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Service Providers' Perspectives on Barriers and Facilitators in Early Implementation of a Psychoeducational Intervention for Immigrant Parents in Social Services

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ABSTRACT

Despite extensive evidence supporting the efficacy of parenting interventions in promoting family well-being, research on their equitable implementation remains limited. This study aims to identify barriers and facilitators influencing the early implementation of "Being a Parent in Finland", a novel psychoeducational intervention for foreign-born parents integrated into public social services. Data were collected through nine thematic interviews with six key service providers across three implementation phases (2021–2023), complemented by an analysis of 125 pages of project documentation. Utilizing Proctor's Implementation Outcomes Framework—acceptability, appropriateness, adoption, cost and feasibility—a hybrid thematic analysis revealed the interdependence of implementation outcomes. Notably, changes in a single factor, such as eligibility criteria or intervention design, simultaneously influenced multiple outcomes, including acceptability, appropriateness, and adoption. Iterative adaptations, particularly the integration of the intervention into universal services, improved both accessibility and legitimacy. The findings underscore the importance of aligning organizational goals with the specific needs of the target population to ensure interventions are both accessible and responsive to community needs. The results highlight the importance of aligning service goals with family needs to achieve effective, equitable outcomes and emphasize the necessity for ongoing adaptation to ensure long-term sustainability.

KEYWORDS

Trust; migration; parenting; intervention; implementation; implementation research

Introduction

Immigrants in Europe are less inclined to utilize preventive social and health care services than native populations (Lebano et al., 2020). Even within the Nordic welfare countries, with their strong universal services, inequities in service utilization have emerged between immigrant families and native populations. Extant studies have identified limited access to services and insufficient awareness of available services as key factors contributing to underutilization. Service barriers encompass language-related challenges, experiences with discrimination, and lack of trust in authorities (Kåks et al., 2023). In Finland, with a foreign-born population of 10.2% (Statistics Finland, 2024), use of family social services among immigrant families (18%) is twice that of native families (9%) (Kuusio et al., 2020). Furthermore, immigrant children are twice as likely as those born to Finnish-born parents to be placed into social service care outside their homes (Kääriälä et al., 2020).

Parenting interventions have demonstrated efficacy, such as supporting parenting practices, reducing children's behavioral problems and the probability of child mistreatment, and improving parent-child relationships (Chen & Chan, 2016; Kane et al., 2007; Stattin et al., 2015). A meta-analysis indicated that parenting interventions for immigrants also were generally effective, with cultural and linguistic adaptations contributing to their impact (Lim et al., 2023), and culturally sensitive parenting support has demonstrated added benefits in alleviating immigration-related

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stress (Hamari et al., 2022). However, such services remain scarce in Nordic settings (Mangrio et al., 2022). Furthermore, while some parenting interventions have been developed with cultural sensitivity, their implementation phase remains inadequately addressed in the literature, posing a challenge for intervention implementation in routine practice (Baumann & Cabassa, 2020).

Thus, exploration of the implementation process provides critical insights into intervention reach, client satisfaction, and cost-effectiveness, and various implementation frameworks have been developed to provide a systematic approach to examining implementation phases through key outcomes (Proctor et al., 2011). However, implementation research frameworks have been critiqued for inadequately addressing inclusion (Parra-Cardona et al., 2021) and health equity (Proctor et al., 2023; Shelton et al., 2021), leading to minorities' invisibility in both research and implementation strategies, and hindering efforts to improve service accessibility for immigrant families (Baumann & Cabassa, 2020; Benito-Gomez & Flores Rojas, 2020). Analyses of implementation barriers and facilitators would enable identification of factors that impede intervention utilization and variables that enhance adoption and sustainability of the intervention in practice (Aarons et al., 2011; Cooper et al., 2022: Damschroder et al., 2009).

This study contributes to the literature by presenting pilot results from a novel, group-based intervention, "Being a parent in Finland" (BF), developed by the Finnish Institute of Health and Welfare (Skogberg & Laajasalo, 2020) and designed to enhance foreign-born parents' knowledge of the service system and their trust in social and health services. Specifically, the study examined how the intervention fits into the service system and paths of immigrant parents by identifying challenges to and facilitators of implementing culturally sensitive parenting interventions during the pilot phase. This examination was informed by Proctor et al.'s (2011) implementation outcome framework, which identifies key intermediate outcomes—feasibility, acceptability, appropriateness, costs, and adoption—as early indicators of implementation success. Accordingly, this study addresses the following research questions:

1. What barriers and facilitators emerge during pilot implementation of the "Being a parent in Finland" intervention?
2. How do the key intermediate outcomes outlined in Proctor et al.'s (2011) implementation outcome framework inform the intervention's potential success?

Literature review

Assessing parenting program implementation outcomes is challenging in real-world community settings, contributing to limited documentation (Ahun et al., 2024; Pinto et al., 2024). However, despite the field's relative immaturity, implementation science has offered insights into effectively applying parenting programs by addressing family needs, securing stakeholder support, planning training, and fostering continuous improvement (Aboud et al., 2024; Ahun et al., 2024; Lansford et al., 2022). However, the literature remains limited because implementation science has targeted mostly easy-to-implement interventions in well-resourced settings, overlooking structural factors crucial to health equity (Chambers & Emmons, 2024). Furthermore, the literature on factors that influence implementation of interventions tailored to support immigrant parents also remains limited. Understanding implementation barriers and facilitators is particularly crucial when developing services for minority populations, as implementation failures can exacerbate existing service inequities and accessibility (Baumann & Cabassa, 2020; Fong et al., 2022; Khanlou et al., 2017).

Specific barriers to implementing parenting interventions for immigrant parents include language obstacles, recruitment and retention challenges, and trust-building with communities (Benito-Gomez & Flores Rojas, 2020; Griner & Smith, 2006; Kenny et al., 2024; Saadi et al., 2021). Furthermore, integrating cultural aspects, navigating gender roles, addressing parenting norms, and managing funding constraints pose significant challenges (Benito-Gomez & Flores Rojas, 2020; Kåks et al., 2023).

Recent studies have suggested adapting interventions to target populations' cultural and

contextual experiences while continuously adjusting to evolving needs (Parra-Cardona et al., 2021; Rosenberg et al., 2024). Furthermore, implementation studies have identified key factors contributing to successful strategies, such as facilitating collaboration among communities and stakeholders, involving target groups in planning and implementing interventions, using flexibility in approaches, and building with the target population (e.g., Parra-Cardona et al., 2023; Rosenberg et al., 2024; Saadi et al., 2021).

Implementation frameworks aim to enhance efficiency and efficacy in both the implementation process and related research. Recently, frameworks have been developed to assess and describe implementation outcomes, which are distinct from clinical outcomes (e.g., Berkel et al., 2011; Damschroder et al., 2009; Fixsen et al., 2009; Pinnock et al., 2017; Proctor et al., 2011). Despite the recognized need for greater consistency in terminology and operationalization within implementation science, Proctor et al.'s (2011) framework often is preferred for its comprehensive nature (Pinto et al., 2024). It also has been used in studies that have blended implementation science and healthcare inequities research (Baumann & Cabassa, 2020). The framework outlines eight key implementation outcomes, with feasibility, acceptability, appropriateness, adoption, and costs identified as particularly salient in early implementation efforts (Lyon et al., 2019; Proctor et al., 2011).

