographic form.

Data Analysis

Transcripts were imported into MAXQDA 2020 software for analysis. Key points of each family were also summarized in an Excel file. This matrix condensed key family characteristics before, during, and after the implementation of the bubble and helped sensitize us to possible patterns and variation across the participants (Miles et al., 2014).

Qualitative description was used. This method is useful for understanding the basic who, what, and where of events, and it is less theoretically-oriented than other approaches (Kim et al., 2017; Sandelowski, 2000). Data analysis consisted of content analysis, using three coding strategies: (a) inductive topic coding, (b) descriptive coding, and (c) analytical coding (Richards, 2014). Topic coding focused on factors such as reasons for choosing one's bubble family, the kind of activities done with the other family, the benefits of having a bubble, and thoughts about social support. For descriptive coding, we assigned information to each transcript, such as who the mother bubbled with, to explore possible patterns in the topic coding. Analytic coding took place when we examined the topic coding and excel file for themes, reflecting on the "bigger picture," and capturing our ideas in analytic memos. Similar to other researchers (e.g., Schuler et al., 2016), we used our theoretical framework to interpret the findings rather than inform a coding framework.

Analysis was carried out primarily by the first author. Trustworthiness of the findings was enhanced by the two authors meeting together to discuss codes and themes (analyst triangulation, see Patton, 1999). Data saturation was achieved with the sample size. We also identified one negative case (Patton, 1999)—a family with mixed emotions about the helpfulness of their bubble arrangement. Finally, the credibility (Cope, 2014) of our findings was indicated by two parents (not study participants) who attended a presentation about the study and who described how the findings resonated with them.

Findings

After two months of physical isolation in their homes, families were eager to pair up with another household. In this section, we describe three themes related to (a) deciding who to bubble with, (b) how the bubbles helped them, and (c) missing support from family members who did not live nearby.

Parental and Child Needs Influenced the Bubble Decision

Six participants paired with family. They joined with their parents or parents-in-law, who were the same people they typically turned to for support prior to the pandemic. Nine individuals paired with friends. The remaining three participants paired with

neighbors, and based on their descriptions of their relationships with them (i.e., low levels of intimacy, stability, and/or investment), we characterized those relationships as peripheral ties (Fingerman, 2009).

Twelve people relied on family for their main source of instrumental support prior to the shutdown, but six of them did not pair up with family during the shutdown. Reasons were because the relatives lived too far away for the pairing to be helpful, or they preferred to bubble with someone who had playmates for their children. In two cases, not bubbling with family members was a health decision. Alice, for example, paired with friends rather than her sister because the sister interacted with health care workers and Alice was worried about COVID transmission.

Half of the participants knew who they were going to bubble with by the time the policy was announced. The neighboring province, New Brunswick, had implemented a “two-household bubble” policy two weeks earlier, and Nova Scotians were waiting and hoping for a similar policy. Some mothers had already discussed the idea of bubbling with their future family bubbles. Pam said: “We were pretty ready, and basically as soon as it happened, it was just, I think, a couple of emojis. I don’t even think we asked each other, like, we just assumed that we were going to bubble together.” In other cases, the decision was made quickly after the policy announcement and with little discussion, such as Natalie and her neighbor in a minute-long phone call.

Jane’s family was the only family who did not decide immediately, partially influenced by her husband’s concern about contagion risk. However, eventually a neighbor down the street (a peripheral tie) posted on Facebook that they had yet not paired up with a household, and Jane offered to join them.

In situations where a family had to decide between two households, the household that was turned down understood the rationale for it, and there appeared to be no hurt feelings. Peripheral ties such as neighbors understood why participants picked their families over them. In other cases, it was family who demonstrated acceptance. Margaret, who paired up with friends, called her mother who lived three hours away, and said, “How do you feel if we don’t bubble with you? Because I know we have a new grandson. If this bubble lasts for like the next three months, you’re not going to move (here) and vice versa.” Her mother agreed and paired up with local friends instead.

When asked why they chose their particular household, 13 mothers gave one reason, four gave two reasons, and one provided three reasons (Table 1). The most common reasons were either support for them as a parent ($n = 8$) or support for the child ($n = 14$). Lori was one parent who mentioned both reasons. She had to close her home business during the pandemic, while her wife, Georgia, had continued working in a full-time job outside the home. Lori said:

I just cried cause I couldn’t believe that (my wife agreed to bubbling with my friend), and she’s like, “Well, that’s the thing, my life hasn’t changed,

but your life has. *You* need the support and the kids needed their friends too, right?”

The decision about who to bubble with was easy for almost all the participants, but Melissa was one exception. She had five children between the ages of 2 to 8 and bubbled with her mother. Melissa described how they could have bubbled with neighbors who had children (a peripheral tie): “That was challenging to kind of balance the potential needs of my kids to hang out with their friends—I mean that sounds silly, but I use (my mother) for child care too when I need it.”

Mothers with younger children (babies and toddlers, in particular) were more likely to talk about support for themselves as a reason for the pairing, whereas those with older children noted the need for interaction with friends. Alice’s three-and-a-half-year-old son, for example, was struggling with the loss of his child care playmates.

