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Original Article

Psychological and pedagogical conditions for supporting young children and their parents in the Republic of Kazakhstan

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ABSTRACT

This study aimed to examine adults' perceptions of the psychological and pedagogical conditions for supporting young children and their parents in the Republic of Kazakhstan, assess satisfaction with support, and identify perceived difficulties in family–professional collaboration. A descriptive survey involved 131 adults from six cities, including parents, preschool staff, and other education-sector representatives. An author-developed questionnaire was administered through Google Forms. Data were analyzed using descriptive statistics and thematic summarization of open-ended responses. Respondents considered an emotionally safe environment important (93.1%) and individualized, flexible support (94.6%). Among 129 respondents, 45.0% were fully satisfied with the overall organization of support. Respondents most frequently linked satisfaction to joint play sessions (62.6%) and preschool staff professionalism (57.3%). Occasional, persistent, or participant-specific problems were reported by 60.5% of 129 respondents. Open-ended responses highlighted limited parental awareness, time constraints, distrust of professionals, emotional overload, and restricted access to individualized assistance. The findings indicate broad recognition of core support conditions alongside varied satisfaction with provision. Three areas for improvement are proposed: strengthening emotionally safe partnerships, providing practice-oriented parent education and staff professional development, and improving access to individualized support. Recommendations include jointly defining support goals, coordinating professionals' activities, offering flexible consultation formats, and integrating acquired skills into everyday family life. The study contributes by examining perceived support conditions, satisfaction, and difficulties to inform improvements. Findings apply to the surveyed group and do not establish the effectiveness of the proposed measures.

Keywords: Early childhood, Psychological and pedagogical support, Parent education, Collaborative partnerships, Satisfaction with support, Kazakhstan

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Introduction

Children's development in the first years of life is closely linked to the quality of everyday interactions with adults and the family's capacity to support their cognitive engagement, communication, and emotional well-being [1-3]. Early support therefore involves not only working directly with children but also supporting their parents. International research on parenting programs indicates that improvements in parenting practices and

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stronger parent–child relationships may be accompanied by better early developmental outcomes [4-6]. However, organizing support requires understanding not only recommended practices but also the conditions under which families receive and use professional assistance.

In this article, psychological and pedagogical support in early childhood is understood as collaborative work between parents and professionals to create an environment conducive to child development, support families, and coordinate child-rearing approaches. The theoretical focus is on support for children aged one to three years and their parents. This understanding does not limit support to previously identified developmental difficulties; it includes consultation, parent education, adjustment support, and coordination with preschool institutions. Accordingly, the study examines the conditions under which this work takes place and adult participants' assessments of those conditions, rather than assessing children's development or testing the effectiveness of a specific remedial program.

The family plays a central role in children's social and moral development and in the transmission of norms and values [7]. A family-centered approach to support involves parents not only as recipients of recommendations but also as participants in discussions of their child's needs. Their everyday experience helps clarify the content of assistance and the feasibility of applying the proposed approaches to interaction [8]. Within this approach, parent education should relate to specific situations involving play, communication, and child-rearing, while professional support should respect the family's perspective. Support research therefore needs to consider both its educational component, involving the provision of knowledge and skills, and the nature of relationships between parents and professionals [9]. This understanding of partnership and parent education underpins the questionnaire used in the present study.

One major line of research focuses on the effectiveness of parenting support programs. A meta-analysis by Jeong *et al*. [4], synthesizing 102 randomized studies from 33 countries, identified positive effects on children's cognitive, language, and socioemotional development during the first three years of life, as well as on parental knowledge and practices. Programs that promoted responsive parent–child interaction demonstrated larger effects on several outcomes [10]. Nevertheless, the authors reported considerable heterogeneity in the findings. These results support a focus on parent education but do not justify assuming that all forms of support are equally effective, regardless of their content and organization.

Another line of research examines associations between aspects of child development, parental knowledge, and parenting styles. Murdiningsih and Komariah [11] identified associations between mothers' knowledge, parenting practices, and indicators of children's growth and development. However, the study's cross-sectional design does not allow these associations to be interpreted as evidence of a causal effect of child-rearing knowledge. For the present study, it is important to recognize parental knowledge and everyday practices as distinct areas of investigation. This perspective allows information provision and parent education to be viewed not as an adjunct to activities with the child but as a separate component of support whose content should be understandable to families and responsive to their practical needs.

Establishing a predictable home environment is also important. A systematic review by Selman and Harrison [12] indicates that everyday family routines are associated with favorable outcomes in children's cognitive and socioemotional development, self-regulation, and well-being. The review covers a broader age range, so its findings should not automatically be treated as specific to children aged one to three years. Nevertheless, it provides a basis for including the organization of everyday life when examining support conditions. In this context, professional recommendations become practically meaningful when they relate to familiar situations involving communication and caregiving, rather than remaining disconnected from family life.