Feasibility refers to how well an innovation can be applied in a specific agency or environment and can help explain an intervention's success or failure, as evidenced by recruitment, retention, or participation rates (Proctor et al., 2011). Definitions of *feasibility* vary across implementation studies (Pinto et al., 2024). While feasibility and appropriateness are related, they are conceptually distinct. An intervention may be appropriate for a service setting if it aligns with the setting's goals, but it might not be feasible due to resource or training limitations (Proctor et al., 2011).

Acceptability involves the target group or users' perceptions of an intervention's satisfaction level. Poor acceptability can hinder successful implementation significantly, as an intervention perceived as unacceptable is unlikely to be adopted effectively (Proctor et al., 2011; Proctor et al., 2023). Acceptability not only affects implementation but also influences the intervention's overall effectiveness. Awareness of interventions' effectiveness can improve their acceptability (Sekhon et al., 2022).

Appropriateness concerns how well an intervention fits a particular setting or population's needs and practices, and it remains seldom reported in implementation studies (Pinto et al., 2024). Although *acceptability* and *appropriateness* often are used interchangeably, they are conceptually different (Proctor et al., 2011). Appropriateness can serve as an indicator of acceptability. An intervention may be appropriate for addressing a specific issue, but users might not embrace it due to factors such as rigid structure (e.g., mandatory weekly meetings).

Adoption refers to intention or effort to implement an innovation, necessitating that the intervention be usable by its intended users, whereas *cost* pertains to the financial impact of implementing an intervention, which varies based on the intervention's cost, implementation strategy, and service delivery location (Proctor et al., 2011).

Method

The study employed a hybrid thematic analysis incorporating both inductive and deductive approaches, thereby enhancing methodological rigor (Proudfoot, 2023). A realist epistemological perspective guided the deductive elements, using pre-determined themes from the literature, while a constructionist perspective informed the inductive elements, allowing themes to emerge directly from the data (Braun & Clarke, 2006). This approach supports both theoretical consistency and an accurate representation of the target group's experiences (Proudfoot, 2023). The implementation outcome framework (Proctor et al., 2011) provided guidance for the analysis.

To ensure effective evaluation and analysis of the program's implementation and change management strategies over time, longitudinal thematic interviews were conducted throughout the BF pilot project period (Derrington, 2019). Furthermore, document analysis (Bowen, 2009) was used to supplement the interview data.

Description of the 'Being a Parent in Finland' intervention

BF is a novel group intervention designed for families with foreign backgrounds, implemented as a pilot during 2021–2023 by a Southern Finnish metropolitan city bearing statutory responsibility for social and health services. The pilot was organized and implemented by the city's Family and Social Services department. As the intervention was novel, the pilot aimed to assess the feasibility of the intervention.

BF is provided in participants' native language and comprises three or four two-hour sessions, depending on interpreter needs. Sessions cover topics that include the Finnish social and health care system, children's rights, positive parenting practices, and family well-being. Initially, the intervention target group comprised only "at-risk" parents whose parental practices raised professional concerns, but early during the pilot phase, the target group was expanded to include all families with at least one immigrant parent and children under 17. The development process and parental experiences are detailed elsewhere (Sibbie et al., 2024).

Setting

During the pilot's initial iteration and early implementation phase, BF was organized at three family centers in the city, each providing a range of social and health services to area's residents. Later, BF delivery platforms expanded through collaborations with nongovernmental organizations (NGOs), online platforms, and kindergartens. Two facilitators experienced in working with immigrant families were hired to run BF sessions. One person was hired as a work supervisor who facilitated the groups initially. The facilitators had one administrative supervisor, while a steering group supported the pilot's implementation. The intervention developer (Finnish Institute of Health and Welfare) provided the organizing city with two days of training, a half-structured intervention manual, and video materials that could be demonstrated in BF groups.

Referrals

Parents initially were referred through public social and health services, primarily child health clinics and migrant services, given their target population reach. Facilitators later expanded outreach to other family services, such as kindergartens. They advertised groups and trained referrers to identify and introduce BF during client meetings. With consent, referrers forwarded parent contacts to facilitators who extended group invitations based on language. Approximately 241 parents participated in Russian, Somali, Sorani, Arabic, Finnish, Vietnamese, and English groups. The small-scale pilot had two specific aims: refine the intervention protocol and assess the intervention's location in the organizational setting (Sibbie et al., 2024).

Study participants

Nine thematic interviews were conducted with six key stakeholders representing different organizational levels involved in the BF intervention during the April 2022–October 2023 period. All the study participants were professionals working within the organization delivering the intervention. The participants were selected and recruited based on their key roles in the pilot implementation within the organization. The core implementation team, selected through total population sampling, included two facilitators and a work supervisor. At the administrative level, one manager participated, while two service referrers were recruited through snowball sampling based on facilitators' recommendations. The number of interviews varied depending on the participant's role in the intervention. Due to the small sample size, gender, ages, and other personal attributes other than professions were excluded. Table 1 provides participants' characteristics.

Data

The interviews were conducted either in person at the interviewee's workplace or through secured online platforms, lasting 60–90 min each. All interviews were audio-recorded and transcribed verbatim, comprising 221 single-spaced pages of text. Data collection was organized in three implementation phases: inception iteration (early 2022); implementation (late 2022 and early 2023); and consolidation, which entailed integrating and refining insights from the pilot study (late 2023). Interview themes evolved based on

Table 1. Participants' characteristics.

Role in organization	Position	Professional background	Role in implementation	Interview participation
Intervention provider	Facilitator	Nurse	Intervention delivery	1 individual, 2 pair interviews
Intervention provider	Facilitator	Nurse in child health clinic	Intervention delivery	1 individual, 2 pair interviews
Intervention provider	Work supervisor	Social worker	Group facilitator, supervision	1 individual interview
Intervention provider/ administrative level	Manager	Social worker	Organizational management and supervision	2 individual interviews
Service level	Health clinic nurse	Nurse	Service referrals	1 individual interview
Service level	Immigration service psychologist	Psychologist	Service referrals	1 individual interview
Total				9 interviews

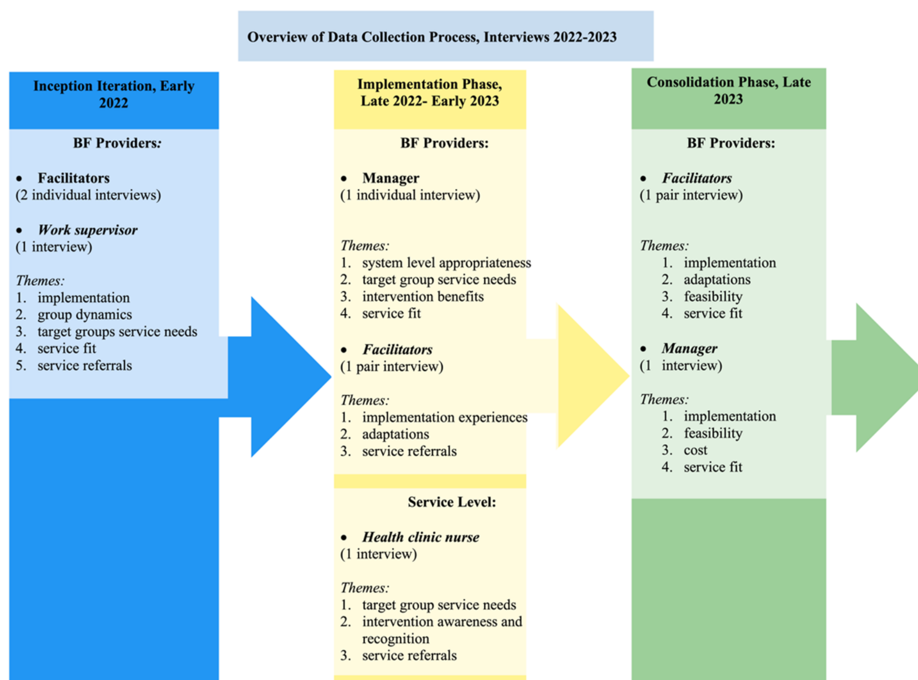

Figure 1. Overview of data collection process: 2022–2023.