My son gets pulled out of daycare, misses his friends like crazy—breaks my heart. Like, oh my gosh, did he ever feel it. He definitely didn’t understand when the weeks started to go by. “I can’t see any of my friends? How come I can’t see (my friend) up the street? How come I can’t see him?” It was just *awful*! So bad.

When the bubble policy was announced, they immediately thought of friends who lived nearby, who agreed to pair with her for the same reason: Alice said, “It was ‘my kid needs to see other kids *now*.’”

Participants indicated two additional reasons for choosing their bubble partners. First, in three cases, they chose the other household because they “were family.” Wenly, for example, said, “It was only normal for us to pick Carl’s parents. . . . We were both like, ‘OK sure. Of course, we’re picking your parents, right?’” A second reason for another three participants was that the other household was following the rules and therefore a safe choice. Brooke was pregnant at the time and noted how it was very important for her and her husband to trust the other family that they were following public health directives.

Finally, we note that a few participants who chose family specifically indicated that they also wanted to be able to provide support to their parents. Thus, the bubble decision was guided not only by a sense of what would benefit the self but also by what would benefit other family members. Eve, who turned down pairing with neighbors, said “(It was) wanting to be with (my parents) and wanting our daughter to be with them, and wanting to, kind of, be there for them too.” Participants recognized the importance that their children played in the grandparents’ lives. Karen noted how her children were “a *huge* help” to her father who lived on his own and was quite isolated. Families that paired up with friends and neighbors also saw the benefits that they brought to the other families, but they did not explicitly state these reciprocal benefits when answering what factored into their decision to pair up with the other household.

Being in the Bubble Reduced Pressures

Many participants thought they were managing quite well at the start of the shut-down but were desperate and exhausted after two months of isolation. Pressures had been building in their families, and this pressure needed to be released.

(The bubble) was a relief socially. Oh, I'm trying to think about that—the right word. It was a bit of a pressure valve, you know, we were certainly starting to go a little stir crazy, um, so it was—it was a pressure valve on our—our relationship, our family dynamic, um, it was absolutely a relief and it helped immensely. (Pam)

Activities centered around getting together for meals, conversations, and playtime in each others' homes or outside. Most participants met daily or several days a week, whereas a few gathered just once a week (Table 1). Varying configurations were reflected in these gatherings. Sometimes all members of both households gathered; at other times it was select members, such as a child going over to the other household for a sleepover.

These various activities helped participants in many ways, both directly and indirectly. Direct benefits related to what happened with the other families during their bubble interactions, whereas indirect benefits reflected perceptions of future support, should it be needed. Instrumental support occurred via having other people for both the parents and the children to interact with in person. Many described how it was helpful to be able to spend time with the other household and have someone else give them a break from watching the children or, at minimum, assist with minding the children. Participants expressed relief knowing that they now had “another member of the team” (Karen) and they felt less isolated. These additional interactions/relationships also benefitted the children, particularly if it was someone with a longstanding investment in the child, such as a grandparent. Eve said:

It took the pressure off cause (my mother's) not just looking after her, (they are also) being *present* with her, like, respecting her interests and respecting her. (My daughter's) excited about everything, which is awesome, but you just can't always engage it, right? It just like eased the stress that we were starting to feel, the three of us being here together all the time, um, and not, you know, just not being present, like, you're kind of half assing your work and you're half assing your parenting.

Emotional support was exchanged between households and seemed particularly valued when it was shared between parents with young children. Preeti valued having someone who understood what it was like to be a new mother: “Being a new mom. . . I was obviously looking for somebody who will not judge me.” Two mothers also noted how being able to talk with another adult helped take some of the pressure off their spouses to “be everything to them.”

Witnessing how the other parents were managing their children in person was very helpful and provided opportunities to share advice with each other: “As

soon as we could bubble, and we saw like, okay, you guys are struggling with this too. ‘Okay, what’s your approach?’” (Pam). Advice could have been shared over phone or text before this, but it seemed to be more impactful and meaningful seeing other parents in action, *in person*.

Children benefitted directly from having someone else to play with—another adult (i.e., grandparent) and/or children. Having other children to play with provided additional value through new play environments and toys. Parents described being less stressed when they saw that their children were less stressed. Pam noted that “suddenly we can tolerate the yelling and the screaming and the giggles and whatnot because they’re *playing*. They’re not directing it at us.”

Finally, the bubbles were indirectly helpful to parents through the *perception* of available support. A few mothers talked about the importance of knowing they had childcare “backup” if they needed it, such as if someone had to go to the hospital. Margaret said, “I could call, and be like, ‘Hey, can you come and help my kids? Can you watch the other one?’” This untapped support was particularly important for families in which parents travelled for work, which was the case for both Brooke’s husband and the husband in their bubble household. Brooke said:

With the uncertainty with everybody going back to work, it meant that, um, if (my friend) had to go back to work as well, then her kids could come here. And if either of the guys had to go anywhere, then we had our backup again.