Alongside educational objectives, research addresses psychological support for parents and how it is delivered. Whittingham and Duncan [10] presented a study protocol for the online Parenting Acceptance and Commitment Therapy program, designed for parents of children with neurodevelopmental disorders or an increased likelihood of such conditions. The project includes assessments of parent–child interaction, parental well-being, and the conditions for program implementation. As the publication describes a protocol, it does not demonstrate the effectiveness of the intervention under investigation. For the issue examined here, this example is relevant as an approach that combines family support with an assessment of the organizational conditions of its delivery, rather than as grounds for favoring remote provision in all circumstances.

Taken together, these studies identify several interrelated areas of analysis: developing parenting competencies, organizing everyday interactions with children, supporting families' emotional well-being, and selecting appropriate forms of assistance. In the present study, these areas are important primarily as a basis for examining the conditions of support provision. A distinction must be made between changes achieved through a specific program and assessments of how support is organized. Examining the latter requires attention to adult participants' perceptions and experiences, who describe family–professional collaboration and express satisfaction with the assistance provided.

Issabayeva *et al.* [2]. examine psychological and pedagogical support for parents of children with special educational needs and are relevant to the discussion of support provision in Kazakhstan. The authors proposed a collaborative program among parents, educators, and psychologists, emphasizing mutual trust, motivation to cooperate, and strengthened parental confidence. This work demonstrates the importance of the family dimension of support, but it focuses on a particular group of families. It therefore does not replace the need to examine how a broader range of adult respondents assess the conditions, forms, and difficulties of early childhood support. Of particular importance to the present study is the shift from describing a program to examining assessments of how assistance is organized.

When studying early childhood support in the Republic of Kazakhstan, it is useful to consider not only views on the actions professionals should undertake but also respondents' attitudes toward existing support conditions. Recognizing the importance of collaboration does not, in itself, indicate whether participants are satisfied with its practical organization. Similarly, positive attitudes toward parent education do not show how understandable or applicable the recommendations provided are. This distinction allows the research problem to be formulated without presupposing that the entire system functions satisfactorily or unsatisfactorily: it is necessary to establish which aspects of support respondents endorse and which give rise to dissatisfaction or difficulties.

In this study, support conditions are grouped into five substantive domains. An emotionally safe environment involves ensuring that children feel secure and that parents are accepted without judgment. Continuity and flexibility of the support pathway involve accounting for each child's individual characteristics and adapting support as the child grows. Comprehensiveness is understood as coordination among professionals from different disciplines. Collaborative partnerships involve dialogue with parents and recognition of their knowledge of their own child. Parent education involves developing practical play, communication, and child-rearing skills. These domains structure the author-developed questionnaire and allow support to be examined through specific characteristics, rather than solely through a general assessment of the need for assistance.

It is essential to distinguish between the perceived importance of these conditions and satisfaction with their implementation. The former reflects respondents' views of how support should be provided, whereas the latter represents their subjective assessment of existing practice. These indicators complement one another but are not interchangeable. Examining them together may help identify areas for improving assistance, but it does not, in itself, establish the causes of difficulties. Additional analysis of open-ended responses helps clarify the problems that participants associate with family–professional collaboration. However, these responses reflect respondents' perceptions and should not be treated as an independent assessment of the prevalence of such problems across educational institutions nationwide.

This study addresses a research gap by jointly examining perceptions of early childhood support conditions, satisfaction with those conditions, and perceived barriers to family–professional collaboration in the Kazakhstani context. The reviewed studies of parenting programs and family practices provide a rationale for support but do not explain how these aspects are reflected in participants' assessments in the educational setting under investigation. An empirical account is therefore needed to relate perceptions of the necessary conditions for support to subjective assessments of its organization, without equating such assessments with measures of intervention effectiveness.

Thus, this article aimed to characterize adults' perceptions of the psychological and pedagogical conditions for supporting young children and their parents, assess satisfaction with these conditions, and identify perceived problems in family–professional collaboration. To address this aim, the study examines the perceived importance of the core conditions, satisfaction with their implementation, participants' assessments of support forms, and the content of open-ended responses about difficulties encountered. The study contributes by examining these aspects together as an empirical basis for identifying areas to improve early childhood support, informed by adult participants' assessments.

Materials and Methods

The main research methods were theoretical analysis of the scientific literature, a questionnaire survey, and descriptive statistical analysis of the data.

The study involved 131 respondents from the Kazakhstani cities of Astana, Almaty, Semey, Pavlodar, Kostanay, and Karaganda, of whom 94.7% were female. Participants included parents of young children, preschool staff, educational psychologists working in preschools, preschool administrators, lecturers in the Preschool Education and Upbringing program, and specialists from the education departments of these cities. The largest groups were parents of young children (33.1%), preschool staff (30%), and students enrolled in the Preschool Education and Upbringing program (10%).

Sociodemographic characteristics were based on information participants reported. The questionnaire asked respondents to indicate their sex, age group, place of residence, and social category. Age was recorded in four categories: 18–29 years, 30–45 years, 46–60 years, and 61 years or older. The questions on place of residence and social category also allowed respondents to specify an alternative response.