implementation phases. Initial interviews focused on implementation processes and group dynamics, while later phases addressed system-level appropriateness, feasibility, and the intervention's organizational placement. Figure 1 illustrates how data collection progressed through different implementation phases, with participants interviewed and themes examined during each phase.

Furthermore, a document analysis, which is well-suited for data triangulation (Bowen, 2009), was utilized as a supplementary data collection method. This approach aimed to enhance comprehension of the interviews, enrich the data, and bolster credibility. The documents were collected during the 2021–2023 period. The first author was given access to 125 single-spaced, 12-point-font pages of documents, including 37 containing facilitators' written notes, four containing emails from facilitators to the researcher regarding facilitation and modifications of the intervention, 12 containing the researcher's written notes on steering group meetings, and 72 containing annual project reports, including information on group statistics, budget allocations, and written feedback. The documents selected for the study included all reports, notes, and other written material that the facilitators provided. However, emails not directly related to the study, or that were not directed only to the first author, were excluded from the documents. Figure 2 illustrates the document collection process over the pilot.

Data analysis

The interviews and documents underwent separate thematic analyses. Braun and Clarke's (2006) six-step approach defined the analysis process. As for the interviews, both inductive and deductive thematic coding processes were employed in the analysis of the primary data, whereas only a deductive approach was utilized for the supplementary document analysis. The thematic analysis of interviews began with a transcript review by the first author to develop a broad understanding of the interviews' content. Transcripts were coded using Atlas.ti 23 qualitative data analysis software. To gain a deeper and broader understanding of the subject matter and the context in which the data was collected, the first author familiarized themselves with the data by attending steering group meetings, BF group meetings, taking detailed notes, and actively communicating with stakeholders. These activities were essential for enhancing our comprehension of the data, as emphasized by Saldana (2011). During the first coding cycle, the first author reviewed and coded three transcripts inductively, each from a different professional group. A list of codes was categorized using deductive approach based on initial themes and integrated into a codebook according to *a priori* themes, specifically those outlined by Proctor et al.'s (2011). The first author then used this codebook to code the rest of the interview transcripts, creating codes for newly emerging themes as needed. As for document analysis, predefined codes were applied, facilitating synthesis of information gathered through various methodologies (Bowen, 2009).

The analytical process was iterative, involving constant comparison between data, codes, and emerging themes. The themes were examined, refined, and labeled according to their overarching meanings. During this process, it emerged inductively that both intervention providers and service referrers actively sought to influence the pilot's implementation outcomes through their actions, aligning with the concepts of implementation strategies and processes in implementation research (Aarons et al., 2011; Damschroder et al., 2009). The authors distinguished these actions—both ongoing efforts during the pilot and plans for post-pilot improvements—from other factors that facilitated or hindered implementation. This approach allowed for describing and differentiating the effects of actions that influenced implementation outcomes. Coding and data analysis disagreements were settled through discussions between authors, and the resulting consensus-derived analytic categories are presented as research findings.

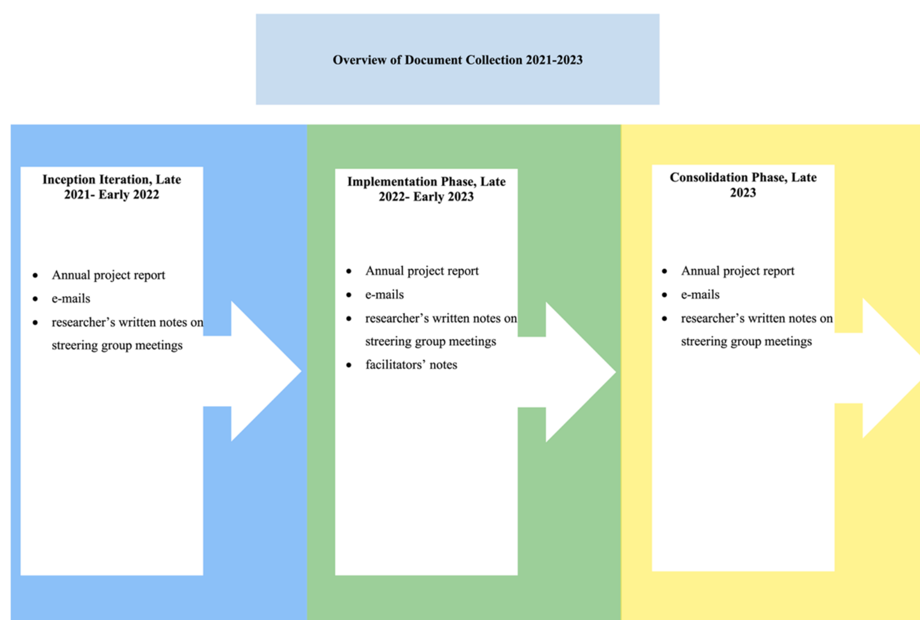

Figure 2. Overview of document collection: 2021–2023.

Claude 3.7 Sonnet (February 2025 version) was used to assist with language editing and structuring certain sections improve clarity and readability. The AI tool was used specifically to help refine phrasing in the results and discussion sections while maintaining the original content and meaning of the authors' work.

Ethical considerations

The study received University of Helsinki Ethics Board approval (63/2021) and research permission from the local municipal authorities where the study was conducted. All participants gave informed consent. Due to the small number of participants and the pilot's unique nature, specific measures were taken to ensure anonymity, including avoiding disaggregation of individual references within professional groups.

Results

The main findings of the thematic analysis were organized based on Proctor et al.'s (2011) implementation outcome framework. The results demonstrate that implementation outcomes are influenced by both organizational factors—including structural characteristics, attitudes, and available resources—and purposeful implementation activities, such as content adaptations. The main findings are presented in Table 2, in which each implementation outcome is organized into constituent subthemes that either facilitate or hinder implementation, alongside specific actions

Table 2. Implementation outcomes overview.