The bubbles helped prevent tensions from rising any further, releasing some of the pressure in the families. Both parents and children could release some of their energy through conversation and play, and they received valuable support through the bubble interactions and assurance of future support. However, bubbles did not seem to substitute for more formal forms of support (i.e., from organizations, support groups, volunteers) that was needed and limited during this time among some families. This loss seemed to be more of an issue for parents who were younger, had lower incomes, had children with mental health issues (autism spectrum), or who had very young children. For example, new mothers missed the supports they knew they would have received or reached out to. Leanne, who had a 1-year-old, said, “there’s not a lot of baby groups that have started again, and even those that are, it’s limited participation.”

Only one mother expressed mixed emotions about the bubble experience. This mother talked about how her pairing felt a bit awkward because they did not have a very close relationship with their neighbors even though they considered them to be friends. Her husband felt uneasy about creating interaction expectations that they might not have been able to meet. Their pairing also caused friction in both families because some of the children in the two families wanted to play with each other whereas others did not and felt left out of the arrangement.

Extended Family Members Still Played a Central Role

The household bubbles were described as being helpful to everyone, including the one mother who expressed mixed feelings. However, participants' experiences prior to the pandemic shutdown and eight to ten months after the implementation of the bubble policy revealed the important role that families—their own parents, in particular—played in their lives. [Table 1](#) compares the number of interactions participants had with their bubble families during two times: (a) the first month of the bubble, and (b) 8–10 months later (when they were interviewed).

Households had quite high levels of involvement with each other during the first month. However, since then, the level of involvement had dropped for all 12 mothers whose families paired up with friends or neighbors and for three mothers who paired up with family (grandparents, specifically). Pam, for example, had been meeting with her friends' family every two to three days in May 2020, and now the two households met less than once a week. This was not surprising, given that people were now able to socialize with more individuals and some activities had restarted. Preeti, for example, noted how they were able to meet with other new moms since a mother's support group had reopened. Some of the mothers said their levels of involvement with the other household were "back to normal." Unchanging high levels of involvement were seen only with participants who paired up with family members (i.e., the three remaining participants). Melissa said, "We clearly hang out more than we ever did, and you know. . . you learnt how important your family *really* is."

Missing face-to-face interactions with family was not just about daily or more regular get-togethers. Half of the participants described how occasional visits with family members who lived far away were vital to their parental coping and in rejuvenating everyone's spirits. Those who mentioned family in Canada focused on the instrumental support derived from parental visits. Jennifer, for example, described how her parents would visit every few months to give her and her husband a break from "the kind of intensity of parenting young children" and how her mother was, "just a miracle worker and she could, like, whip the whole house into shape in half a week and it could be perfect." Others noted how parents and parents-in-laws would help with childcare when they or their spouse travelled for work or if something unexpected happened. Leanne mentioned how her sister stayed overnight to care for her baby while her husband drove her to a job interview, and "I can kind of breathe and not have to worry about (my child)." Such instrumental assistance appeared to be vital even if it only occurred every few months or during moments of increased need, but these kind of visits were stopped during the shutdown.

Quarantine mandates also contributed to the loss of these visits. In the first few months of the pandemic when COVID-19 transmission was high, Nova Scotia and other Atlantic provinces implemented a 2-week quarantine period for travelers entering their provinces. However, in July 2020, the four Atlantic

provinces created “The Atlantic Bubble,” which allowed residents in those provinces to visit each other without self-isolating for 14 days each time they crossed an Atlantic provincial border. Participants who were lucky enough to have family in these provinces were then able to visit their relatives more easily. By the time we conducted our interviews, though, the Atlantic bubble had been dismantled due to rising COVID-19 cases. Margaret said, “I have two sisters who—they live in (another Atlantic province) so I don’t know when they will be able to come and visit again, because who wants to pack themselves 28 days of self isolation? I sure don’t.” Several families struggled again with living so closely to their families but not being able to visit them, and emotional connections were missed. Jane was hoping to visit her mother for her upcoming 75th birthday and they also noted earlier loss of family time: “We couldn’t get together with any of our family over Christmas so it’s still quite disrupted. . . it’s kind of interesting because I never thought of a provincial border as any kind of boundary.”

International travel restrictions were key constraints for the two South Asian participants, who were eager to return to India to see family for lengthy visits. As noted earlier, both had indicated that there was nobody local that they turned to for support prior to the pandemic (and one of them had been living in Nova Scotia more than two years). Vidushi was very homesick for their homeland and desolate that they had missed their father’s funeral. They had also planned on spending six months in India after their child was born, but this trip had been put on hold. Their comments reflected an emotional fortification they would garner with visits back to India.