The unit of observation was an adult respondent. The sample's heterogeneous composition is taken into account when interpreting the data: pooled responses represent the surveyed group's assessments. They are not interpreted exclusively as either parents' or professionals' views. The study's geographical coverage does not, in itself, justify generalizing these assessments to the entire population of the Republic of Kazakhstan.

All participants were informed of the study's purpose and survey conditions and consented to participate. Confidentiality was maintained during data processing and reporting: individual respondents' data were not disclosed, and the findings were presented exclusively in aggregate form, without information that could identify any individual participant.

Data were collected using the author-developed "Questionnaire on Satisfaction with the Psychological and Pedagogical Conditions for Supporting Young Children and Their Parents." The instrument was developed through a review of theoretical literature on early childhood and family support.

The questionnaire used in this study includes four sociodemographic items, an introductory item on understanding early childhood support as a comprehensive system of parent–professional collaboration, and 16 core items. One core item

uses a matrix format to assess satisfaction with several support conditions separately.

The questionnaire covers perceptions of the importance of parent education, emotional safety, individualized support, family–professional partnerships, and coordination among professionals. Additional items address the characteristics of effective support, the role of educational psychologists, factors contributing to satisfaction, tasks encountered, and those who initiate support provision. The questionnaire also examines overall satisfaction with support and the importance of individual and group meetings with parents, as well as information and educational activities.

The matrix item comprises five substantive domains. An emotionally safe environment is defined by children's sense of security and parents' acceptance without judgment. Continuity and flexibility of the support pathway involve considering each child's individual characteristics, adapting the support program as the child grows, and regularly monitoring development. Comprehensiveness involves coordinated work among educators, psychologists, special educators, and speech-language therapists. Collaborative partnerships are understood as dialogue that recognizes parents' knowledge of their own child. Parent education involves developing practical play, communication, and child-rearing skills that can be applied in everyday life.

Response formats vary by question content. Some items offer a choice between agreement, disagreement, and difficulty answering. Others use four levels of agreement—"Yes," "Rather yes than no," "Rather no than yes," and "No"—alongside a separate "Difficult to answer" category. For each condition in the matrix item, the response options are "Fully satisfied," "Not satisfied," and "Difficult to answer." Questions concerning the characteristics of effective support and the most frequently encountered tasks allow multiple responses.

The open-ended question asks participants to list problems encountered in providing psychological and pedagogical support to parents of young children. It supplements closed-ended assessments with substantive descriptions of perceived difficulties. In this study, the questionnaire is treated as an instrument for examining individual perceptions and assessments rather than as a single diagnostic scale yielding a total score.

Data were collected using an electronic questionnaire administered through Google Forms. During the preparatory phase, theoretical approaches to supporting young children and their parents were reviewed, after which the authors developed the questionnaire. The empirical phase involved administering the survey, and the subsequent analytical phase involved examining response distributions and summarizing the problems participants described.

The questionnaire's introductory section informed participants of the study's purpose, explained the confidential nature of the information collected, and stated that the data would be used in aggregate form. Depending on the question format, respondents selected one or more options or provided a free-text response.

Quantitative analysis is based on descriptive statistics. Absolute frequencies and percentages are calculated for responses to closed-ended questions. Missing responses are distinguished from the questionnaire's "Difficult to answer" and "Do not know" options.

For multiple-response questions, percentages for each option are calculated relative to the number of respondents who answered that question. Because participants can select more than one option, the sum of percentages may exceed 100%. The selection of a particular characteristic, factor, or task is interpreted in accordance with the wording of the question. In particular, identifying a frequently encountered task does not mean assigning it a high priority.

Open-ended responses are used to summarize the content of perceived problems. The analysis involves identifying meaning units and grouping similar statements into thematic categories. A single response may describe several distinct problems and therefore fall into more than one category. Statements indicating the absence of problems are considered separately from expressions of difficulty answering. Entries without substantive content, random characters, and contact information are excluded from the thematic account.

Quantitative distributions and textual responses are compared with the content of the questions examined. This comparison supplements overall assessments with descriptions of difficulties but does not establish causal relationships or demonstrate the effectiveness of particular forms of support. The findings reflect adult respondents' perceptions and experiences and do not replace a direct assessment of children's development.

Results and Discussion

The survey findings characterize adult respondents' perceptions of the psychological and pedagogical conditions for supporting young children and their parents, their satisfaction with existing support, and perceived difficulties in its organization. The following sections examine assessments of the core support conditions, the characteristics of family–professional collaboration, forms of assistance, and the most frequently encountered tasks. Recognition of the importance of particular conditions is considered separately from satisfaction with their practical implementation. Quantitative response distributions are supplemented by an analysis of open-ended statements, which clarifies the problems participants associate with parental awareness, collaboration with professionals, and access to the support they need.

