Early Childhood Intervention: The Perspective of Families

Intervenção na Primeira Infância: a Perspetiva da Família

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Abstract

The study explores how families in North Portugal perceive professional practices of Local Early Intervention Teams (LIT) within the Portuguese National System of Early Childhood Intervention (*Sistema Nacional de Intervenção Precoce na Infância* - SNIPI), fourteen years after the publication of Decree-Law 281/2009. Thirty-five families with children aged 0-6, receiving LIT support for at least two years, participated. The research employed a qualitative approach, involving semi-structured interviews. Data analysis used content analysis to categorize responses. Overall, the findings indicate that many families expressed satisfaction with LIT support but noted areas lacking a family-centred approach. Families also highlighted challenges and suggestions for improvement. The study offers insights for enhancing Early Childhood Intervention (ECI) services under SNIPI, by incorporating direct family perspectives.

Keywords: early childhood intervention, family-centred practices, family participation

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Resumo

O estudo explora a perceção das famílias do Norte de Portugal sobre as práticas profissionais das Equipas Locais de Intervenção Precoce (ELI) no âmbito do Sistema Nacional de Intervenção Precoce na Infância (SNIPI), catorze anos após a publicação do Decreto-Lei 281/2009. Participaram 35 famílias com crianças dos 0 aos 6 anos, apoiadas pelas ELI há pelo menos dois anos. A investigação seguiu uma abordagem qualitativa,

através de entrevistas semiestruturadas. A análise dos dados utilizou a análise de conteúdo para categorizar as respostas. Em geral, os resultados indicam que muitas famílias expressaram satisfação com o apoio das ELI, mas notaram áreas que carecem de uma abordagem centrada na família. As famílias também enfatizaram desafios e sugestões de melhoria. O estudo aponta perspetivas para melhorar os serviços de Intervenção na Primeira Infância (IPI) no âmbito do SNIPI, incorporando as perspetivas diretas da família.

Palavras-chave: intervenção precoce na infância, práticas centradas na família, participação da família

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Introduction

Early Childhood Intervention (ECI): Portuguese Legislation

According to Decree-Law 281/09 (2009), ECI in Portugal seeks to "ensure conditions for the development of children [between 0 and 6 years] with functions or structures of the body that limit personal growth, social development, and their participation in activities typical for their age, as well as children at serious risk of developmental delay" (p. 7298). In practice, ECI comprises a set of services, supports, and resources available to meet the specific needs of a child, as well as their family, to promote the child's integral and full development (Dunst & Bruder, 2002). To this end, it is widely agreed that the goals of ECI should also include promoting the competencies and confidence of the child's caregivers, as well as promoting that the environments to which the child belongs function as agents of change (Carvalho et al., 2018; Dunst et al., 2010; European Agency for Development in Special Needs Education, 2005; Moore, 2012).

Decree-Law 281/09 (2009) established the SNIPI. This entity establishes ECI as a set of support measures in the social, educational, and health areas, which immediately brings together representatives of the corresponding ministries: Ministry of Labor, Solidarity and Social Security, Ministry of Education, and Ministry of Health. This legislation also includes the fundamental principles of ECI practices advocated by Guralnick (2005): (1) the principle of developmental guidance – intervention should be determined by the needs of families, along with the resources and supports to be provided; (2) the principle of inclusion – intervention should be guided by family and community realities, determining which community resources to mobilise and which social support networks, formal or informal, to foster; (3) the principle of integration and coordination – intervention should be integrated and coordinated, which, in the Portuguese case, involving the three ministries regulating ECI in Portugal.

Family-Centred ECI: Models and Practices

Theoretical Frameworks of ECI

The theoretical framework of ECI draws heavily from Bronfenbrenner's Bioecological Model (Bronfenbrenner & Morris, 1998) and Sameroff's Transactional Model (Sameroff, 1983). These models emphasise the dynamic and interactive nature of child development, highlighting the reciprocal interactions between the child and their environment. According to these models, understanding child development requires considering the influences of biological, environmental, and relational factors and the bidirectional relationships between the child and their surroundings (Sameroff, 2009; Sameroff & Fiese, 2000). The practical implications of these theories underscore the importance of considering all contexts in which the child is involved during intervention, as well as the interconnectedness of these contexts. Both models advocate for policies and practices that promote optimal child development and emphasise the role of the immediate and broader environment in shaping children's growth and development (Bronfenbrenner & Morris, 2007; Sameroff, 2009; Sameroff & Mackenzie, 2003).