Theme	Facilitator/barrier	Subtheme	Actions enhancing implementation outcomes
Acceptability (view among stakeholders that a given innovation is agreeable)			
Organizational alignment and support for intervention	Facilitator	Compatibility with organizational goals	Adjusting intervention aim, content, and target group to match organizational priorities
	Facilitator	Staff competence and credibility	Providing necessary resources and decision-making autonomy to staff
	Barrier	Resource limitations	Regular justification of the intervention's value within the organization
Parental acceptance	Facilitator	Trust building	Reducing stigma through language and approach changes Reducing power imbalances between staff and participants Facilitators' flexibility
	Barrier	Initial risk-based service criterion	Adopting universal eligibility criteria
Appropriateness (perceived compatibility with needs and practices of a setting or population; perceived utility in addressing a given problem)			
Service system fit and accessibility	Facilitator	Aligning intervention objectives with preventive services	Considering integration into preventive and early services
		Community partnerships	Co-organizing groups with community organizations
	Barrier	Placement challenges	Incorporating feedback from parents, interpreters, and community organizations
		Participant retention challenges	Adjustments for individual and group-specific needs
Adaptations for service needs	Facilitator	Facilitators' flexibility and adaptability	Adjusting content and service delivery to clients' diverse backgrounds
	Barrier	Content relevance issues	Reframing intervention topics for better acceptance
Adoption (intention or action to try an innovation)			
Service referrer engagement	Facilitator	Effective promotional strategies	Face-to-face interaction and accessible communication platforms
	Barrier	Information gaps	Maintaining proactive communication within the organization
		Initial risk-oriented service criterion	Revision to universal service criteria
Organizational management and leadership	Facilitator	Leadership and management	Emphasizing intervention importance and legitimizing referrals
	Barrier	Lack of formal processes	Integrating referrals into existing organizational procedures
Cost (the cost impact of an implementation effort)			
Resource allocation	Facilitator	Project funding	Making effective use of available funding cycles
	Barrier	High operational costs	Exploring more efficient options for intervention delivery
Sustainability planning	Facilitator	Grassroots-level delivery options	Using existing community spaces and resources
	Barrier	Tensions between accessibility and efficiency	Carefully evaluating alternative delivery methods
Feasibility (extent to which an innovation can be used practically in a given setting)			
Organizational continuity and resource management	Facilitator	Potential for embedding in current services	Developing recommendations for service structure integration
	Barrier	Organizational continuity challenges	Implementing comprehensive training and managed transitions
Service evaluation and management	Barrier	Limited resources and evaluation capacity	Proposing national-level management and coordination

that enhance implementation success. This analytical framework enables examination of the interaction between contextual factors in the organization and active change efforts of the actors and how they impact implementation outcomes.

Acceptability

Organizational alignment and support for intervention

Participants viewed BF as aligning with the organization's broader goals, which emphasized increasing preventive social services for immigrant families. They recognized structural disparities in service access for diverse language groups: "A lot of families with immigrant background, non-Finnish speaking parents are excluded from the social and health services, like Incredible Years [intervention]. The parents miss these services due to problems in our service structures" (Facilitator, implementation phase, early 2023).

Addressing these disparities was viewed as essential for reducing reliance on resource-intensive child welfare services (CWS), such as out-of-home care.

The concurrent support from both the intervention developer and organization was reflected as a necessary resource for BF providers, while granting trust and autonomy enabled facilitators to develop and modify BF: "I think that we have quite a lot of opportunities for developing and testing. It's good that we have full support for that" (Facilitator, implementation iteration phase, early 2022). Furthermore, service referrers acknowledged BF's thematic alignment with their work.

Despite initial organizational support, BF providers perceived the intervention status as vulnerable, particularly during the consolidation phase in 2023. The resources requirement for parental outreach, recruitment, and group organization surpassed initial estimates, posing challenges in maintaining organizational support. In response, BF providers adopted several strategies to strengthen the support, such as leveraging formally produced data to demonstrate effectiveness.

Parental acceptance

Parental acceptance emerged as an indicator of implementation success, yet it initially was hindered by the risk-based service criterion. A BF provider explained that the criterion was changed at the inception iteration phase based on feedback from stakeholders.

Trust-building was a key facilitator in enhancing acceptability, an evolving process that required significant resources and actively cultivating confidence in both the intervention and its facilitators. Facilitators described trust-building as an evolving process:

> Some parents might question us first, but after the first meeting, they might come and tell us: I didn't sleep last night because I was thinking, "Why was I invited to this group? Why are we suspected?" But now I know better (Facilitator, implementation phase, early 2023).

BF providers described various strategies for building trust, such as reducing stigma around help-seeking, including language monitoring and adjusting the target group for inclusivity. Furthermore, facilitators who shared common backgrounds with participants used these connections to foster community and mitigate power differentials. Facilitators demonstrated flexibility in responding to emerging participant needs, such as adjusting content to address misinformation about CWS circulating on social media during the implementation phase in 2022–2023.

Appropriateness

Service system fit and accessibility

Several participants identified BF as being optimally suited for parents during early integration phases and families with young children, emphasizing its preventive and universal characteristics. The intervention addressed critical service gaps and misconceptions: "We should help and inform people at an earlier stage of integration and correct the misunderstandings and fears [of CWS]" (Facilitator, inception iteration, 2022).

Data from the interviews and document analysis highlighted that access to societal information and peer support seemed to influence participants' involvement and continued

attendance positively. Initial group attendance rates demonstrated substantial involvement, with 92% attending the first session, 71% attending the second, and 56% attending subsequent sessions.

Nevertheless, heterogeneous backgrounds, particularly parents' educational backgrounds, were a significant barrier to delivering universally relevant content. Furthermore, some groups' predominantly female composition potentially discouraged male attendance:

> One father attended the first group meeting but left in the middle of the meeting. That was the time we didn't yet understand not to talk about professions. There were mothers who talked about their doctoral degrees, and he was the only man and only illiterate person in the whole group (Facilitator, inception iteration, 2022).

To improve BF's accessibility, facilitators modified presentation methods to accommodate diverse educational backgrounds using techniques such as modeling social situations and visual representations of complex concepts. Furthermore, they expanded partnerships beyond organization, co-organizing groups with NGOs. Participation data revealed that several groups that collaborated with regional NGOs were among the largest.

Adaptations for service needs

Content adaptations were crucial for enhancing appropriateness. The primary modification, identified through both interviews and document analysis, shifted from a child-centered to a parent-centered perspective. Facilitators noticed that focusing solely on children's rights didn't resonate well with parents: "I don't wonder why many parents think they only have responsibilities and children only have rights when the public discussion is mainly stressing education of children's rights over parents," one facilitator noted, while another explained their approach: "We have shifted to focus on more empowering and positive ways to talk about the topics, such as raising children in a bicultural environment" (Implementation phase, early 2023). Facilitators incorporated concrete examples to content delivery, such as framing children's health rights as parents' rights to safeguard their children's well-being. All participants acknowledged that this "parents' rights" framing significantly improved parental engagement.

Furthermore, the shift in perspective emphasized shared ground between authorities and parents, aiming to reduce confrontation by focusing on similarities rather than differences: "Our message is that parents, school, and kindergarten—we all are responsible that children can live safely. We can share a common view and understanding of the child's best interests" (Facilitator, consolidation phase, late 2023). This approach aimed to build trust in authorities while supporting parental competence through accurate information, open communication, and dialogue.

Adoption

Service referrer engagement

The initial risk-oriented service criterion emerged as the main barrier to engaging service referrers:

> At the inception phase, we emphasized too much the risk orientation as a criterion, and we received only few service referrals. It was too much for service referrers. (–) After we changed service criteria for universal, we started to receive more referrals. So, that was an evident barrier (Manager, implementation phase, late 2022).