The findings show that most participants agreed that early childhood support is a comprehensive system that brings together the efforts of professionals and parents: 95.3% of 129 respondents answered positively. This indicates that viewing support as a collaborative activity is widespread, but it does not, by itself, describe how families and professionals coordinate their actions in everyday practice. Responses to individual statements about support conditions are presented in **Figure 1**.

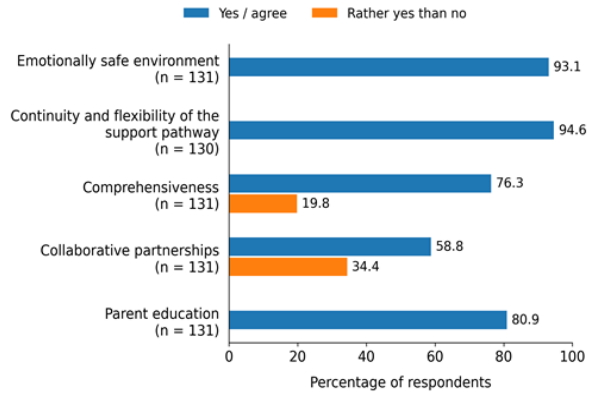

Figure 1. Agreement with statements about the psychological and pedagogical conditions for early childhood support.

Responses to individual statements clarify these perceptions **(Figure 1)**. The importance of an emotionally safe environment was recognized by 93.1% of participants. The statement that a support program should be based on the child's individual characteristics, adapted as the child grows, and include regular developmental monitoring was endorsed by 94.6%. Coordinated work among professionals as a condition for comprehensiveness was supported by 76.3%, while a further 19.8% selected "Rather yes than no." The statement that parents are the primary experts on their own child and professionals act as helpers received 58.8% "Yes" responses and 34.4% "Rather yes than no" responses.

Parent education that provides practical play, communication, and child-rearing skills was recognized as the main condition for support by 80.9% of respondents; 17.6% found it difficult to answer. Uncertainty regarding this statement was therefore more evident than outright disagreement. However, differences in wording and response options mean that the figure cannot be interpreted as a single scale of the importance of the five conditions.

When selecting the characteristics of effective support, participants most frequently identified mutual support—122 respondents (93.1%)—and understanding—107 (81.7%). Sympathy was selected by 68 respondents (51.9%). Conflict-proneness, detachment, and aggressiveness were selected much less frequently, by 5 (3.8%), 4 (3.1%), and 3 (2.3%) participants, respectively. A further 5 respondents (3.8%) found it difficult to answer **(Figure 2)**.

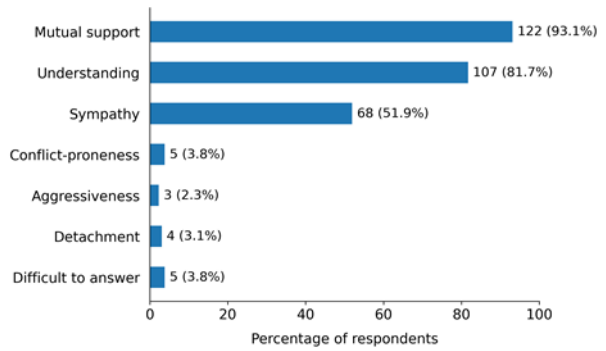

Figure 2. Characteristics that respondents associate with effective support (n = 131).

The predominance of mutual support and understanding indicates that participants associate effective support primarily with the nature of relationships. However, these responses concern desirable characteristics of support rather than the frequency of conflicts or the quality of relationships within particular institutions. The infrequent selection of negative characteristics therefore cannot be interpreted as evidence of their absence in actual practice.

Satisfaction with support conditions and the overall organization of support

For each of the five substantive conditions in the matrix question, "Fully satisfied" responses were more frequent than either "Not satisfied" or "Difficult to answer" responses **(Figure 3)**. The tallest bar representing positive assessments corresponds to an emotionally safe environment, whereas the tallest bar representing dissatisfaction corresponds to collaborative partnerships. Nevertheless, positive responses also predominate for collaborative partnerships. The distributions therefore reflect a combination of positive assessments and some critical judgments rather than a generally negative attitude toward existing conditions.

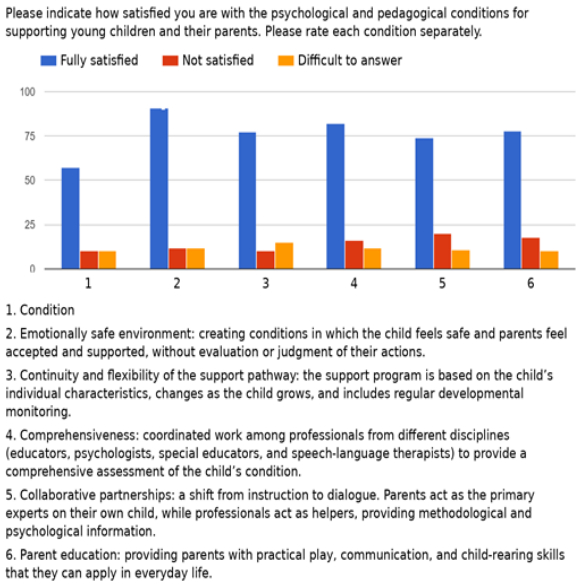

Figure 3. Assessments of satisfaction with individual conditions for early childhood support.