Family-Centered Practices (FCP)

As previously mentioned, developmental models are the foundations of current ECI practices (Bairrão & Almeida, 2003). Thus, ECI intervention is conceived, planned, and ideally executed from an ecological perspective (Carvalho, 2015), which assigns great importance to all ecological contexts of the family, particularly the influence they exert on child and family development and functioning. From this standpoint, an intervention that prioritizes parental involvement and participation is necessary, hence the concept of FCP (Dunst, 2000, 2023). However, considering the history and evolution of ECI, it is understood that there has been a shift from interventions focused solely on the child, inspired by the medical model, with an overemphasis on pathology and deficits, to interventions where both the child and the family become the focus, with special attention, sensitivity, and empathy towards the family's needs (Correia & Serrano, 2000). Nowadays, the participation and involvement of families are recognized as essential components of ECI programs (Pinto & Serrano, 2015).

Thus, the family-centred approach in ECI can be defined as a set of practices that recognise, promote, and value the centrality of the family, as well as its strengths and capabilities, throughout the intervention process (Dunst & Espe-Sherwindt, 2016; Dunst et al., 2019). This is the most recommended approach in the field of ECI by the Division for Early Childhood (DEC, 2014), highlighting, its most important components, (1) family-centred practices, (2) family empowerment practices, and (3) collaboration between ECI professionals and families.

Firstly, (1) family-centred practices are those that consider the family as a key element in the process of providing care to the child, making decisions, and treating them with dignity and respect. In this way, the family is recognised as an active agent in acquiring and implementing competencies (both their own and the child's). It is important to properly inform the family so that they can make informed decisions, to ensure that

the family has access to community resources and necessary social supports for the child's optimal development and family functioning, and ensure that professionals are responsive to the needs, concerns, and desires of the family (Dunst, 2011; Dunst et al., 2019; Mas et al., 2019). It is also noteworthy that Decree-Law 281/09 (2009) itself considers family participation in the intervention.

Regarding (2) family empowerment practices, the Integrated Third-Generation Model on ECI and Family Support by Dunst (2000) illustrates all factors to enhance the child's learning and development opportunities offered by their caregivers, making them confident and competent in their parenting role (Dunst, 2017; Dunst et al., 2010). The provision of effective tools to parents increases their empowerment to respond to their children in specific situations, thereby impacting their self-efficacy beliefs and, consequently, their autonomy and independence in handling such situations in the long term (McWilliam, 2003, 2010). Furthermore, the child's development is more noticeable when professional support, with a transdisciplinary approach (Aldridge et al., 2015; Bruder, 2000), promotes caregivers' confidence and competence, compared to direct intervention by the professional with the child (Almeida et al., 2011).

Therefore, Dunst's model (2000) presents three main elements (Figure 1): (A) child's learning opportunities, (B) support for parental skills, and (C) family/community support and resources. Additionally, three elements arise from the intersection of the previous ones, namely (i) family/community activity settings, (ii) parental interaction styles, and (iii) parental participation opportunities, with child learning and development at the centre.
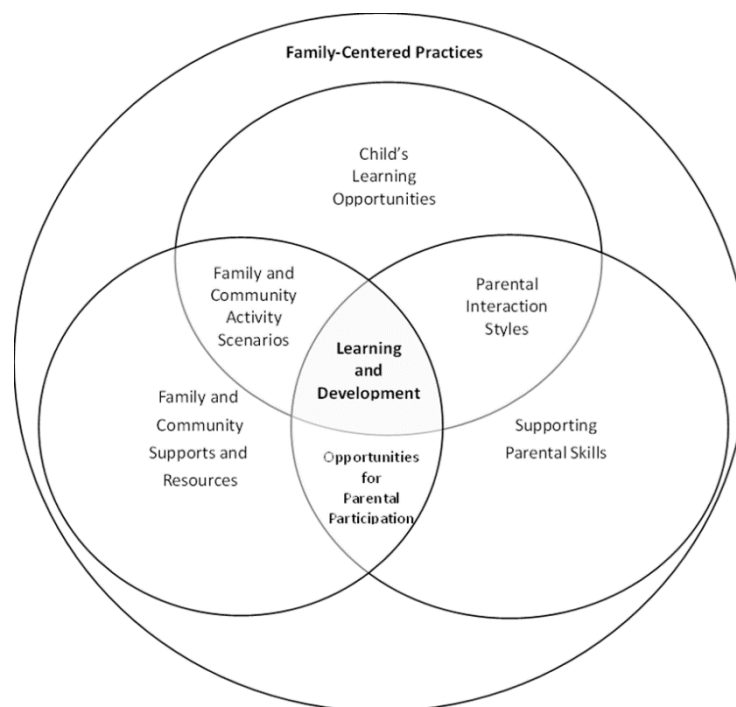

Figure 1. Third Generation Integrated Model on ECI and Family Support (Dunst, 2000)

Thus, (A) child´s learning opportunities encompass the daily activities that are part of the family routine and that parents can take advantage of to enhance a natural developmental opportunity. (B) Support for parental skills focuses on assessing the strengths and capabilities of the family, including their formal and informal resources, upon which the intervention is built. (C) Family/community support and resources involve evaluating resources, both from the family and the community, that can assist in responding to specific needs. (i) Family activity settings in the community are the places where family activities take place, constituting the so-called natural learning opportunities, for which caregivers need to be sensitised to make them beneficial and productive from a developmental perspective. (ii) Parental interaction styles refer to how the family and other caregivers interact, support, respond, and encourage the child, with responsive teaching being prioritised. (iii) Parental participation opportunities refer to moments of sharing information or interacting with other members of the social network that contribute to promoting parental autonomy.

