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“Being a Parent in Finland” - psycho-educative intervention: development and acceptability of a group programme aimed at increasing trust among migrant parents

Pauliina Sibbie^{a,b}, Taina Laajasalo^a, Kirsi Peltonen^c, Natalia Skogberg^d and Riikka Lämsä^b

^aSafety and Protection Unit, Finnish Institute of Health and Welfare, Helsinki, Finland; ^bDepartment of Public Health, University of Helsinki, Helsinki, Finland; ^cINVEST Research Flagship Centre, University of Turku, Turku, Finland; ^dDepartment of Public Health and Welfare, Finnish Institute for Health and Welfare, Helsinki, Finland

ABSTRACT

The existing literature highlights distrust among migrant parents in Nordic countries towards child welfare and other services. However, interventions to enhance parental trust are few in number, and descriptions of their development and feasibility testing in a Nordic context are lacking. This paper describes the development of ‘Being a Parent in Finland’, a psycho-educative group intervention designed for migrant parents to foster institutional trust. The intervention’s content and structure are outlined using the Six Steps for Quality Intervention Development framework (6SQUID). Additionally, the paper presents findings from a small-scale pilot study involving thematic interviews with 16 parents and a pre-post survey with 14 parents to assess programme acceptability. The pilot study indicated high acceptability and perceived benefits among parents, although no changes in institutional trust emerged in the quantitative survey. Implications for future development, practice, and research are discussed.

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Introduction

Immigration presents challenges for parents because of the need to adapt to a new country, reconcile parenting beliefs, and bridge cultural gaps (Ochocka and Janzen 2008). Acculturation stress is linked to parenting stress (Kim 2018) as well as self-efficacy, which in turn impacts responsiveness to children (Boruszak-Kiziukiewicz and Kmita 2020). Immigration experiences can strain parental capabilities due to diminished social networks and stressful living conditions (Stewart et al. 2015), and parents of migrant origin report they need support navigating socio-cultural norms (Osman et al. 2019).

Difficulties and trauma from the pre-migration, migration, and post-migration phases can affect children even when they are born in the host country, with the difficulties and trauma being transmitted from their parents. Regarding service use, children with a migrant background are overrepresented in the child welfare system (CWS) and out-of-home placements in Nordic countries (e.g. Kääriälä et al. 2020; Karlsson 2021). Reasons for this overrepresentation are likely multifold and may relate to overall higher prevalence of child abuse and related risk factors (Karlsson 2021), lack of contact between low-threshold services and migrant families (Mangrio et al. 2022), and structural factors, such as family low socio-economic status (Vinnerljung et al. 2008). Additionally, stereotypes associated with migrant-origin

CONTACT Taina Laajasalo  taina.laajasalo@thl.fi

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families in family services may affect how family problems are addressed or what kind of caregivers parents are perceived to be (e.g. Tembo, Istudsrød, and Young 2020).

Migration inherently involves various stressors, making trust a vital issue for migrant populations. Institutional trust, which is sometimes referred to as vertical trust, relates to confidence and trust in key societal institutions, such as the police, social and health care, and the courts (e.g. Hynes 2009). Scandinavian countries, including Finland, are noted for high levels of institutional trust (European Commission 2018). Research on migrant parents' trust reveals varied findings due to methodological differences. While some studies suggest higher trust due to low initial expectations (Röder and Mühlau 2012), others indicate mistrust, especially towards CWS in the Nordic countries (Fylkesnes et al. 2018; Mangrio et al. 2022; Tembo, Istudsrød, and Young 2020). The relationship between CWS and migrant parents in Nordic countries is often described as strained (Vassenden and Vedøy 2019). Accurate information about service providers and services is pivotal for building institutional trust (Heino 2016).

Developing parental support interventions for migrant families

Parent support programmes aim to enhance parenting skills and knowledge, leading to improved parenting and child well-being (Kane, Wood, and Barlow 2007; Stattin et al. 2015) and reduced likelihood of child maltreatment (Chen and Chan 2016). Research suggests that supporting migrant-origin parents yields specific benefits. A scoping review of 90 studies by Hamari and colleagues (2022) found that such interventions not only reduce children's behavioural and emotional problems and improve parenting practices and relationships, but also reduce stress related to immigration. These interventions often include positive parenting and family communication components, typically delivered through group-based methods, and to achieve acceptability and positive outcomes, it is crucial that interventions are tailored to the specific needs of groups.

The development of psychosocial interventions has been influenced by several key frameworks sharing common stepwise tasks: identifying the problem, setting intervention objectives, identifying intervention mechanisms, content, and delivery mode, developing materials, and conducting early, iterative testing of the intervention (Hankonen and Hardeman 2020). Nevertheless, lack of transparent intervention reporting and intervention descriptions pose challenges for outcome evaluations in both children's social services (e.g. Aaltio & Isokuortti, 2022) and parent education (Gilmer et al. 2016). If providers cannot meaningfully apply the intervention, its outcomes cannot be evaluated.