Discussion

Mobilizing sources of social support is a characteristic of resilient families (Allen & Henderson, 2017), and this is one of the first studies to look at how household bubbles helped families be more resilient during the early months of the COVID-19 pandemic. Informed by stress and resilience theory (Allen & Henderson, 2017), the bioecological model (Bronfenbrenner & Morris, 2006; Shelton, 2019), and social capital theory (Coleman, 1988), we looked at how social support provided from one other microsystem—via Nova Scotia’s immediate family bubble policy—was a resource that helped mothers navigate the stressful conditions (Brown et al., 2020) during this time. The bioecological model draws attention to the importance of proximal processes. Support from close relationships outside the home are an important resource for parents and their children in enhancing resilience (Prime et al., 2020; Szreter & Woolcott, 2004; Ungar et al., 2013). Close relationships or primary groups of social support include family members and friends (Thoits, 2011). People *matter* to each other in these relationships and they can be relied on during times of need. Less intimate, peripheral ties such as local neighbors can also provide assistance when primary groups are not available (Litwak & Szelenyi, 1969).

Our findings focus on three areas. First, we identify two main reasons that guide parents’ decisions about who to pair with under pandemic circumstances.

Second, our results show that both received and perceived support via bubbles helps reduce pressures arising from physical isolation. Third, we describe how support from distant family members is also very important to many families, suggesting that peripheral ties such as neighbors (Fingerman, 2009) may still play a limited role in circumstances such as pandemics.

First, our study found there were several factors that parents considered when deciding who to bubble with, which aligns with a previous report on bubble policies (Long et al., 2020). Most often, reasons focused on tangible instrumental support for the parent and/or child: the parent(s) through assistance with childcare or the child through having a playmate. On one hand, parents with babies may seek adult support to relieve them from the intensive nature of caring for a very young child. Grandparents, for example, often play an important role in helping parents adjust to having a newborn child (Gilligan et al., 2020) and regularly take care of children (Gulland, 2020). A broader view of reciprocal parent-child socialization also considers the bidirectional influence between parents and children (Kuczynski & Parkin, 2007). For example, older children may experience stress regarding the loss of play opportunities with peers; this can manifest in ways that parents perceive to be challenging, which, in turn, increases the risk of negative parental behaviors (Kerr et al., 2021; Prime et al., 2020). Thus, following the strict lockdown it was important for many families to find play opportunities with children of a similar age (Long et al., 2020), and this indirectly benefits parents. As noted, many Canadian parents were concerned about their children's abilities to be with other children as well as their children's stress levels (Spinks et al., 2020; Statistics Canada, 2020b). Parents can become less stressed when their children are happier and more relaxed. Children's energy is also focused elsewhere, which may, in turn, reduce parents' perceptions of parenting captivity (Pearlin, 1989).

Additionally, parents sometimes considered the needs of an aging parent living on their own when choosing a household. Bubbles allow adult children to reciprocate direct support to aging parents who may be struggling with their own isolation, and intergenerational solidarity is enhanced (Gilligan et al., 2020). Being able to support others during catastrophic times can also help with coping (Townshend et al., 2015).

Second, emotional and instrumental support (Thoits, 2011) from friends, neighbors, and family in bubble pairings occurs in many ways. Direct support involves aspects such as childcare assistance, another adult with whom to share feelings and concerns, playmates for children, and a new play environment for the child. New playmates and environments may reduce perceived challenging behaviors from children (i.e., the children are still yelling but they are yelling at their friends rather than their parents) and in turn reduce parents' stress levels (Vaughan et al., 2012). Neighborhoods provide learning opportunities through the observation of others (Litwak & Szelenyi, 1969); being able to observe another parent interact with their own children can be helpful ("incidental learning opportunities," see McConnell et al., 2011, p. 680). Moreover, simply

spending time with someone else in a relaxing manner can have a positive impact on parents (Doty et al., 2017). Technologically-mediated interaction helps reduce social isolation in some ways (Roos et al., 2021) but it is still limited (Charnock et al., 2021). Online interactions cannot fully replace in-person interactions and do not provide adequate child supervision. Thus, the tangible instrumental and emotional support received through in-person bubble interactions are vital to reducing the stress loads of parents and their children.

Consistent with Thoits' (2011) assertion that perceived support from social ties is important, bubble households also indirectly help mothers through the perception of available future support. Health emergencies or work-travel requirements may increase parents' stress during a pandemic if their typical backup is missing. Thus, although received support is viewed as a more accurate measure of social support than perceived support (Nurullah, 2012), knowing one has "backup" during a pandemic shutdown can be a great source of comfort to parents who are worried about potential situations. Perceptions of support can also change one's cognitive appraisal (Nurullah, 2012), and having a sense of control during the pandemic positively influences parents' stress levels (Brown et al., 2020).

Direct support and perceptions of available support as resources can prevent physical confinement from turning into a crisis for families. Some of the parents had indicated they were feeling very close to not being able to cope with all their stresses immediately prior to the implementation of the bubble policy. It is possible, though, that these impressions were influenced by participants reflecting retrospectively on the previous year. Perhaps their situations might not have developed into crises if the extreme confinement had continued.