A separate question on overall satisfaction reveals variation in assessments of how assistance is organized **(Figure 4)**. Of the 129 respondents, 58 (45.0%) selected "Yes, absolutely everything," 48 (37.2%) selected "I would like an improved social package," 5 (3.9%) selected "Not satisfied," and 18 (14.0%) found it difficult to answer. Thus, fully satisfied respondents formed the largest group but did not constitute a majority.

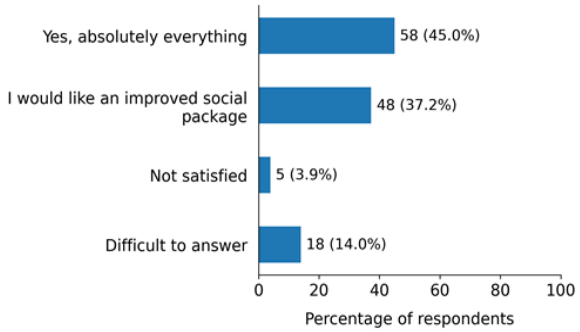

Figure 4. Overall satisfaction with psychological and pedagogical support.

The response expressing a desire for an improved social package indicates a change request but is not equivalent to a complete rejection of existing assistance. Because the questionnaire does not define the content of the "social package," this finding cannot be interpreted as a need for particular benefits, services, or forms of consultation. It would also be inappropriate to combine responses calling for improvements and those expressing difficulty answering into a single category of dissatisfaction. Taken together, the results of the two questions show that positive attitudes toward individual support conditions can coexist with a request to improve the overall organization of support.

Among the factors respondents associated with satisfaction with support, the most frequently selected were joint play sessions at play support centers—82 responses (62.6%)—and the professionalism of preschool staff—75 (57.3%). Psychological training and consultations were selected by 62 participants (47.3%), and information and educational activities by 52 (39.7%). A total of 5 respondents (3.8%) found it difficult to answer **(Figure 5)**.

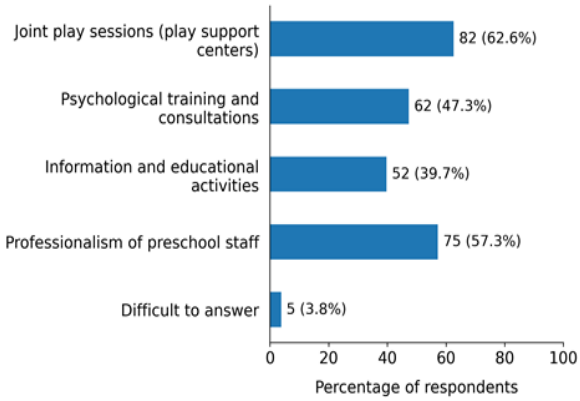

Figure 5. Factors that respondents associate with satisfaction with support.

This distribution highlights practical interaction with the child and staff professional competence as the most frequently cited components of satisfaction. However, it reflects participants' opinions about these factors rather than each factor's measured contribution. Selecting joint play sessions does not, in itself, establish either the availability of such sessions or their superiority over consultation-based or informational forms of assistance.

In separate questions, 114 of 131 respondents (87.0%) recognized the importance of individual and group meetings aimed at reducing parental anxiety, overcoming stress, and establishing trusting contact. The provision of up-to-date materials, information sheets, and recommendations on age-related developmental crises, developmental norms, and adjustment was supported by 123 participants (93.9%). Thus, the less frequent selection of information and educational activities among the factors associated with satisfaction does not indicate a rejection of their usefulness: questions about the importance of a form of support and about factors associated with satisfaction capture different aspects of respondents' assessments.

Among the most frequently encountered tasks, participants identified creating an atmosphere of safety and trust in the "educator–child–parent" system—65 responses (49.6%)—helping the child adjust to new social settings—57 (43.5%)—and aligning child-rearing practices between the preschool institution and the family—52 (39.7%). The remaining substantive options were selected by between 29.0% and 35.9% of respondents; 17 participants (13.0%) found it difficult to answer **(Figure 6)**.