To address this shortcoming, it has been suggested that the development and theoretical origins of interventions should be described and published, detailing the problem addressed, the intervention components and potential outcomes, and the necessary conditions for proper implementation and effectiveness (Sidani, Fox, and El-Masri 2020). Further, stakeholder feedback and acceptability studies in public health interventions with migrants have been called for (Rustage et al. 2021). Assessing acceptability in social and health care involves evaluating intervention suitability for both providers and recipients (Sekhon, Cartwright, and Francis 2017), and community engagement during intervention development contributes to the long-term sustainability of intervention processes (Wallerstein and Duran 2010).

The six steps in quality intervention development (6SQuID; Wight et al. 2016, is one of the pragmatic frameworks to guide and structure intervention development processes. It consists of six steps: (1) Defining and understanding the problem and its causes, (2) Clarifying which causal or contextual factors are malleable and have the greatest scope for change, (3) Identifying how to bring about change and the change mechanism, (4) Identifying how to deliver the change mechanism, and (5) Testing and refining on a small scale and (6) collecting evidence of effectiveness to proceed to a rigorous evaluation. In 6SQuID, the first three steps define the problem and generate a theory of change, whereas the remaining three steps generate an action plan for the intervention and its implementation. Originating from the public health domain, the 6SQuID has been used in the

development of several parent and caregiver support programmes (e.g. Matsuno & Israel, 2021; Hartley et al. 2019; Wight et al. 2019).

Aims of the current study

The first aim of this study is to describe the development process of an intervention aimed at increasing trust among migrant parents in Finland, and the second aim is to test its acceptability. The second aim is part of the first since conducting a feasibility pilot is the fifth step in the 6SQuID. In this article, step 6 is not addressed, as a rigorous evaluation study would be premature and beyond the scope of this article. In the Methods section, steps 1 to 4 are described, as they inform the subsequent pilot study, laying the groundwork for testing and refining the intervention. Step 5, testing and refining on a small scale, is discussed in the Results section, focusing on the target group's experiences.

Method

The steps of 6SQuID and the measures taken by us for each step are presented in [Table 1](#).

Step 1—defining the problem

Clarifying the problem with stakeholders, using the existing research evidence, is the first step in intervention development (Wight et al. 2016). In 2019, the need to strengthen parenting support for people with migration background was identified in the city of Helsinki family and social services, Finnish Institute of Health and Welfare and University of Helsinki. One of the key observations was that the evidence-based parenting interventions available in the metropolitan region do not sufficiently reach families with migration backgrounds, a finding supported by international literature (e.g. Wells, Sarkadi & Salari, 2014; Ulfsdotter, Enebrink, and Lindberg 2014). At the same time, these families have been increasingly over-represented in CWS and child abuse investigations, a finding also supported by literature (e.g. Karlsson 2021). The intervention development was initiated by the Finnish Institute of Health and Welfare, while the City of Helsinki Family and Social Services secured separate funding for piloting the intervention.

Step 2—clarifying which causal or contextual factors have the greatest scope for change

The underrepresentation of migrant families in low-threshold services is a complex issue with diverse, interwoven causal pathways. Thus, from the various underlying factors, it was necessary to find one that could be influenced by a relatively brief, non-resource-intensive intervention. Based on interviews with experts trained in various evidence-based parenting support interventions, we

Table 1. Steps taken during the intervention development according to 6SQuID.

6SQuID steps	Measures taken on each step in development of being a parent in Finland
1. Define and understand the problem and its causes	Literature review, stakeholder interviews ($n = 3$). Spring 2020
2. Clarify which causal or contextual factors are malleable and have greatest scope for change.	Literature review, parenting intervention expert interviews ($n = 2$). Spring 2020
3. Identify how to bring about change and the change mechanisms	Literature review, international expert consultations ($n = 2$). Spring 2020
4. Identify how the mechanisms of change will be delivered	Literature review, three workshops with the stakeholders. Fall, 2020, Advisory group feedback.
5. Test and adapt on a small scale	Pilot study, qualitative and quantitative feedback from parents 2022-2023
6. Collect sufficient evidence of effectiveness to justify rigorous implementation/evaluation	N/A

chose not to measure changes in parenting as a primary outcome. First, parenting practices are not readily malleable in the context of a brief, psycho-educative intervention. Second, one should not presume that all parents wish to participate in or benefit from specific parenting programmes, and among those who do, the needs are diverse. Our goal was to create a model that could serve as a standalone intervention or as a prelude for existing programmes, complementing them without overlap.

It has been stated that an individual's social trust is not fixed but rather shaped by interactions with public institutions and employees, influencing views on institutional fairness and effectiveness, thereby building institutional trust and, in turn, increasing social trust (Sønderskov and Dinesen 2016). Further, parental distrust and fears are related to avoidance of services (Warr et al. 2013), whereas previous research from Nordic countries suggests that group-based interventions can reduce parental fears and increase trust in social and health services (Blom, Edenius, and Lindberg 2020; Osman et al. 2019). Therefore, the level of trust was chosen as the primary outcome.