A final learning from this study regards the importance of support from at-a-distance family members, specifically grandparents. Almost a year later after the bubble experience, most families had reduced their interactions with their bubble households. During the two-month period of isolation and one-month bubble period (and also for a period of time after), there was no child care or in-person school for children, no workplaces to go to for many parents, and no extracurricular activities for anyone. Quarantines mandates also continued at provincial borders. During such a time, parents, understandably, interact at higher levels with the one household with which they are allowed to interact. Then, as the pandemic continued to evolve and restrictions loosened, the bubble interactions diminish. This pattern happened for all the participants who bubbled with friends and neighbors and half of the participants who bubbled with family. It is important to note that public health restrictions and messaging also changed throughout subsequent waves of the pandemic, where there was a greater emphasis on gathering limits and recommendations for consistent social circles.

Three participants who bubbled with family, however, did not reduce their interactions. Moreover, about half of all the participants described the instrumental and emotional support that grandparents from a distance provide, even when it is not offered on a daily or regular basis. Many note the importance of

semi-regular visits and how these visits rejuvenate their energy levels, or how grandparents assist during circumstances such as a spouse needing to travel for work. Core kin ties are characterized by greater investment and stability compared to peripheral ties (Fingerman, 2009) and remain central to the well-being of parents and their children. Grandparents and other kin play an important role in many adult children's and grandchildren's lives (Gilligan et al., 2020; Gulland, 2020; Silverstein & Ruiz, 2006) even when they do not live nearby (Litwak & Szelenyi, 1969). Less intimate peripheral ties such as neighbors may play a vital supportive role during shutdown periods and recede into the background once the period of elevated need is over and regular forms of support are back in action. A variety of relationships are critical for the well-being of parents and their children (Ungar et al., 2013).

Limitations and Future Research

Although we sought ethnic and racial variation in our sample, we did not achieve our desired diversity; none of our participants identified as Black, Caribbean, or African Nova Scotian despite attempts to reach this community. It is notable that the only two participants who said they had no one in Canada to turn to for support prior to the pandemic were racialized immigrants to Canada. As Coleman (1988) has noted, social capital can be lacking for individuals who have moved. Moreover, given that race and ethnicity have been central factors affecting families' experiences of the pandemic (Chen et al., 2022; Vandrevalla et al., 2022), having a more varied sample might have revealed additional important issues of concern.

Seeking parents who did not pair up with another household during the COVID-19 pandemic until allowed by the government may have also influenced our sample. Individuals who were able to follow the rules may have been more likely to have high levels of education and income and be employees with job flexibility and the ability to work from home (Gulland, 2020). Moreover, pre-existing family characteristics such as income can result in greater resilience for some families compared to others (Prime et al., 2020). Future research could study the experiences of parents who felt they had to disregard stay-at-home directives and create bubble situations: (a) parents who needed to go to their jobs and have someone take care of their children or (b) parents who were so overwhelmed by their children's needs or situations and needed additional help. We might have had different findings if we had more low-income participants who reported more issues with child behavior and difficulties with their parenting as a result of their emotional reactions (Kerr et al., 2021). Little research has also been carried out on the effects of the pandemic on single mothers (Hertz et al., 2021). An international study of single mothers during the pandemic—mostly American or Canadian—showed that single mothers living on their own were more likely to bring in an additional person to help out compared to single mothers living in multi-adult households (Hertz et al., 2021).

This is a study of mothers' perceptions of social support and household bubbles during the pandemic's first wave, rather than parents' perceptions. Interviewing fathers would strengthen our understanding of parenting during 2020. Nevertheless, given that research has shown that the pandemic exacerbated gendered responsibilities for childcare and housework (Roos et al., 2021; van Tienoven et al., 2023) and increased mothers' parental burnout more than fathers (Aguiar et al., 2021), this focus on mothers is warranted. Moreover, in studying mothers generally rather than only those who were employed (e.g., Çetin et al., 2021; Martucci, 2023), this research reveals that stay-at-home mothers and mothers on maternity leave also experienced high levels of stress during the isolation period and benefitted from bubble arrangements.

Finally, as noted earlier, participants' responses may have been influenced by reflecting retrospectively on their experiences. Allen and Henderson (2017), however, note that perception is key when considering the stress and coping of families.

Conclusion

Household bubbles provide support to families during pandemic shutdown periods through direct support and perceived future support. For some parents, though, ad-hoc support configurations developed with peripheral ties can help temporarily but may not replace familial (or friend) support systems already in place and affected by other pandemic-related policies such as mandatory stay-at-home and quarantine directives. Given young children's vulnerabilities, finding ways to minimize families' stress and increase their resilience must be a key focus (Roos et al., 2021; Singletary et al., 2022).

This study provides implications for the evolving pandemic context locally and internationally by identifying the importance of considering social support from a variety of microsystems, some of which may be more central to families' well-being and resilience than others (Masten, 2018). The results can inform policy directives and support interventions for future infectious waves or pandemics, or other multisystem disasters (Masten, 2018), and may be helpful to other jurisdictions contemplating bubble interventions such as those carried out in Canada, the UK (Gulland, 2020), and New Zealand (Long et al., 2020).