Facilitators and work supervisors allocated resources for promotion, with face-to-face interactions and accessible communication platforms proving most effective. Service referrers perceived proactive dialogue with facilitators, thereby enhancing comprehension and retention of BF-related information within busy work environments, and accessible information platforms reduced barriers to contacting facilitators.

However, information gaps presented significant barriers to service referrals: "The challenge is that we get an enormous amount of information, then we have turnover of nurses, and the new nurses may not know anything about this [BF]" (Service referrer, implementation phase, late 2022).

Organizational management and leadership

While leadership played an important role in facilitating adoption by emphasizing BF's importance and legitimizing referrals as part of service providers' responsibilities, the lack of formal

integration of referral processes into organizational structures emerged as a barrier:

> With tight schedules and many topics to discuss at reception, the motivation to bring up the intervention depends on how important the individual employee considers it. So, if referrals are not embedded in our work structures and made easy to do, they may be forgotten (Service referrer, implementation phase, late 2022).

To navigate structural limitations, referrers developed their own strategies and used their interpersonal skills in referrals, emphasizing the intervention as a parental right and ensuring clear communication during client interactions. One referrer stressed the importance of active engagement, rather than passive methods: "Some colleagues have given out leaflets with the idea that parents will contact the group themselves, but I'm a bit skeptical about that. I don't really think they will. (–) The fliers just get lost somewhere" (Implementation phase, late 2022).

Cost

Resource allocation

Government project funding enabled BF implementation during the pilot phase; however, the intervention's non-statutory status and uncertain future funding posed challenges for organizational integration. According to facilitators' reports, the costs of delivering the groups, excluding facilitators' salaries, comprised the costs of interpreters and translations of brochures (43%), childcare services purchased from outside the organization (39%), and catering (2%) from the three-year pilot's budget. Childcare services proved particularly inefficient, with attendance consistently below projections.

Sustainability planning

Resource constraints during the consolidation phase led BF providers to reassess implementation strategies. Reassessment reflected both challenges and opportunities for adapting the intervention within the organization:

> These tightening financial resources are certainly related to the fact that the content of this pilot should be integrated into already-existing services because this kind of independent group activity is not seen here [in the social service sector] as a statutory service. But it is not only negative. I think this kind of service is much better, for example, in kindergartens (Manager, consolidation phase, late 2023).

Proposed approaches included web-based group interventions; integration into existing services, such as family work; and free distribution of materials to organization employees. However, almost all participants recognized potential tradeoffs between cost-efficiency and accessibility: "Web-based groups would be a barrier to participation for many of our clients. They don't necessarily have the IT skills or even own the necessary equipment," explained a service referrer from immigration services (implementation phase, late 2022). Similarly, BF providers noted that while integrating intervention into services might improve cost-efficiency, this approach may not enhance universalism and could reintroduce parents' stigmatization.

Feasibility

Organizational continuity and resource management

Participants emphasized organizational continuity as being crucial for implementation success. Barriers included lack of coordinated training and knowledge transfer plans. High staff turnover and limited client work experience highlighted the need for ongoing support to ensure consistent service delivery. Resource imbalances and organizational resource allocation policies resulted in a shift from family social services to other social or educational services after the pilot project. These transitions were expected to enhance intervention feasibility and improve target group outreach.

Service evaluation and management

A critical challenge for feasibility was the lack of evaluation capacity within the organization: "We don't have structures and resources for monitoring parents' service use, so we can't point out the effectiveness of BF on the subsequent use of services" (Manager, implementation phase, late 2022). This evaluation gap made it difficult to assess whether key objectives, such as lowering service access thresholds, were being achieved.

While the organization attempted to address these challenges internally, BF providers identified these solutions as being insufficient for long-term feasibility. Instead, they emphasized the importance of shifting the intervention's management to the national level. This approach was perceived as addressing multiple feasibility barriers, enhancing fidelity while accommodating necessary local adaptations and ensuring equitable service provision: "BF intervention should be national to avoid municipalities providing the service with different resources and objectives" (Facilitator, consolidation phase, late 2023).

Discussion

This study examined barriers to and facilitators of implementing a culturally sensitive parenting intervention for immigrant parents within a Nordic social services context using Proctor et al.'s (2011) implementation outcome framework. Our findings elaborated how determinants of implementation success, as described in the framework, shape implementation efforts' effectiveness. The main findings suggest that a single barrier or facilitator often affected multiple implementation outcomes simultaneously. For example, the initial risk-based service criterion emerged as a critical barrier that impacted acceptability, appropriateness, and adoption. When this criterion was changed to a universal approach, it improved these implementation outcomes by aligning better with the organization's universal service principles. This finding highlights the overlap and interrelationship between implementation outcomes—a recognized, but under-researched issue (Proctor et al., 2023).

Initially, the explicit goal of addressing problematic parenting practices implicitly framed the target families as 'at-risk,' complicating referral processes. This aligns with previous research demonstrating that recruiting immigrant participants based solely on risk factors increases likelihood of parental stigmatization (Leirbakk et al., 2018; Villadsen et al., 2019). Furthermore, trust-building emerged as essential for parental acceptance, supporting recent Nordic studies emphasizing trust as crucial in formulating intervention goals and integrating them into social and health systems (Kåks et al., 2023; Kankaanpää et al., 2024; Osman et al., 2022). Moreover, extant studies from Norway have found that minority parents value universal parenting support for their children's integration and self-confidence (Sundsbø, 2018).

The main challenge in implementing parenting interventions is integrating them into existing service structures (Cooper et al., 2022). Our study identified organizational barriers, such as uneven service referrals, that persisted throughout the pilot phase. Positioning the intervention adjacent to universal services like child health clinics enhanced its parental acceptability. Research suggests that without practical accessibility, universally available interventions can worsen disparities (Allen et al., 2023; Dodge, 2020), emphasizing the need for organizations to prioritize both availability and accessibility.

Our findings indicate that iterative adaptations conducted throughout the pilot significantly influenced implementation outcomes, particularly appropriateness and acceptability. The importance of iterative adaptations during the formative evaluation phase has been well-established (Wight et al., 2016). Limited fidelity to a program plan does not automatically signify implementation failure, but rather reflects an effort to maintain program relevance within a context of diverse needs (Kåks et al., 2023). Notably, most modifications made during this pilot did not target the intervention's substantive content, but rather how the content was presented and prioritized, and in what context it was offered, recognizing the importance of fostering trust and community engagement (Kåks et al., 2023; Parra-Cardona et al., 2021).

In our study, the autonomy and resources provided to facilitators enabled several concurrent adaptations, including content modifications that shifted the focus toward positive parenting and "parents' rights." This emerged as one of the most important changes contributing to implementation success by making the intervention more universal, responding to parents' needs in addition to children's needs, and enhancing acceptability while better aligning with organizational preventive service goals. These findings align with research on family-centered care, indicating that building

parenting skills in a supportive, participatory approach impacts both parents and children positively (Mas et al., 2022), and that a supportive, empathetic, and participatory approach previously had been recognized as crucial for engaging immigrant parents in parenting interventions (Kapetanovic & Skoog, 2024). Collaboration with not only parents, but also other stakeholders, improved parental acceptance and accessibility, highlighting community involvement's essential role in intervention development (Mangrio et al., 2022; Parra-Cardona et al., 2021; Rosenberg et al., 2024).