The family centres, which host essential local services for families, such as child health clinics, were selected as the delivery context. In Finland, these centres play a pivotal role in offering parenting support by integrating expertise, activities, and services from welfare areas, municipalities, and NGOs focused on children and families. The developers deemed family centres easily accessible and familiar to families, facilitating both reaching the target group and making referrals. At this planning stage, the intervention was intended to be selective, offered specifically where professionals in family services were concerned about parenting or the child's situation. However, the target group was later expanded based on feedback (see Step 4).

Step 3—identifying the change mechanisms

After identifying trust as a modifiable factor, we examined Nordic literature on interventions provided to immigrant parents, to parents and consulted their developers. Qualitative evidence from Sweden indicated that societal information reduced fears related to social services, school staff, and police, thus enhancing parental confidence (Osman et al. 2019). Additionally, a Swedish evaluation revealed that migrant parents who received societal information had increased trust in health and social services, improved confidence in parenting, and better knowledge about how to seek support (Blom, Edenius, and Lindberg 2020). The main topics covered in these interventions included child and family social and health services, parenting styles, parental rights, the UN Convention on the Rights of the Child, country legislation, and criteria for child abuse and neglect, forming the basis for the initial draft of our intervention.

Our hypothesis was that providing societal information would increase institutional trust, consequently lowering the threshold for seeking support. Furthermore, we anticipated that addressing child and family well-being in an accepting and non-judgemental setting would boost parental self-efficacy, which in turn mediates the link between alignment with mainstream culture and more supportive parenting (Boruszak-Kiziukiewicz and Kmita 2020). A group format was chosen, as it facilitates social integration and experience-sharing.

Subsequently, three workshops were held involving invited representatives from various organizations, universities, metropolitan Helsinki cities, hospital districts, and the police. Participants provided feedback on the model, emphasizing that information should not be provided in an othering or paternalistic manner. Research cautions against applying normative elements in parenting support and labelling certain parenting styles as deficient (e.g. Bråten, Gustafsson, and Sønsterudbråten 2020). In response to feedback, exclusion criteria were also carefully considered: to ensure that the intervention would not obscure the need for other treatment or intervention, families with acute post-traumatic or psychiatric symptoms or who were experiencing violence were deemed ineligible.

Step 4—identifying ways to deliver the change mechanism

Video vignettes are frequently employed in migrant parent support programmes alongside exercises and conversations, as supported by the literature (Hamari et al. 2022) and our expert interviews. Additionally, a narrative approach, known for its avoidance of deficiency-focused language and lack of pathologizing (Sarto-Jackson 2021), has emerged as a promising tool for psychoeducation. According to social cognitive theory, compelling narratives can influence cognitions, attitudes, and self-confidence through observational learning (Hinyard and Kreuter 2007).

A production company with years of experience producing videos with migrant populations produced videos based on narrative interviews. The videos featured professionals from various fields (CWS worker, psychologist, police officer) talking about aspects related to their work. Furthermore, parents from various global backgrounds shared their child-rearing experiences in Finland and their interactions with Finnish society and service providers. A Finnish mother was also featured in the videos to emphasize common parenting challenges regardless of one's background. Peer modelling occurs when actual parents share personal experiences in videos that are used as a foundation for group discussions. The videos were subtitled in five languages and dubbed into three languages.

Expert and advisory group feedback

After completing the draft content and prior to commencing the group sessions, an advisory panel consisting of experts and City of Helsinki personnel, who were to pilot the intervention, offered feedback. The panel highlighted concerns about stigmatization and the exclusion of parents from vital societal information in a selective and risk-based, non-universal approach. The literature also underscores the risk of labelling migrant parents as deficient or abusive, disregarding challenges that are shared and similar to all families (Tembo, Istudsrød, and Young 2020; Turtiainen and Hiitola 2019). Consequently, the intervention's final target group expanded to include all parents of children aged 3–12 with at least one parent born abroad. City of Helsinki additionally decided to organize one of the groups in an online format. Child health clinics and migrant services were identified as the main referral sources, because their services reach a broad range of target families residing in Helsinki. Referral sources were informed about the intervention, the target population, and the service referral process. Referrers were instructed to send parents' contact information to the group facilitators after securing their consent to participate.

Description of intervention

The logic model for the intervention is described in Table 2. Like in many interventions, there are intermediate outcomes (e.g. increased institutional trust) that are expected to lead to long-term benefits, such as improved child and parental well-being, safety, and reduced need for intensive services. The final model, based on the literature, expert interviews, and workshops, consists of three (or four, if interpreter present) two-hour meetings. The main themes include the Finnish service system, parenting practices that support the child's development and wellbeing of the family, as well as children's rights. Table 3 contains a session outline of the Being a Parent in Finland intervention and provides examples of activities.

Step 5—test and refine on a small scale

Next, the intervention was tested on a small scale to refine its content and assess its acceptability to the target group. This pilot study was conducted collaboratively by intervention developers and researchers from the Finnish Institute of Health and Welfare, along with researchers from the University of Helsinki. We used both quantitative and qualitative data to gather diverse information on parents' institutional trust, assess the intervention's acceptability, and explore its potential impact on trust levels. Thematic interviews aimed to

Table 2. Logic model for the being a parent in Finland – intervention.