Public health policies need to consider unique family needs while also balancing public health needs around contagion risk. Furthermore, as we move toward an endemic phase of COVID-19, interventions to strengthen parents' social ties, including peripheral ones, and social support under more regular circumstances are key (Doty et al., 2017; McConnell et al., 2011). Social capital will be enhanced through relationships with family, friends, and neighbors (Litwak & Szelenyi, 1969), as well as through involvement with social service programs (Green et al., 2022). Increased community programming for families can enhance social support for both parent-to-parent connections and peer interactions for young children. There are many dimensions to resilience (Waller,

2011), and distal support from exosystems is also key (McConnell et al., 2011; Ungar et al., 2013). Examples of exosystem support are government funding for emergency response benefits, early learning and child care, family resource centres, and parenting programs (Spinks et al., 2020). Interventions can include flexibility around government-mandated stay-at-home directions, bubble arrangements (Long et al., 2020), and reduced travel restrictions to allow for families to get together. Such flexible exosystem interventions reflect broader macro-level values about family diversity and the recognition that nuclear families may not be able to meet all their own needs, all the time (Litwak & Svelenyi, 1969). Our study of household bubbles illustrates the importance of social support among families in increasing resilience during global events such as the COVID-19 pandemic, and the importance of future interventions that enhance parental support and peer interactions for young children.

Notes

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2. Canada's worst mass murder in history also took place in Nova Scotia during this time, which added to families' stress levels in this region.

References

- Aguiar, J., Matias, M., Braz, A. C., César, F., Coimbra, S., Gaspar, M. F., & Fontaine, A. M. (2021). Parental burnout and the COVID-19 pandemic: How Portuguese parents experienced lockdown measures. *Family Relations*, 70(4), 927–938. <https://doi.org/10.1111/fare.12558>
- Allen, K. R., & Henderson, A. C. (2017). *Family theories: Foundations and applications*. Wiley Blackwell.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Ed.), *Handbook of child psychology: Vol 1. Theoretical models of human development* (6th ed., pp. 793–828). John Wiley. <http://doi.org/10.1002/9780470147658.chpsy0114>
- Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect*, 110 (Part 2). Advance online publication. <https://doi.org/10.1016/j.chiabu.2020.104699>
- Çetin, M., Dede, B., Kökalan, Ö., & Dede, E. (2021). A multilevel investigation of the effects of daily work-family interaction on daily affect during the COVID-19 pandemic. *Journal of Family Issues*, 43(12), 3299–3320. <https://doi.org/10.1177/0192513x211044487>
- Charnock, S., Heisz, A., Kaddatz, J., Spinks, N., & Mann, R. (2021). *Canadians' well-being in year one of the COVID-19 pandemic* (Catalogue no. 75F0002M). Statistics Canada.

- Chen, C. Y.-C., Byrne, E., & Vélez, T. (2022). Impact of the 2020 pandemic of COVID-19 on families with school-aged children in the United States: Roles of income level and race. *Journal of Family Issues*, 43(3), 719–740. <https://doi.org/10.1177/0192513x21994153>
- Chung, G., Lanier, P., & Wong, P. Y. J. (2022). Mediating effects of parental stress on harsh parenting and parent-child relationship during Coronavirus (COVID-19) pandemic in Singapore. *Journal of Family Violence*, 37(5), 801–812. <https://doi.org/10.1007/s10896-020-00200-1>
- Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94, S95–S120. <https://doi.org/10.1086/228943>
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89–91. <https://doi.org/10.1188/14.onf.89-91>
- Craig, L., & Churchill, B. (2021). Dual-earner parent couples' work and care during COVID-19. *Gender, Work & Organization*, 28(S1), 66–79. <https://doi.org/10.1111/gwao.12497>
- Doty, J. L., Davis, L., & Arditti, J. A. (2017). Cascading resilience: Leverage points in promoting parent and child well-being. *Journal of Family Theory & Review*, 9(1), 111–126. <https://doi.org/10.1111/jftr.12175>
- Fingerman, K. L. (2009). Consequential strangers and peripheral ties: The importance of unimportant relationships. *Journal of Family Theory & Review*, 1(2), 69–86. <https://doi.org/10.1111/j.1756-2589.2009.00010.x>
- Forgatch, M. S., & DeGarmo, D. S. (1997). Adult problem solving: Contributor to parenting and child outcomes in divorced families. *Social Development*, 6(2), 237–253. <https://doi.org/10.1111/j.1467-9507.1997.tb00104.x>
- Gilligan, M., Sutor, J. J., Rurka, M., & Silverstein, M. (2020). Multigenerational social support in the face of the COVID-19 pandemic. *Journal of Family Theory & Review*, 12(4), 431–447. <https://doi.org/10.1111/jftr.12397>
- Gillis, A., & Roskam, I. (2019). Daily exhaustion and support in parenting: Impact on the quality of the parent-child relationship. *Journal of Child & Family Studies*, 28(7), 2007–2016. <https://doi.org/10.1007/s10826-019-01428-2>
- Green, H., Fernandez, R., Moxham, L., & MacPhail, C. (2022). Social capital and wellbeing among Australian adults' during the COVID-19 pandemic: A qualitative study. *BMC Public Health*, 22(1), 1–11. <https://doi.org/10.1186/s12889-022-14896-x>
- Gulland, J. (2020). Households, bubbles and hugging grandparents: Caring and lockdown rules during COVID-19. *Feminist Legal Studies*, 28(3), 329–339. <https://doi.org/10.1007/s10691-020-09445-z>
- Helland, M. S., Lyngstad, T. H., Holt, T., Larsen, L., & Røysamb, E. (2021). Effects of Covid-19 lockdown on parental functioning in vulnerable families. *Journal of Marriage and Family*, 83(5), 1515–1526. <https://doi.org/10.1111/jomf.12789>