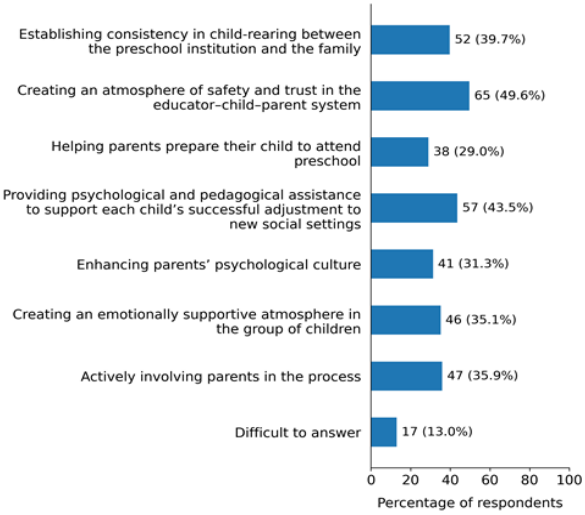

Figure 6. The most frequently encountered tasks in early childhood support, as assessed by respondents.

The response distribution highlights tasks related to safety, the child's adjustment, and coordination among adults. However, these findings do not justify treating the enhancement of parents' psychological culture or the preparation of children for preschool attendance as secondary areas. The question concerned the tasks encountered most frequently, rather than their normative importance or the effectiveness of approaches to addressing them.

Respondents most often identified educational psychologists—45 of 130 respondents (34.6%)—and curriculum specialists and preschool educators—42 (32.3%)—as those who initiate support provision. Preschool administrators were identified by 18 participants (13.8%), while a further 25 (19.2%) found it difficult to answer. Thus, initiating assistance was more often associated with professionals directly involved in educational

work; at the same time, almost one-fifth of respondents did not identify a specific initiator.

The link between the work of educational psychologists and the development of parents' pedagogical and psychological knowledge was recognized by 76 of 130 respondents (58.5%); a further 42 (32.3%) selected "Rather yes than no." Positive responses therefore totaled 90.8%. This indicates recognition of their educational role but does not establish this professional group's superiority over other participants in support provision.

In the question on the occurrence of problems, 42 of 129 respondents (32.6%) selected "Rarely, from time to time," 32 (24.8%) selected "Never," and a further 32 (24.8%) selected "With particular parents and children." A total of 4 participants (3.1%) reported that problems occurred constantly, while 19 (14.7%) found it difficult to answer **(Figure 7)**.

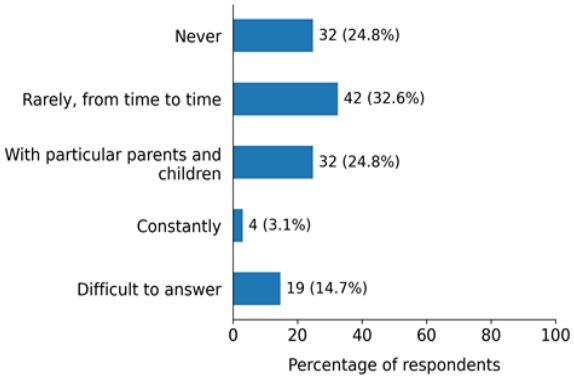

Figure 7. Respondents' answers concerning the occurrence of problems in early childhood support.

In total, 78 respondents (60.5%) selected options explicitly indicating the presence of problems: occasional, persistent, or associated with particular participants in the interaction. The small percentage selecting "Constantly" therefore does not mean that difficulties are insignificant across the surveyed group. At the same time, the responses provide no basis for assessing problem severity or explaining their frequency in terms of respondents' professional roles.

The open-ended question, for which 129 responses were recorded in the survey materials, helped clarify the nature of the difficulties. A thematic summary of substantive statements identified five interrelated problem groups. These groups describe the themes of the responses and are not ranked by prevalence.

Informational and pedagogical difficulties concerned parents' limited awareness of age-related characteristics, developmental norms, and opportunities for early support. Responses mentioned excessive expectations of children, a lack of understanding of age-related developmental crises, difficulties accepting identified problems, and delays in seeking assistance. A characteristic statement referred to "parents' poor awareness of early support." Children's adjustment and speech difficulties were also mentioned. These statements reflect perceived support needs rather than assessment results of parenting competencies or child development.

Communication difficulties included insufficient cooperation, distrust of professionals, limited parental involvement, and differences between family and professional views on child-rearing. Critical comments were not directed solely at parents: participants also referred to educators' limited interest and a lack of partnership. Consequently, the problems described cannot be reduced to families' willingness to follow recommendations but concern the reciprocal nature of interaction.

Time-related and socioeconomic constraints included parents' lack of time, work commitments, domestic responsibilities, and difficulties participating in activities. Some responses also mentioned families' socioeconomic problems. These descriptions show that limited involvement can be perceived not only as a lack of motivation but also as a consequence of circumstances that hinder participation in support.

Emotional difficulties included parental anxiety, stress, fatigue, and emotional burnout among parents and educators. Respondents also mentioned pressure arising from the image of the "perfect parent" promoted on social media and excessive expectations of children. This group of statements complements the positive assessments of meetings aimed at reducing anxiety by identifying specific experiences that participants associate with a need for psychological support.

Organizational difficulties included professional shortages, doubts about their competence, limited access to assistance, and insufficiently individualized work with families. Respondents noted a need to involve both parents in consultations and to support socially vulnerable families. Some statements described support as absent or insufficiently available. Such assessments identify problematic aspects of participants' personal experiences but do not confirm that they are equally prevalent across all institutions and localities nationwide.