Inputs	Activities	Reach	Outcomes		
			Short-term	Medium-term	Long-term
Government fundings for development and piloting Trained group facilitators at the family center	Three (2.5-hour) group sessions providing societal information and peer support through facilitated discussions and video materials in a non-judgemental setting	Parents of children aged 3 to 12 years in families where at least one parent was born abroad	Increased societal knowledge Increased parental self-efficacy	Increased institutional trust More supportive parenting Lower threshold for seeking support if needed	Increased child and parent well-being and safety

Table 3. Session outline with examples of activities.

Session nr	Topic	Aims and example activities
1	TRUST AND SERVICE SYSTEM	<ol style="list-style-type: none"> 1. Building a sense of security, thereby enabling commitment to the group's goals. 2. Build trust in the service system. 3. Create hope: even difficult situations can change. <p><i>Activity example:</i> A discussion on the tasks of the CWS based on a video introducing a CWS worker</p> <p><i>Discussion example:</i> Fears related to CWS</p>
2	CHILD WELL-BEING	<ol style="list-style-type: none"> 1. Heighten awareness on abusive parenting's harm on child well-being. 2. Promote effective and positive parenting alternatives to harsh methods. 3. Encourage reflection on parents' parenting practices. <p><i>Activity example:</i> Short dramas performed by the facilitators</p> <p><i>Discussion example:</i> Screen time, setting boundaries, different upbringing styles.</p>
3	FAMILY WELL-BEING	<ol style="list-style-type: none"> 1. Increase awareness of the significance of parental well-being for both parenting and child development 2. Encourage reflections on how growing up in two cultures is both an enrichment and a challenge for the child. <p><i>Activity example:</i> Visual materials to illustrate the effects of prolonged stress.</p> <p><i>Discussion example:</i> Family time, the importance of play</p>

capture parental perspectives on intervention acceptability. Quantitative data aimed to establish baseline trust levels in the target group and tentatively explore changes in the main outcome variable, recognizing the limitations of a small pilot study for assessing effectiveness.

Study recruitment process

Group facilitators from the city of Helsinki informed parents about the study as the parents were about to enrol in the Being a Parent in Finland intervention. In a phone call the facilitators obtained their consent to share their contact information with the researcher. A total of 62 parents agreed to participate in either quantitative or qualitative data collection. The first author (PS) contacted these parents with interpreters present when needed. Parents chose whether they wanted to participate in the interview, the survey, or both. Written or oral informed consent was provided by all participants who took part in the study. The study was approved by the University of Helsinki Ethical Review Board in Humanities and Social and Behavioral Sciences (63/2021). A research permit was obtained from the City of Helsinki. [Figure 1](#) presents the composition of the final sample.

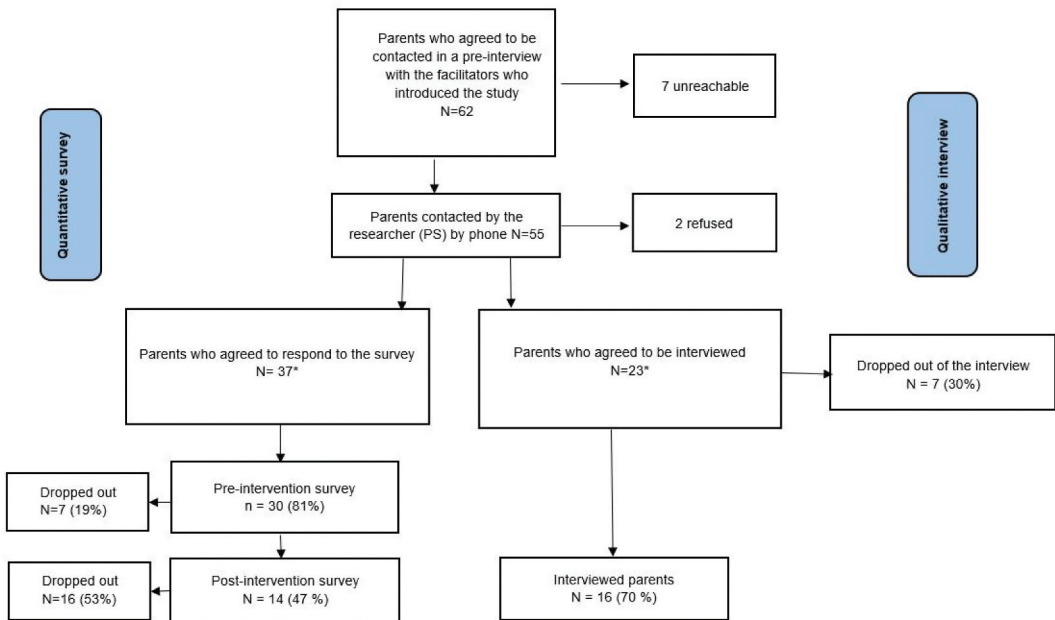


Figure 1. Composition of the study sample.