Finally, regarding (3) collaboration between ECI professionals and families, this is crucial for them to be an effective team, to enhance the child's development. The professional-family relationship should be characterised by two types of support practices: relational or participatory (Dunst, 2011; Dunst et al., 2002). Firstly, relational practices support the development and strengthening of relationships (e.g., active listening, joint reflection, empathy, understanding, and genuine interest). Secondly, participatory practices support informed choice, family participation, and involvement through collaboration, discussion of options, and sharing of information with the family. By always respecting their individuality, the integrated implementation of these practices can enhance family engagement and their capacities and competencies in child development and family functioning.

Many of the characteristics that evidence considers important for ECI have already been highlighted: family-centred, transdisciplinary teamwork, professional development and knowledge and community-based approaches developed in the child's natural contexts and with respect for the individuality of each family. It is noteworthy that a family-centred approach yields more and better results for children and families (Espe-Sherwindt, 2008; Mas et al., 2022). In fact, in a Portuguese study conducted by Almeida (2011), families emphasise the progress of the child resulting from the intervention, their empowerment through appropriate educational strategies, as well as the empathy, sensitivity, support, and attention of the technicians regarding the concerns of the families. However, the literature shows some difficulties in implementing the assumptions and principles of a family-centred approach in practice. In the study by Almeida (2011), some problems at the level of FCP are identified. For example, there is a tendency towards more passive involvement of families in choices and decision-making throughout the entire process, both in evaluation and intervention. That families are not integrated into the professional team and there is a poor use of the Individual Family Support Plan (IFSP), the current IEIP (Individual Early Intervention Plan). In another study also conducted in Portugal (Pinto et al., 2009), although they demonstrate willingness to develop and apply FCP, professionals have difficulty in seeing families as partners, which naturally translates into difficulty in actively involving the family (Costa, 2017). However,

it should be noted, that the results of these Portuguese studies refer to a very early stage after the publication of the new decree-law (Decree-Law 281/09, 2009), which could help explain these difficulties and problems.

In the study by Almeida (2011), some of the expectations and concerns associated with ECI services and the development of their children are illustrated, respectively. Firstly, many families expect a response directed towards resolving their child's problems. Additionally, families wish to be active participants, both in the assessment process and in the intervention process, having an idea of the type of role they want to play but also a desire that intervention take place in the child's natural living environment (e.g., home or kindergarten).

Regarding concerns, they were focused on child development and family quality of life. That is, families feel insecure about their children's problem and their future. On the other hand, they reveal some uncertainties regarding their abilities to manage the entire situation: facing the problem, dealing with the child, and promoting their development (Almeida, 2011).

Methodology

Empirical Study

The main goal of this study is to understand the perspectives of a group of families attended by ECI professionals, in the Northern Region of Portugal regarding professionals' practices. In this sense, the aim is to address the following research question (RQ): How do families perceive their participation in the ECI process?

Participants

Participants in this study are 35 families with children aged between 0 and 6 years old, who, at the time of their selection and data collection, were attended by an ECI professional for at least two years. Thirty-three female participants, in the role of mothers or legal representatives, and three male participants, in the role of fathers, responded to the questionnaires and were interviewed. In one of the families, both mother and father were present and participated. The participating families represent a total of 39 children. Additional characterisation data of the families and the support they receive from ECI are presented in Table 1.

Table 1

Characteristics of family and support

Characteristics of family and support	n
Year of birth of the child	
2016	12
2017	15
2018	7
2019	5
Age of participants (in years)	
29-33	8
34-38	11
39-43	10
44-48	7
Academic qualifications of participants	
1st cycle	1
2nd cycle	2
3rd cycle	9
High school	14
Professional qualification	3
Higher education	7
Family referral entity to LIT	
Family	1
Healthcare (hospital, health center)	28
Education (daycare, preschool)	9
Social security	1
Support time from LIT (years ≈)	
2	4
3	25
4	8
5	2
Context of support for LIT	
Residence	1
Educational	29
Mixed	9

Data Collection Instruments

Child and Family Characterisation Questionnaire

A characterisation questionnaire was developed, consisting of quick response questions, aiming to collect sociodemographic data, which are divided into three groups: child-related, family-related, and ECI services-related. The questionnaire includes 12 questions.