- Hertz, R., Mattes, J., & Shook, A. (2021). When paid work invades the family: Single mothers in the COVID-19 pandemic. *Journal of Family Issues*, 42(9), 2019–2045. <https://doi.org/10.1177/0192513x20961420>
- Kerr, M. L., Rasmussen, H. F., Fanning, K. A., & Braaten, S. M. (2021). Parenting during COVID-19: A study of parents' experiences across gender and income levels. *Family Relations*, 70(5), 1327–1342. <https://doi.org/10.1111/fare.12571>
- Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in Nursing & Health*, 40(1), 23–42. <https://doi.org/10.1002/nur.21768>
- Kuczynski, L., & Parkin, M. C. (2007). Agency and bidirectionality in socialization: Interactions, transactions, and relational dialectics. In J. E. Grusec & P. D. Hastings (Eds.), *Handbook of socialization: Theory and research* (pp. 259–283). Guilford Press.
- Leclerc, K. (2020, December 14). *Caring for their children: Impacts of COVID-19 on parents*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00091-eng.htm>
- Litwak, E., & Szelenyi, I. (1969). Primary group structures and their functions: Kin, neighbors, and friends. *American Sociological Review*, 34(4), 465–481. <https://doi.org/10.2307/2091957>
- Long, N. J., Aikman, P. J., Appleton, N. S., Davies, S. G., Deckert, A., Holroyd, E., Jivraj, N., Laws, M., Simpson, N., Sterling, R., Trnka, S., & Tunufa'i, L. (2020, May 13). *Living in bubbles during the coronavirus pandemic: Insights from New Zealand* [Monograph]. London School of Economics and Political Science. http://eprints.lse.ac.uk/104421/?from_serp=1
- Martucci, S. (2023). He's working from home and I'm at home trying to work: Experiences of childcare and the work-family balance among mothers during COVID-19. *Journal of Family Issues*, 44(2), 291–314. <https://doi.org/10.1177/0192513x211048476>
- Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise. *Journal of Family Theory & Review*, 10(1), 12–31. <https://doi.org/10.1111/jftr.12255>
- May, I., Awad, S., May, M. S., & Ziegler, A. (2023). Parental stress provoked by short-term school closures during the second COVID-19 lockdown. *Journal of Family Issues*, 44(1), 25–45. <https://doi.org/10.1177/0192513x211041987>
- McConnell, D., Breitkreuz, R., & Savage, A. (2011). From financial hardship to child difficulties: Main and moderating effects of perceived social support. *Child: Care, Health & Development*, 37(5), 679–691. <https://doi.org/10.1111/j.1365-2214.2010.01185.x>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage.
- Mohanty, J., Chokkanathan, S., & Alberton, A. M. (2022). COVID-19-related stressors, family functioning and mental health in Canada: Test of indirect effects. *Family Relations*, 71(2), 445–462. <https://doi.org/10.1111/fare.12635>

Neppl, T. K., Senia, J. M., & Donnellan, M. B. (2016). Effects of economic hardship: Testing the family stress model over time. *Journal of Family Psychology*, 30(1), 12–21. <https://doi.org/10.1037/fam0000168>

Nomaguchi, K., & Milkie, M. A. (2020). Parenthood and well-being: A decade in review. *Journal of Marriage and Family*, 82(1), 198–223. <https://doi.org/10.1111/jomf.12646>

Nurullah, A. S. (2012). Received and provided social support: A review of current evidence and future directions. *American Journal of Health Studies*, 27(3), 173–188.

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 34(5), 1189–1208.

Pearlin, L. I. (1989). The sociological study of stress. *Journal of Health and Social Behavior*, 30(3), 241–256. <https://doi.org/10.2307/2136956>

Perlman, D. (2020). A finale for JCFS’ “Global family perspectives on COVID-19” special issue: Themes and reflections. *Journal of Comparative Family Studies*, 51(3–4), 445–453. <https://doi.org/10.3138/jcfs.51.3-4.017>

Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*, 75(5), 631–643. <https://doi.org/10.1037/amp0000660>

Quah, S. R. (2020). Wrestling with role strain in a pandemic: Family, ‘stay-at-home’ directive, and the COVID-19 pandemic. *Journal of Comparative Family Studies*, 51(3–4), 236–253. <https://doi.org/10.3138/jcfs.51.3-4.002>

Richards, L. (2014). *Handling qualitative data: A practical guide* (3rd ed.). Sage.