Leadership support is pivotal in facilitating intervention adoption and defining roles and responsibilities (Akin et al., 2016; Parra-Cardona et al., 2023). However, the lack of integration of service referrals into employees' workflows has resulted in inconsistent, individual-dependent referrals. This reflects broader implementation challenges, including competing priorities and suboptimal leadership support (Baseman et al., 2018; Moullin et al., 2018), highlighting the importance of implementation strategies for targeted service referrals, which are essential for accessible, effective care.

How inequalities emerge in the implementation outcome of cost remains underexamined in the literature (Baumann & Cabassa, 2020; Proctor et al., 2023). In our study, potential cost inequalities emerged as conflicts between cost-effectiveness, universal delivery, and accessibility—issues that have been acknowledged in previous studies (Read et al., 2023)—particularly when planning to integrate the intervention into the service system during the post-pilot phase. Resource constraints emerged as a significant barrier affecting cost and feasibility outcomes, consistent with widely acknowledged challenges in maintaining interventions beyond temporary funding cycles for marginalized clients (Kåks et al., 2023; Palinkas et al., 2023; Parra-Cardona et al., 2021).

Ensuring intervention feasibility required a solid foundation of organizational continuity, including leadership, resource management, staff training, and knowledge transfer. Furthermore, successful implementation relied on professional flexibility, motivation, and problem-solving abilities, which functioned as critical facilitators (Kåks et al., 2023; Palinkas et al., 2023). However, these factors alone were not sufficient. The intervention's feasibility was vulnerable to individual-level dependencies, as implementation success often hinged on staff members' commitment and expertise, thereby underscoring the importance of systematic knowledge management and the clear identification of professionals' essential skills and qualifications (Parra-Cardona et al., 2023). Our findings further highlight the need for continuous efforts to maintain organizational support, a concept that is similarly emphasized in the implementation of parenting interventions (Gardner et al., 2023).

When designing interventions, a reflective assessment of practical implementation strategies is essential to ensure service feasibility, acceptability, and usefulness (Baumann & Cabassa, 2020; Cooper et al., 2022). Our results highlight the importance of considering implementation outcomes already in the planning phase for both the intervention and its implementation to enhance overall success. Furthermore, our study, like several others, demonstrates that implementation should be conceptualized as an ongoing process that requires continuous resources and development, rather than a one-time event (McLure & Aldridge, 2023; Parra-Cardona et al., 2021).

Strengths and limitations

One strength of this study is its consideration of diverse perspectives from different organizational levels and the temporal dimension captured by interviewing facilitators at multiple phases during the pilot. This longitudinal, qualitative approach captured how adaptations have evolved over time in response to emerging implementation challenges. Data triangulation through document analysis has enabled identification of a wide array of implementation barriers and facilitators, thereby strengthening the findings' validity.

The main limitation is the small, specific sample size, which limits generalizability. The sample also lacked representation from certain stakeholder groups, particularly administrative decision-makers beyond the immediate implementation team and stakeholders from outside the organization. Despite

these limitations, triangulation of interviews and document analysis provided rich data on implementation evolution over time.

Conclusions and implications

In conclusion, our study found that an iterative adaptation process was indispensable for early implementation of the immigrant parent pilot program. These adaptations enhanced the intervention's appropriateness and acceptability, which were tied closely to fostering parental trust. The shift from risk-based to universal eligibility criteria represents a critical adaptation, with significant implications for social service organizations seeking to improve service accessibility and effectiveness. By addressing stigmatization and building trust with minority communities, social and health service organizations can improve implementation outcomes and service equity. However, if an organization prioritizes its internal goals over addressing the actual needs of the target population, provided services may not meet the community's specific needs. Furthermore, resource constraints may create tensions with preventive service principles, yet maintaining universal access and prevention remains crucial to preserve service effectiveness.

In the future, longitudinal studies examining how early implementation outcomes predict culturally adapted interventions' longer-term sustainability can contribute valuable knowledge to the field.

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References

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health*, *38*(1), 4–23. https://doi.org/10.1007/s10488-010-0327-7

Aboud, F., Choden, K., Hapunda, G., Sichimba, F., Chaluda, A., Contreras Gomez, R., Hatch, R., Dang, S., Dyenka, K., Banda, C., & Omoeva, C. (2024). Using implementation research to inform scaling of parenting programs: Independently conducted case studies from Zambia and Bhutan. *Children (Basel, Switzerland)*, *11*(4), 477. https://doi.org/10.3390/children11040477

Ahun, M. N., Ali, N. B., Hentschel, E., Jeong, J., Franchett, E., & Yousafzai, A. K. (2024). A meta-analytic review of the implementation characteristics in parenting interventions to promote early child development. *Annals of the New York Academy of Sciences*, *1533*(1), 99–144. https://doi.org/10.1111/nyas.15110

Akin, B. A., Brook, J., Lloyd, M. H., Bhattarai, J., Johnson-Motoyama, M., & Moses, M. (2016). A study in contrasts: Supports and barriers to successful implementation of two evidence-based parenting interventions in child welfare. *Child Abuse & Neglect*, *57*, 30–40. https://doi.org/10.1016/j.chiabu.2016.06.002

Allen, C. G., Olstad, D. L., Kahkoska, A. R., Guan, Y., Ramos, P. S., Steinberg, J., Staras, S. A. S., Lumpkins, C. Y., Milko, L. V., Turbitt, E., Rahm, A. K., Saylor, K. W., Best, S., Hatch, A., Santangelo, I., & Roberts, M. C. (2023). Extending an antiracism lens to the implementation of precision public health interventions. *American Journal of Public Health*, *113*(11), 1210–1218. https://doi.org/10.2105/AJPH.2023.307386

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Baseman, J., Revere, D., Karasz, H., & Allan, S. (2018). Implementing innovations in public health agency preparedness and response programs. *American Journal of Public Health*, *108*(S5), S369–S371. https://doi.org/10.2105/AJPH.2018.304795

Baumann, A. A., & Cabassa, L. J. (2020). Reframing implementation science to address inequities in healthcare delivery. *BMC Health Services Research*, *20*(1), 190. https://doi.org/10.1186/s12913-020-4975-3

Benito-Gomez, M., & Flores Rojas, K. (2020). Designing and implementing parenting interventions with Latino immigrant families: Challenges and strategies. *Families in Society: The Journal of Contemporary Social Services*, *101*(4), 528–538. https://doi.org/10.1177/1044389419897529

Berkel, C., Mauricio, A. M., Schoenfelder, E., & Sandler, I. N. (2011). Putting the pieces together: An integrated model of program implementation. *Prevention Science: The Official Journal of the Society for Prevention Research*, *12*(1), 23–33. https://doi.org/10.1007/s11121-010-0186-1

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, *9*(2), 27–40. https://doi.org/10.3316/QRJ0902027

Chambers, D. A., & Emmons, K. M. (2024). Navigating the field of implementation science towards maturity: Challenges and opportunities. *Implementation Science*, *19*, Article 26. https://doi.org/10.1186/s13012-024-01352-0

Chen, M., & Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention: A meta-analysis. *Trauma, Violence & Abuse*, *17*(1), 88–104. https://doi.org/10.1177/1524838014566718