Thematic interviews

Sixteen parents participated in twelve interviews: four couple interviews and eight individual interviews. Fourteen parents were interviewed face-to-face and two online. Nine were mothers and seven were fathers from eight African, Asian, and European countries. Reasons for moving to Finland included family, refugee status, and studies. Their time in Finland ranged from four months to seven years, with one to five children aged from three months to 22 years. Twelve were married or in a relationship, two were employed full-time, nine were studying or in Finnish language training, two were unemployed, and two were on parental leave. Due to the small sample size, additional details such as country of origin and personal characteristics are not provided.

Interviews were conducted between April 2022 and July 2023, taking place two weeks to 1.5 months after the last group meeting. Interview durations varied from 39 to 120 minutes. Seven interviews were conducted with interpreters, four in English and one in Finnish. Most interviews took place in family homes, while some were held in family centres or libraries' meeting rooms, and one via video. Participants were thoroughly briefed on research confidentiality, the study's purpose, and on the use of voluntary participation to ensure informed consent. Parental consent for recording was obtained, with all but one agreeing; notes were taken in that case.

Thematic interviews explored family background, parenting experiences in two cultures, interactions with Finnish family services, and participation in the Being a Parent in Finland group. As the objective of the pilot phase was to assess and refine the intervention's acceptance among the target group, the interviews encompassed factors related to intervention design and content, implementation, user engagement, motivation, referral processes, and session logistics. Two parents had attended online groups. Three of the interviews were conducted with parents who withdrew from the intervention, providing insights into their situation and reasons. Transcribed interviews were analysed using ATLAS.ti, with the research team achieving consensus on data interpretation when necessary.

Quantitative study

The survey was conducted anonymously online via the secure REDCap platform with electronic consent. Respondents who agreed received an ID and survey link via separate texts before the first and about a week after the last group session, with two reminders. Thirty parents responded initially, and 14 in the follow-up (Table 4).

Regarding the primary outcome, both pre- and post-surveys measured parental trust towards five public institutions (health care, social welfare, education services, courts of law, police) and people in general. Trust was assessed using questions from the Migrant Health and Wellbeing Study (Castaneda et al. 2012), with six response options. Data were available from 14 participants for both tests, with some missing points. We used paired sample t-tests for pre- and post-test means analysis, suitable even for small samples (de Winter 2013), using SPSS version 29.0 (IBM).

Results

Qualitative feedback of the intervention

Parents' experiences were thematized deductively into four categories: 1) the service referral process, 2) the perceived relevance of the content, 3) the perceived effectiveness of the delivery methods, and 4) perceived effects on institutional trust and fears towards social and health services. Selected excerpts highlighting key findings are presented below.

The service referral process

With the exception of one self-referred parent, the parents were directed to intervention through nurses in child health clinics and social workers in immigrant services, who were identified as the main referral sources during the development (Step 2). Service referrers had received prior instructions on the intervention and referral process. Nonetheless, parents' experiences varied:

Table 4. Demographic characteristics of the survey participants.

		Pre N/%	Post N/%
Sex	Female	21 (70)	10 (71)
	Male	9 (30)	4 (29)
	Total	30	14
Continent of origin	Europe	6 (20)	4 (29)
	Africa	8 (27)	3 (21)
	Asia	15 (50)	6 (43)
	Missing	1 (3)	1 (7)
	Total	30	14
Employment status	Full-time or part-time employed	6 (20)	3 (21)
	Unemployed or on a disability pension	8 (27)	1 (7)
	On family leave	9 (30)	3 (21)
	A student	3 (10)	3 (21)
	Missing	4 (13)	2 (14)
	Total	30	14
Immigration reasons	Work or studies	5 (17)	3 (21)
	Family reasons	12 (40)	4 (29)
	Refugee or asylum seeking	8(27)	3 (21)
	Other reason	1 (3)	0 (0)
	Missing	4 (13)	4 (29)
Total	30	14	
Finnish/Swedish proficiency	Not at all	13 (43)	4 (29)
	Beginner level	8 (27)	5 (36)
	Intermediate level	4 (13)	1 (7)
	Excellent level	3 (10)	2 (14)
	Missing	2 (7)	2 (14)
	Total	30	14

some found the referral process and information received clear, while others struggled with understanding the referral process, the organizer's role, and the intervention's purpose, leading to feelings of fear.

I was afraid of this place [group] beforehand. I was asking myself what this place [group] is? But in the first session we were explained what the group is all about, and we understood better.

- Mother 1, 7 years in Finland, 4 children

A few parents perceived participation as compulsory, fearing negative consequences for refusal. Conversely, one parent criticized the voluntary nature of the intervention, suggesting it led to increased dropouts. They argued that many parents with a foreign background, used to authoritative practices, might benefit more from a mandatory approach during initial integration. Additionally, there was overlap between parents who viewed the group as compulsory and those who initially found its purpose unclear. Nearly all parents who found the intervention unclear regarding obligation and purpose reported experiencing fear beforehand.