Alongside substantive descriptions, open-ended responses included statements indicating no problems, expressions of difficulty answering, and entries unrelated to the question. The total number of recorded responses therefore does not equate to the number of respondents who described specific difficulties. The thematic groups were used to explain the content of the problems without assigning unsupported percentages.

Overall, the findings show that broad recognition of collaborative, emotionally safe, and individualized support coexists with varied satisfaction with how it is organized. Practical interactions and staff professionalism stand out among the assessed factors, while safety, the child's adjustment, and coordination of child-rearing practices stand out among the tasks. Open-ended responses clarify that the difficulties encountered involve family awareness, interaction with professionals, opportunities to participate, and access to assistance.

The findings suggest that improving early childhood support involves aligning professional assistance with families' needs and everyday capacities. Participants associated effective support primarily with mutual support, understanding, and coordinated work among professionals. However, open-ended responses also noted a lack of trust, limited parental involvement, time constraints, and difficulty obtaining individualized assistance. Together, these findings suggest that recognizing the core

principles of support does not always translate into satisfaction with how they are implemented. Practical changes should therefore address not only the range of activities offered but also the substance of interaction between families and preschool institutions.

Within the "educator–parent" system, the difficulties described cannot be explained solely by families' limited willingness to follow recommendations. Responses also referred to parents' work commitments, fears of judgment, differences in child-rearing approaches, and educators' limited interest. Organizing support therefore requires attention to both sides of the interaction: families' capacity to participate in collaborative work and professionals' willingness to discuss their needs. Within the "parent–child" system, statements about disobedience, being "spoiled," and excessive expectations also require cautious interpretation. They characterize individual respondents' perceptions rather than established child characteristics or diagnostically confirmed deficiencies in parenting competencies. Their practical value lies in identifying situations that should be explored during consultations.

Participants' suggestions on creating a safe environment, educational activities, staff professionalism, and purposeful work with parents can be grouped into three interrelated areas. The measures below are the authors' recommendations, based on the survey findings and their comparison with the research literature.

The first area is strengthening emotional safety and collaborative partnerships. Participants most frequently associated mutual support and understanding with effective support; these should be embedded in everyday communication practices. The initial meeting with a family should begin with a discussion of its questions, the child's strengths, and situations that cause difficulties, rather than a list of parenting mistakes. Subsequent recommendations should be formulated jointly with parents, explaining their purpose and discussing their feasibility at home. Parents should have opportunities to ask clarifying questions, express doubts, and report unsuccessful experiences without fear of negative judgment.

This approach aligns with the work of Issabayeva *et al.* [2], in which collaboration among parents, educators, and psychologists was built on trust, mutual understanding, and strengthening parental confidence. However, that study focused on families of children with special educational needs, predominantly of school age. Its relevance to the present study therefore lies primarily in the proposed principle of partnership rather than in the possibility of directly transferring the entire program to support for young children.

Practical implementation should coordinate the actions of families and preschool institutions in specific situations: when children separate from their parents, join shared play, experience emotional reactions, and learn everyday activities. Rather than demanding identical behavior in all circumstances, adults should discuss forms of support that children can understand and the sequence of their own actions. Consistency in child-rearing should not mean families must unconditionally comply with institutional requirements: agreement should be based on the child's needs and interaction approaches acceptable to both sides.

Emotional safety also requires attention to parents' own well-being. References to anxiety, fatigue, and distress at not matching the image of the "perfect parent" provide grounds for including opportunities for confidential individual conversations and voluntary group meetings within support provision. However, teaching parenting skills should not be equated with psychological assistance. In the meta-analysis by Jeong *et al.* [4], improvements in several parental and child outcomes were not accompanied by a statistically significant overall reduction in parental depressive symptoms. World Health Organization recommendations likewise identify support for maternal mental health as a distinct component of early childhood development services [5]. For the proposed support structure, this means distinguishing between a family's educational needs and its need for specialized psychological assistance.

The second area is practice-oriented parent education and developing staff professional competencies. Educational activities should address the difficulties participants identified: understanding age-related characteristics, aligning expectations with children's capacities, supporting independence, emotional interaction, and adjustment to preschool. Rather than providing large amounts of general information, use short, topic-specific materials, each addressing a particular question and accompanied by an example of an adult's actions. This practical orientation is consistent with andragogical principles that connect adult learning with learners' prior experience and real-life tasks [13]. Particular attention should be given to discussing contradictory recommendations parents receive from digital sources, as this problem appeared in the open-ended responses.

The assessments of joint play sessions presented in **Figure 5** support their consideration as one way to implement this area. Such meetings should be organized not only as sessions in which a professional works with a child in the parent's presence but also as learning opportunities for the adult. A possible sequence includes demonstrating an approach, having the parent apply it, discussing the child's response, and selecting a situation for further practice at home. This is consistent with the emphasis on responsive interaction in research on parenting programs: Jeong *et al.* [4]. found larger effects on several outcomes in programs that included this component. Nevertheless, our survey results reflect assessments of a form of support rather than evidence of its comparative effectiveness.