Cooper, J., Dermentzis, J., Loftus, H., Sahle, B. W., Reavley, N., & Jorm, A. (2022). Barriers and facilitators to the implementation of parenting programs in real-world settings: A qualitative systematic review. *Mental Health & Prevention*, *26*, 200236. https://doi.org/10.1016/j.mhp.2022.200236

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, *4*(1), 50. https://doi.org/10.1186/1748-5908-4-50

Derrington, M. L. (2019). *Qualitative longitudinal methods: Researching implementation and change*. Sage. https://doi.org/10.4135/9781071814277

Dodge, K. A. (2020). Universal and targeted strategies for assigning interventions to achieve population impact. *Journal of Child Psychology and Psychiatry*, *61*(3), 255–267. https://doi.org/10.1111/jcpp.13141

Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice*, *19*(5), 531–540. https://doi.org/10.1177/1049731509335549

Fong, V. C., Lee, B. S., & Iarocci, G. (2022). A community-engaged approach to examining barriers and facilitators to accessing autism services in Korean immigrant families. *Autism: The International Journal of Research and Practice*, *26*(2), 525–537. https://doi.org/10.1177/13623613211034067

Gardner, F., Shenderovich, Y., McCoy, A., Schafer, M., Martin, M., Janowski, R., Varadan, S., Backhaus, S., Barlow, J., & Ward, C. (2023). *Parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years: Report of the reviews for the WHO-INTEGRATE framework*. Centre for Evidence-Based Intervention, Department of Social Policy and Intervention.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy (Chicago, Ill.)*, *43*(4), 531–548. https://doi.org/10.1037/0033-3204.43.4.531

Hamari, L., Konttila, J., Merikukka, M., Tuomikoski, A.-M., Kouvonen, P., & Kurki, M. (2022). Parent support programs for families who are immigrants: A scoping review. *Journal of Immigrant and Minority Health*, *24*(2), 506–525. https://doi.org/10.1007/s10903-021-01181-z

Kääriälä, A., Keski-Säntti, M., Aaltonen, M., Haikkola, L., Huotari, T., Ilmakunnas, I., Juutinen, A., Kiilakoski, T., Merikukka, M., Pekkarinen, E., Rask, S., Ristikari, T., Salo, J., & Gissler, M. (2020). *Suomi seuraavan sukupolven kasvuympäristönä: Seuranta Suomessa vuonna 1997 syntyneistä lapsista, joilla on ulkomailla syntynyt vanhempi* [Finland as the Growth Environment for the Next Generation: A Follow-up of Children Born in Finland in 1997 with Parents Born Abroad] (Report 15/2020, pp.

1–108). Finnish Institute for Health and Welfare. https://urn.fi/URN:ISBN:978-952-343-582-7

Kåks, P., Katzen, L. S., Målqvist, M., Bergström, A., & Herzig van Wees, S. (2023). Implementing a social innovation for community-based peer support for immigrant mothers in Sweden: A mixed-methods process evaluation. *Frontiers in Public Health*, *11*, 1332738. https://doi.org/10.3389/fpubh.2023.1332738

Kane, G. A., Wood, V. A., & Barlow, J. (2007). Parenting programs: A systematic review and synthesis of qualitative research. *Child: Care, Health and Development*, *33*(6), 784–793. https://doi.org/10.1111/j.1365-2214.2007.00750.x

Kankaanpää, S. L., Lehti, V., Solin, P., & Salama, E. (2024). Fostering trust and understanding in social and healthcare services with migrant-origin parents: Qualitative focus-group interviews of foreign-born mothers living in Finland. *European Child & Adolescent Psychiatry*, *33*(6), 1827–1836. https://doi.org/10.1007/s00787-023-02288-4

Kapetanovic, S., & Skoog, T. (2024). In their own voices: Immigrant mothers' experiences and perceptions of the group-based self-assured parents programme for parents in disadvantaged areas in Sweden. *Journal of Family Studies*, *30*(4), 700–718. https://doi.org/10.1080/13229400.2024.2318319

Kenny, M., Raos, R., Ahmad, F., & Gonzalez, A. (2024). Assessing health equity in partnership with children's mental health organizations: Considerations before the implementation of parenting programs. *Health Equity*, *8*(1), 419–425. https://doi.org/10.1089/heq.2023.0143

Khanlou, N., Haque, N., Mustafa, N., Vazquez, L. M., Mantini, A., & Weiss, J. (2017). Access barriers to services by immigrant mothers of children with autism in Canada. *International Journal of Mental Health and Addiction*, *15*(2), 239–259. https://doi.org/10.1007/s11469-017-9732-4

Kuusio, H., Seppänen, A., Jokela, S., Somersalo, L., & Lilja, E. (Eds.). (2020). *Ulkomaalaistaustaisten terveys ja hyvinvointi Suomessa: FinMonik-tutkimus 2018–2019* [Health and well-being of people with foreign background in Finland: FinMonik survey 2018–2019] (Report No. 1/2020). Finnish Institute for Health and Welfare. https://urn.fi/URN:ISBN:978-952-343-034-1

Lansford, J. E., Betancourt, T. S., Boller, K., Popp, J., Pisani Altafim, E. R., Attanasio, O., & Raghavan, C. (2022). The future of parenting programs: II implementation. *Parenting, Science and Practice*, *22*(3), 235–257. https://doi.org/10.1080/15295192.2022.2086807

Lebano, A., Hamed, S., Bradby, H., Gil-Salmerón, A., Durá-Ferrandis, E., Garcés-Ferrer, J., Azzedine, F., Riza, E., Karnaki, P., Zota, D., & Linos, A. (2020). Migrants and refugees' health status and healthcare in Europe: A scoping literature review. *BMC Public Health*, *20*(1), 1039. https://doi.org/10.1186/s12889-020-08749-8

Leirbakk, M. J., Torper, J., Engebretsen, E., Opsahl, J. N., Zeanah, P., & Magnus, J. H. (2018). Formative research in the development of a salutogenic early intervention home visiting program integrated in public child health service in a multiethnic population in Norway. *BMC Health Services Research*, *18*(1), 741. https://doi.org/10.1186/s12913-018-3550-5

Lim, N., O'Reilly, M., Russell-George, A., & Londoño, F. V. (2023). A meta-analysis of parenting interventions for immigrants. *Prevention Science: The Official Journal of the Society for Prevention Research*, *24*(6), 1152–1173. https://doi.org/10.1007/s11121-022-01488-9

Lyon, A. R., Munson, S. A., Renn, B. N., Atkins, D. C., Pullmann, M. D., Friedman, E., & Areán, P. A. (2019). Use of human-centered design to improve implementation of evidence-based psychotherapies in low-resource communities: Protocol for studies applying a framework to assess usability. *JMIR Research Protocols*, *8*(10), e14990. https://doi.org/10.2196/14990

Mangrio, E., Enskär, K., Ramji, R., Sjögren-Forss, K., Tengland, P.-A., Theodoridis, K., Zdravkovic, S., & Rämgård, M. (2022). The need for parental support for migrant parents in transition into Sweden: A perspective. *Frontiers in Public Health*, *10*, 680767–680767. https://doi.org/10.3389/fpubh.2022.680767