The relevance of the content

The developers hypothesized that the intervention content would increase parents' knowledge of services and confidence in parenting (step 3). This hypothesis was supported by the reasons parents provided for their motivation to participate, as well as the changes they described in their knowledge. Parents expressed a desire to learn about Finnish society and available family services, receive practical parenting tips, and connect with other parents. Additionally, two parents mentioned their motivation to participate stemmed from service referrers or other family members, indicating they did not find the intervention personally relevant.

Most parents reported benefiting from topics related to Finnish society and the service system, describing information about public services as particularly useful due to their lack of previous knowledge. This lack of knowledge was mainly attributed to language barriers, limited contact with mainstream society, or misunderstandings in parent-provider communication. While some parents felt familiar with these topics, they acknowledged the usefulness for other parents.

I got a lot of useful information about raising a child at different age phases, where to seek help if needed, and about public services.

Father 1, 1 child, 7 years in Finland

Furthermore, parents found discussions on children's rights, child-rearing practices, and Finnish legislation particularly valuable. They reported gaining a better understanding of parenting expectations within Finnish society. The parenting discussions and practical tips were effective in improving the child-parent relationship and implementing positive parenting practices. Additionally, several parents valued the topics on fostering their own cultural identity and expressed a desire for more reflection on how to preserve and maintain their culture and traditions in a socially and legally acceptable way within Finnish society, suggesting an additional session dedicated to this topic.

"I think there are topics that we should have talked about more. (-) The rights of the child and raising a child in two cultures. Those two topics I'm eager to hear more about because they are the most challenging for me".

Mother 2, 5 months in Finland, 1 child.

Perceived effects on institutional trust and fears towards social services

In the logic model of the intervention, the short-term outcome of the intervention was to increase societal knowledge, promoting increased trust towards social and health services

(step 4). In line with the model, several parents reported a decrease in fear and an increase in knowledge specifically regarding CWS. Almost half of the parents discussed their pre-intervention fears and misconceptions regarding CWS and expressed that fear of CWS is prevalent within their communities. A few parents mentioned experiencing these fears even before moving to Finland.

Before the group the participants were stressed because they believed that if some problems emerge in their family, a social worker might take their child away.

- Father 2, 1 year in Finland, 1 child

If people see [that there is] something wrong with my child, I will be responsible, and the government will take my child. That was the knowledge I was having.

- Mother 2,5 months in Finland, 1 child

” Everyone here is terrified of child welfare services. (-) They think that [social workers] take their child away from their family. “

-Father 3, 7 years in Finland, 3 children

Despite their fears, none of the parents reported direct contact with CWS. Instead, they relied on sources such as social media, relatives, acquaintances, and their communities both nationally and internationally for information about CWS. Furthermore, almost half of the intervention participants cited shortcomings in Swedish CWS they had heard about primarily from social media platforms. Additionally, parents indicated that their knowledge of Swedish child welfare influenced their perspectives on child welfare in Finland.

’People [here] are afraid, because they have heard that in Sweden children are taken away [by CWS]’. (-)

- Mother 3, 7 years in Finland, 3 children

Several parents reported a decrease in fear and an increase in knowledge about CWS following the intervention, including a better understanding of the processes involved in emergency placement and custody. Additionally, they noted improved awareness of the cooperation between CWS and other services, such as daycare.

“Before [the intervention] we were afraid that CWS would take our children away. That is what we have heard a lot before. But in the group sessions [the facilitators] explained to us about CWS and we understood that it [CWS] is not like we thought. “

-Mother 4, 7 years in Finland, 5 children

Although several parents reported that their fear of CWS had decreased and knowledge increased, other opinions were also expressed. One parent argued that short intervention like Being a Parent in Finland is not effective enough to change parents’ perceptions and fears that they may have developed over the years:

I mean, people’s ideas about things are formed over time, five or six years, it’s formed in their mind. And it’s really hard to change them with one or two group meetings.

-Father 2, 1 year in Finland, 1 child.

Some parents described the integration process as taking years for individuals from their cultural background, emphasizing that not all parents are willing or able to accept and adapt to new cultural norms, values, and practices of the host society. They stressed that successful integration requires not only information provided by society and services but also internal motivation and openness towards the host society. Most parents recognized the intervention’s potential benefits for all foreign-background parents early in their integration process, highlighting that knowledge about the services does not necessarily increase with the duration of their stay in Finland.

From our group, I have spent the least amount of time in Finland. Some of them [participants] have been here two years or more. But none of us knew the services. So, it's better if you learn about them early.

Mother 2, 5 months in Finland, 1 child

Parents recommended integrating the intervention into integration training, Finnish language studies, or offering it to asylum seekers at refugee centres to help dispel misconceptions and fears. They also expressed a desire for such interventions to support their Finnish language skills and facilitate interaction with Finns.

The perceived effectiveness of the delivery methods

From the chosen delivery methods (step 4), the parents highlighted particularly the video vignettes useful. Parents found them effective, of a high quality and the stories easy to identify with. The opportunity to discuss and share experiences after watching the videos made the stories more credible and vivid.