Roos, L. E., Salisbury, M., Penner-Goeke, L., Cameron, E. E., Protudjer, J. L. P., Giuliano, R., Afifi, T. O., & Reynolds, K. (2021). Supporting families to protect child health: Parenting quality and household needs during the COVID-19 pandemic. *PLoS ONE*, 16(5), 1–19. <https://doi.org/10.1371/journal.pone.0251720>

Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334–340. [https://doi.org/10.1002/1098-240x\(200008\)23:4%3C334::aid-nur9%3E3.0.co;2-g](https://doi.org/10.1002/1098-240x(200008)23:4%3C334::aid-nur9%3E3.0.co;2-g)

Schuler, S. R., Lenzi, R., Hoang, T.-A., Va, S.-H., Yount, K. M., & Trang, Q. T. (2016). Recourse seeking and intervention in the context of intimate partner violence in Vietnam: A qualitative study. *Journal of Family Issues*, 37(8), 1151–1173. <https://doi.org/10.1177/0192513x14539155>

Shelton, L. G. (2019). *The Bronfenbrenner primer: A guide to develecology*. Routledge.

Shumaker, S. A., & Brownell, A. (1984). Toward a theory of social support: Closing conceptual gaps. *Journal of Social Issues*, 40(4), 11–36. <https://doi.org/10.1111/j.1540-4560.1984.tb01105.x>

Singletary, B., Schmeer, K. K., Purtell, K. M., Sayers, R. C., Justice, L. M., Lin, T.-J., & Jiang, H. (2022). Understanding family life during the COVID-19 shutdown. *Family Relations*, 71(2), 475–493. <https://doi.org/10.1111/fare.12655>

Silverstein, M., & Ruiz, S. (2006). Breaking the chain: How grandparents moderate the transmission of maternal depression to their grandchildren. *Family Relations*, 55(5), 601–612. <https://doi.org/10.1111/j.1741-3729.2006.00429.x>

Spinks, N., MacNaull, S., & Kaddatz, J. (2020). *Families “safe at home”: The COVID-19 pandemic and parenting in Canada*. Vanier Institute of the Family. <https://vanierinstitute.ca/report-covid-19-and-parenting-in-canada/>

Statistics Canada. (2016). *The rise of the dual-earner family with children*. <https://www150.statcan.gc.ca/n1/pub/11-630-x/11-630-x2016005-eng.htm>

Statistics Canada. (2020a). *How are Canadians coping with the COVID-19 situation?* <https://www150.statcan.gc.ca/n1/en/pub/11-627-m/11-627-m2020029-eng.pdf?st=M4dTbmaG>

Statistics Canada. (2020b). Impacts of COVID-19 on Canadian families and children. *The Daily*, 11, 5.

Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology*, 33(4), 650–667. <https://doi.org/10.1093/ije/dyh013>

Thoits, P. A. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, 51(1_suppl), S41–S53. <https://doi.org/10.1177/0022146510383499>

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health & Social Behavior*, 52(2), 145–161. <https://doi.org/10.1177/0022146510395592>

Townshend, I., Awosoga, O., Kulig, J., & Fan, H. (2015). Social cohesion and resilience across communities that have experienced a disaster. *Natural Hazards*, 76(2), 913–938. <https://doi.org/10.1007/s11069-014-1526-4>

Ungar, M., Ghazinour, M., & Richter, J. (2013). Annual research review: What is resilience within the social ecology of human development? *The Journal of Child Psychology and Psychiatry*, 54(4), 348–366. <https://doi.org/10.1111/jcpp.12025>

Vandrevala, T., Alidu, L., Hendy, J., Shafi, S., & Ala, A. (2022). ‘It’s possibly made us feel a little more alienated’: How people from ethnic minority communities conceptualise COVID-19 and its influence on engagement with testing. *Journal of Health Services Research & Policy*, 27(2), 141–150. <https://doi.org/10.1177/13558196211054961>

van Tienoven, T. P., Minnen, J., Glorieux, A., Laurijssen, I., te Braak, P., & Glorieux, I. (2023). Locking down gender roles? A time-use perspective on gender division of household labour during the COVID-19 pandemic lockdown in Belgium. *Journal of Family Issues*, 44(3), 654–680. <https://doi.org/10.1177/0192513x211054463>

Vaughan, E. L., Feinn, R., Bernard, S., Brereton, M., & Kaufman, J. S. (2012). Relationships between child emotional and behavioral symptoms and caregiver strain and parenting stress. *Journal of Family Issues*, 34(4), 534–556. <https://doi.org/10.1177/0192513x12440949>

Waller, M. A. (2011). Resilience in ecosystemic context: Evolution of the concept. *American Journal of Orthopsychiatry*, 71(3), 290–297. <https://doi.org/10.1037/0002-9432.71.3.290>

Walsh, F. (2016). Applying a family resilience framework in training, practice, and research: Mastering the art of the possible. *Family Process*, 55(4), 616–632. <https://doi.org/10.1111/famp.12260>

Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research*, 14(7), 942–960. <https://doi.org/10.1177/1049732304266997>