Mas, J. M., Dunst, C. J., Hamby, D. W., Balcells-Balcells, A., García-Ventura, S., Baqués, N., & Giné, C. (2022). Relationships between family-centred practices and parent involvement in early childhood intervention. *European Journal of Special Needs Education*, *37*(1), 1–13. https://doi.org/10.1080/08856257.2020.1823165

McLure, F. I., & Aldridge, J. M. (2023). Sustaining reform implementation: A systematic literature review. *School Leadership & Management*, *43*(1), 70–98. https://doi.org/10.1080/13632434.2023.2171012

Moullin, J. C., Ehrhart, M. G., & Aarons, G. A. (2018). The role of leadership in organizational implementation and sustainment in service agencies. *Research on Social Work Practice*, *28*(5), 558–567. https://doi.org/10.1177/1049731517718361

Osman, F., Schön, U.-K., Klingberg-Allvin, M., Flacking, R., & Tistad, M. (2022). The implementation of a culturally tailored parenting support programme for Somali immigrant parents living in Sweden. A process evaluation. *PloS One*, *17*(9), e0274430. https://doi.org/10.1371/journal.pone.0274430

Palinkas, L. A., Belanger, R., Newton, S., Saldana, L., Landsverk, J., & Dubowitz, H. (2023). Assessment of adoption and early implementation barriers and facilitators of the safe environment for every kid (SEEK) model. *Academic Pediatrics*, *23*(7), 1434–1445. https://doi.org/10.1016/j.acap.2023.06.024

Parra-Cardona, R., Zapata, O., Emerson, M., Jairo Sandoval-Pliego, R., & García, D. (2021). Faith-based organizations as leaders of implementation: Implementation science must recognize faith-based organizations as key leaders of change in understanding immigrant communities. *Stanford Social Innovation Review*, *19*(3), 21–24.

Parra-Cardona, R., Banderas Montalva, J. M., Muñoz Retamal, V., Cantizano Rioseco, L., Perry Mitchell, R., Amador Buenabad, N., & Domenech Rodríguez, M. (2023). Culturally adapting an evidence-based parenting

intervention for the Chilean context: Balancing fidelity, context, and cultural relevance. *Family Process*, *62*(1), 182–200. https://doi.org/10.1111/famp.12837

Pinnock, H., Barwick, M., Carpenter, C. R., Eldridge, S., Grandes, G., Griffiths, C. J., Rycroft-Malone, J., Meissner, P., Murray, E., Patel, A., Sheik, A., & Taylor, S. J. C., Stari Group. (2017). Standards for reporting implementation studies (StaRI) statement. *BMJ (Clinical Research ed.)*, *356*, i6795. https://doi.org/10.1136/bmj.i6795

Pinto, R., Canário, C., Leijten, P., Rodrigo, M. J., & Cruz, O. (2024). Implementation of parenting programs in real-world community settings: A scoping review. *Clinical Child and Family Psychology Review*, *27*(1), 74–90. https://doi.org/10.1007/s10567-023-00465-0

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health*, *38*(2), 65–76. https://doi.org/10.1007/s10488-010-0319-7

Proctor, E. K., Bunger, A. C., Lengnick-Hall, R., Gerke, D. R., Martin, J. K., Phillips, R. J., & Swanson, J. C. (2023). Ten years of implementation outcomes research: A scoping review. *Implementation Science*, *18*, Article 31. https://doi.org/10.1186/s13012-023-01286-z

Proudfoot, K. (2023). Inductive/deductive hybrid thematic analysis in mixed methods research. *Journal of Mixed Methods Research*, *17*(3), 308–326. https://doi.org/10.1177/15586898221126816

Read, S., Verity, F., Llewellyn, M., Tetlow, S., & Richards, J. (2023). Problematising 'fused principles' in discourses of preventative social care: Interpreting the implementation of national social services legislation in Wales, UK. *The British Journal of Social Work*, *53*(4), 2331–2351. https://doi.org/10.1093/bjsw/bcad125

Rosenberg, J., McDonough Ryan, P., Brown, C., Schaffer, R., O'Brien, C., Ganjavi, F., & Sharifi, M. (2024). Exploring the determinants of successful implementation of a preventive mental health and wellness intervention for Afghan refugee families: A qualitative analysis. *Health Education Research*, *39*(2), 119–130. Advance Access published August 3, 2023. PMID: 37534755; PMCID: PMC10952411. https://doi.org/10.1093/her/cyad034

Saadi, A., Sanchez Molina, U., Franco-Vasquez, A., Inkelas, M., & Ryan, G. W. (2021). Barriers and facilitators to implementation of health system interventions aiming to welcome and protect immigrant patients: A qualitative study. *Journal of General Internal Medicine*, *36*(10), 3071–3079. https://doi.org/10.1007/s11606-021-06788-4

Saldana, J. (2011). *Fundamentals of qualitative research*. Oxford University Press.

Sekhon, M., Cartwright, M., & Francis, J. J. (2022). Development of a theory-informed questionnaire to assess the acceptability of healthcare interventions. *BMC Health Services Research*, *22*(1), 279. https://doi.org/10.1186/s12913-022-07577-3

Shelton, R. C., Adsul, P., Oh, A., Moise, N., & Griffith, D. M. (2021). Application of an antiracism lens in the field of implementation science (IS): Recommendations for reframing implementation research with a focus on justice and racial equity. *Implementation Research and Practice*, *2*, 26334895211049482. https://doi.org/10.1177/26334895211049482

Skogberg, N., & Laajasalo, T. (2020). *Vanhempana Suomessa – ulkomaalaistaustaisille suunnatun psykoedukatiivisen ryhmän käsikirja* [Being a parent in Finland – Handbook for a psychoeducational group targeting immigrant backgrounds] (Publication 336, pp. 1–35). Finnish Institute for Health and Welfare. https://urn.fi/URN:ISBN:978-952-343-586-5

Statistics Finland. (2024). 11vu – Numbers and proportions of people with an immigrant background by region, 1990–2023. Retrieved March 12, 2025, from https://pxdata.stat.fi/

Sibbie, P., Laajasalo, T., Peltonen, K., Skogberg, N., & Lämsä, R. (2024). "Being a Parent in Finland" - psycho-educative intervention: Development and acceptability of a group programme aimed at increasing trust among migrant parents. *Nordic Social Work Research*. Advance online publication. https://doi.org/10.1080/2156857X.2024.2404871

Stattin, H., Enebrink, P., Özdemir, M., & Giannotta, F. (2015). A national evaluation of parenting programs in Sweden: The short-term effects using an RCT effectiveness design. *Journal of Consulting and Clinical Psychology*, *83*(6), 1069–1084. https://doi.org/10.1037/a0039328

Sundsbø, A. (2018). Universal parenting support in Norway – An unfulfilled promise. *Social Policy and Society*, *17*(3), 503–517. https://doi.org/10.1017/S1474746417000586

Wight, D., Wimbush, E., Jepson, R., & Doi, L. (2016). Six steps in quality intervention development (6SQuID). *Journal of Epidemiology and Community Health*, *70*(5), 520–525. https://doi.org/10.1136/jech-2015-205952

Villadsen, S. F., Ims, H. J., & Nybo Andersen, A.-M. (2019). Universal or targeted antenatal care for immigrant women? Mapping and qualitative analysis of practices in Denmark. *International Journal of Environmental Research and Public Health*, *16*(18), 3396. https://doi.org/10.3390/ijerph16183396