We were shown videos related to child welfare and how it works. That was completely different from the idea we had before. We had a completely wrong idea about child welfare.

- Mother 4, 7 years in Finland, 3 children

Several parents perceived the group form beneficial because it allowed peer support and sharing experiences. A couple of parents felt that the content of the topics stayed in their minds through the group discussions better than receiving information one-way from facilitators or the videos. Most of the parents found it easy to talk and share ideas in the group.

Yea, it was really good to share. (-) Because sometimes you think you're the only one going through a lot of difficult times, but there's so many people also going through a lot.

- Mother 5, 1 year in Finland, 1 child

However, some parents reported being the sole participants engaged in discussion, which led to a lack of peer support. The platform of the group also influenced their peer interaction and sharing; only parents attending face-to-face groups reported peer interaction, whereas online group attendees reported a lack of interaction. Most families were satisfied with groups conducted in their native language, and few parents in interpreted groups gave positive feedback on the quality of interpretation. One parent, however, found it easier to attend the group held in a different language, feeling more comfortable talking freely with parents from outside their own community.

Most parents described the atmosphere in the groups as good and trusting, aligning with the goals set during the development process (step 4). The atmosphere was enhanced by the facilitators, who parents described as caring. In addition, their approachability and willingness to share their personal experiences seemed to build parents' trust towards them:

[The facilitators] gave examples from their own motherhood and childhood. They were real living people, not just in the role of a professional. It created trust.

- Mother 6, 7 years in Finland, 2 children

In addition, several parents noted that the facilitators emphasized communication and interaction. They explained the topics clearly with plain language, and the facilitators' use of gestures, drawing and acting helped simplify complex subjects like the service system.

During the development phase (step 2), family centres located in neighbourhoods were deemed easily accessible. However, some interviewed parents highlighted challenges in accessing the intervention due to the location and timing of group sessions, posing significant barriers to participation. Parents who were referred but did not attend group sessions cited health, but also family

Table 5. Paired-samples t-tests for changes in trust-related variables from pre-test to post-test.

Variable ^{a,b}	Pre-intervention mean (SD)	Post-intervention mean (SD)	t	df	p
Trust in health care (<i>n</i> = 10)	2.10 (.876)	2.00 (.667)	.429	9	.339
Trust in social services (<i>n</i> = 10)	1.90 (.994)	2.00 (.816)	-.557	9	.296
Trust in the school system (<i>n</i> = 8)	2.38 (.916)	1.88 (.354)	1.323	7	.114
Trust in the police (<i>n</i> = 8)	2.25 (1.488)	2.13 (.641)	.314	7	.381
Trust in the justice system (<i>n</i> = 6)	3.00 (1.424)	2.33 (.516)	1.348	5	.118
Trust in people in general (<i>n</i> = 10)	2.70 (.483)	2.70 (.483)	.000	9	.500

Note: ^aResponse options: 1 = I trust completely; 2 = I trust quite a lot; 3 = I somehow trust; 4 = I don't trust much; 5 = I don't trust at all; 6 = I don't know. ^bThe answers 'I don't know' were excluded from the analysis.

commitments and scheduling challenges as reasons for non-participation. Suggestions to improve accessibility included scheduling groups on weekends, providing self-paced online training, and reimbursing travel expenses, especially for low-income parents.

Quantitative results

Table 5 presents the levels of trust and the significance of changes from pre-test to post-test. None of the differences between the means were found to be significant in the paired sample t-test.

Discussion

Prior to resource-intensive large-scale evaluation and implementation, interventions should be comprehensively described, a step often overlooked in intervention development (Sidani, Fox, and El-Masri 2020). This study offers a detailed account of an intervention development process, following a systematic stepwise model. Our approach underscores the iterative nature of development, including adjustments to refine the target group to prevent stigmatization and exclusion.

The content encompassing children's rights, child-rearing practices, child welfare services (CWS), and Finnish legislation was deemed highly significant. Many parents acknowledged their limited prior knowledge of these subjects and described how the intervention improved their understanding of the broader welfare system while providing valuable parenting support. These findings are consistent with previous Nordic studies highlighting gaps in immigrant parents' knowledge of mainstream child-rearing practices, child welfare procedures, and the broader welfare system (Fylkesnes et al. 2018; Tembo, Istudsrød, and Young 2020). Aligning with existing literature, our results call upon authorities and organizations to devise effective strategies for disseminating societal information to all migrant parents.

While the parents reported an overall increase in knowledge of social and health services, reduced fear and increased trust were specifically reported in relation to CWS. Previous studies underscore ethnic minority parents' fear and distrust of CWS (e.g. Fylkesnes et al. 2018; Kåks et al. 2024), although fear of child protection services may not affect all language groups equally (Kankaanpää et al. 2024). In Sweden, parents found CWS information critical in alleviating stress and enhancing parenting confidence (Osman et al. 2019). Many parents expressed fears influenced by stories of child removal, circulating locally and internationally, including from Sweden. Our study coincided with Swedish controversy over a CWS disinformation campaign (Norin 2023), reflected in parent interviews, and our findings align with studies showing fear and mistrust of CWS is shaped by community stories, not always by personal experience (Rathe et al. 2017; Tembo, Istudsrød, and Young 2020). Direct information from authorities may increase knowledge and institutional trust in CWS (Rathe et al. 2017), and taking into account current national and international societal events, requires a dedicated focus in dissemination of societal information.