Given the references to time constraints, recommendations for home practice should fit into familiar caregiving and communication situations rather than adding another set of compulsory activities. For example, a professional and a parent might choose one way to support communication while dressing, walking, or looking at a book together, and then discuss how understandable and convenient it was at their next contact. This approach is consistent with WHO recommendations to support responsive caregiving and opportunities for early learning during the first three years of life [5]. However, the family should jointly determine specific implementation approaches.

Parent education should be complemented by staff professional development. Research on educational innovation also emphasizes the need to develop teachers' digital literacy and

prepare them to use new teaching methods [14]. In response to comments about professionals' competence and the lack of an individualized approach, it is proposed that professional development activities include case discussions of work with families, training in consultation skills, and exploration of ways to resolve disagreements. Educators, psychologists, speech-language therapists, and special educators should coordinate their recommendations: families should receive a clear explanation of the shared task and each professional's role. Professionalism should be understood not only as possessing specialist knowledge but also as the ability to explain a proposed action, listen to objections, and adjust assistance in response to feedback.

The third area is to individualize support and improve its accessibility to families. A brief support plan developed jointly with parents is proposed as an organizational measure. It may specify the main request, the agreed goal, available contact methods, the responsible professional, and a date to discuss interim results. Such a plan should not become an additional formality: its purpose is to clarify the sequence of assistance and allow it to be reviewed. Particular attention should be paid to families that report difficulties but do not yet know whom to approach or what support is available to them.

References to work commitments and lack of time support recommending flexible scheduling and several modes of participation: a brief individual consultation, a small-group meeting, a telephone conversation, or a remote contact arranged in advance. Remote provision is proposed as an additional option, not a universal replacement for face-to-face work [15-17]. The choice of communication method should consider the family's access to communication facilities, convenience, and confidentiality. Materials should be provided in a language parents understand, including Kazakh or Russian according to their preferences. An inability to attend group activities should not automatically be interpreted as a lack of interest in the child's upbringing.

Some responses explicitly identified a need to involve both parents and to provide individualized assistance to socially vulnerable families. It is therefore proposed that discussions include not only the adult who usually communicates with the preschool institution but also others involved in the child's everyday care, with the family's consent. For families with limited resources, it is important to identify the particular circumstances that hinder participation and select feasible forms of assistance. When referral to other professionals is necessary, parents should be given specific information about the next steps rather than only a general recommendation to seek a consultation.

Evaluation of the proposed measures should consider not only the number of meetings held but also the clarity of recommendations, their applicability at home, parental participation in agreeing on goals, and access to follow-up support. Practical indicators may include consultation waiting times, the proportion of families with an agreed support plan, reasons for discontinuing participation, and assessments of respectful communication. Satisfaction with the organization of assistance, acquisition of parenting skills, and changes in child development should be assessed separately. Future research should test the proposed measures with repeated assessments and, where possible, compare different approaches to organizing support.

The study's limitations should be considered when applying the recommendations. The survey involved 131 adults with different family and professional roles, and women predominated among participants. The pooled assessments do not establish the extent to which the difficulties identified are specific to parents, educators, or other groups. The survey also did not directly assess child development or test the outcomes of a particular program. The proposed areas should therefore be regarded as a basis for improving and subsequently testing support provision in the educational setting studied, rather than as an already validated model for all institutions in the Republic of Kazakhstan.

Thus, the practical development of early childhood support should address three complementary tasks: strengthening safe and trusting relationships, teaching parents approaches to interaction that can be used in everyday life, and providing accessible individualized assistance. The unifying principle is joint goal-setting, whereby professionals' specialist knowledge is complemented by families' experience, and recommendations are aligned with their actual capacities.

Conclusion

The study characterized perceptions of the conditions for supporting young children and their parents, satisfaction with support, and perceived difficulties in family–professional collaboration. Based on the findings, three interrelated areas for improving practice are proposed: strengthening emotionally safe partnerships; providing practice-oriented parent education alongside the development of staff professional competencies; and improving access to individualized support. Implementation involves jointly defining support goals, coordinating professionals' recommendations, organizing parent-involved play sessions, and integrating learned interaction strategies into everyday family life. Additional recommendations include flexible consultation schedules, opportunities for follow-up support, and assistance for parents experiencing anxiety and emotional overload. Particular attention should be paid to families that face difficulties participating in group activities.

The study's contribution lies in jointly examining the perceived importance of support conditions, satisfaction with their implementation, and the nature of perceived problems. Distinguishing these dimensions allows areas for improvement to be identified without equating agreement with the principles of support with a positive assessment of existing practice. Developing a coordinated model of family–preschool collaboration is a promising direction; however, its content should reflect families' needs and the organizational capacities of the specific educational setting.

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