We identified key elements such as facilitator approachability and the effectiveness of video materials, which enhanced intervention acceptability. However, while the intervention content was generally deemed valuable, some parents noted that a brief intervention is insufficient to counteract years of fear and misconceptions. Furthermore, several parents emphasized the potential benefits of

the intervention for all parents moving to Finland, particularly if provided during the early stages of integration. Previous research supports the notion that the period after arrival constitutes an ‘integration window’, during which initial experiences in the host country significantly impact long-term integration outcomes (e.g. Marbach, Hainmueller, and Hangartner 2018). The rationale for earlier intervention delivery is further supported by reported apprehensions towards CWS even before relocating to Finland.

Notably, challenges in the clarity of the service referral process resulted in some parents lacking understanding of the intervention’s purpose beforehand. Parents’ experiences highlighted that the process of referral should be carefully considered in intervention development as it appeared to impact both parents’ willingness to participate and their understanding of the intervention and its purpose. Research (e.g. Kankaanpää et al. 2024) has highlighted the necessity for social and health care providers to clearly explain and justify their actions to immigrant clients in order to build trust. Additionally, alternative service referral methods, such as training service referrers in effective language use and interviewing techniques, providing referrals in the native language, and engaging the community in promotion and referrals, are strategies that could enhance parental engagement (Benito-Gomez and Flores Rojas 2020; Kåks et al. 2024; Khan, Parsonage, and Brown 2013).

In line with Blom, Edenius, and Lindberg (2020), our quantitative data showed relatively high average trust in institutions among parents, likely because those with higher trust levels were more willing to participate in the research. However, unlike Blom, Edenius, and Lindberg (2020), we found no change in trust levels pre- and post-intervention. Although the qualitative and quantitative responses cannot be directly compared due to only partial overlap in respondents, they depict very different attitudes towards social institutions. This difference, also noted by Blom, Edenius, and Lindberg (2020), underscores the value of face-to-face interviews in capturing emotional content missed by surveys and highlights the importance of combining quantitative and qualitative methods to fully understand significant phenomena among immigrant parents.

Finally, while there is a need for culturally tailored interventions, it is important to note that prioritizing parenting skills over addressing structural factors could exacerbate inequalities and further marginalize immigrant parents (e.g. Fylkesnes et al. 2018). Addressing socio-economic challenges on both individual and structural levels is crucial for improving the well-being of both immigrant parents and children. Further, an isolated intervention, addressing only participant cognitions and knowledge, cannot address socio-environmental determinants of trust, including discrimination (Tyrberg 2023) and trauma (Hall and Werner 2022).

Limitations

While frameworks like 6SQuID help structure and document content development, they are inherently crude tools which do not by themselves address or fix challenges. For example, it was challenging to engage the target group for workshops, where the initial content was discussed. Furthermore, the 6SQuID framework essentially illustrates a linear, step-by-step process, which may mask the iterative nature of intervention development, as reflected in the changes we made to our target group. In regards to data, a limitation is the small quantitative sample size, which is related to the single location design and dropouts on different levels of the study, limiting generalizability. For example, some illiterate parents may have been deterred by the written online survey despite being offered assistance. The predominance of certain language groups further limits generalizability.

Low participation and high attrition may result from recruitment challenges like the lack of culturally skilled recruiters, distrust in research, and perceptions of research redundancy. Previous migrant health surveys have also shown low participation despite tailored recruitment efforts (e.g. Castaneda et al. 2019). The 50% dropout rate between pre- and post-surveys may be due to poor survey translation (Castaneda et al. 2019), long questionnaires, or electronic platform issues. Additionally, interpreters significantly impact interview outcomes and data quality. While they

bridge language barriers (Ingvarsdotter, Johnsdotter, and Östman 2012), they can influence questions and responses, affecting data integrity (e.g. Keselman et al. 2010). Future recruitment should involve community leaders, gatekeepers, and culturally skilled recruiters to address linguistic diversity. Finally, we did not investigate service provider perspectives, which are crucial for evaluating acceptability and feasibility; these will be addressed in future works.

Conclusion

Our description of step-wise intervention development and pilot testing should be valuable to professionals involved in the development and design of parenting interventions, not only for immigrant families but also in broader social services contexts. The intervention was generally seen as acceptable, which is encouraging. However, the findings also underscore the need for further refinement, particularly in ensuring clear communication during the referral phase. They also highlight the challenge of addressing deeply rooted experiences and conceptions with a short-term program. The next step, as suggested by the 6SQuID framework, is to analyse the program's effectiveness in a broader implementation context.

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