Semi-Structured Interview for Families

The main data collection measure of the current study was the semi-structured interview. Therefore, a script was developed based on the study's goal, allowing for a detailed content analysis facilitated by the categorisation of the collected data. The interview had 7 main questions, such as: "How do you describe the family's participation in the process and in the work carried out with the child?", "How is family involvement promoted and valued?", "How do you feel that IPI has promoted your and the family's abilities to deal with the child's situation and resolve related problems?", "How does ELI consider and value/respect your interests and concerns/needs as a parent (other)?".

Data Collection Procedure

Initially, to conduct this study and its data collection, we requested and obtained authorisation from the Northern Regional Coordination Sub-Committee of the National Early Intervention System for Childhood. Then, after sending, a collaboration request, and the sample selection criteria, 10 ECI services also expressed their willingness to collaborate via email, providing contacts of families who agreed to participate in the study. Data collection was conducted remotely with the participants via the Zoom Platform, and an informed consent form was sent, indicating the study's goal, and requesting authorisation for the interview recording.

It is worth noting that the main reason for concluding the data collection was due to the solid convergence of the already collected information at a certain point, assuming theoretical data saturation (Bauer & Gaskell, 2017). The data collection process took place between September 15, 2022, and December 16, 2022.

Data Analysis Procedure

Qualitative data collected through semi-structured interviews was analysed by conducting a categorical content analysis based on the principles of Bardin (2009). This analysis procedure allows the recognition, coding, classification, and naming the collected data (Flick, 1998), facilitating their grouping according to consistent findings and aiding in result interpretation, facilitating their grouping according to consistent findings and aiding in result interpretation. Thus, in the first phase, following the full transcription of the interviews, preliminary reading of the analysis corpus (comprising all responses) was conducted. The theme (idea present in the response) was assumed as the unit of registration, the complete response of the participant to each question as the unit of context, and the frequency and direction of the unit of registration in each category as the counting unit (Bardin, 2009; Vala, 2003).

In this sense, the themes and their respective categories were defined according to a mixed analysis, that is, a deductive logic was followed, where the themes were established beforehand based on a pre-established theoretical model; and an inductive logic, through the collected information, which gave rise to new, more specific categories

that aligned with more specific categories aligned with the study's goals and existing literature in this domain (Elo & Kyngäs, 2008). After the analysis, a system of categories and its operationalisation was obtained.

Quality

As a strategy contributing to the quality of the research (McMahon & Winch, 2018), peer debriefing was utilised, involving discussions with an external researcher regarding data analysis, particularly concerning themes, categories, and their operationalisation. Additionally, excerpts from interview transcripts were used to support the interpretations made.

Results and Discussion

Results will be presented and discussed, using narratives from the participants as examples. To address the RQ (How do families perceive their participation in the ECI process), a major theme emerged: Recommended Practices in Early Childhood Intervention. The results will be discussed on light of the practices recommended in ECI literature. Within this overarching theme, specific categories were identified, which further led to second and third-level subcategories (Figure 1).
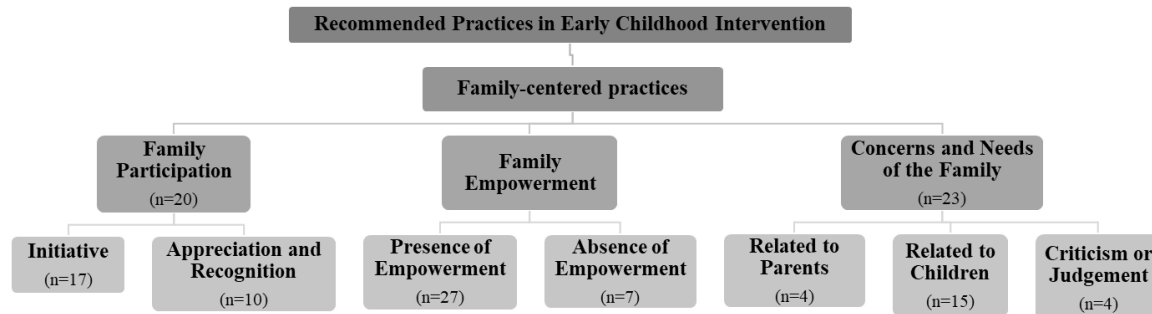
Figure 2. Categories in the theme "Recommended Practices in Early Childhood Intervention"

From the category "family-centred practices", three subcategories emerged, all representing ways to highlight the role of the family throughout the ECI process.

In the first subcategory, "family participation", family accounts suggest the role they have/perceive to have regarding decision-making (F5. "No decision, nor any strategy is applied with our son if we are not informed or agree. If we don't agree, we'll think of something else, a different way to do it with him."), as well as feeling part of a team working towards a common goal (F35. "They take care to say, 'this is our joint goal'.").

Indeed, family participation is recognized as an essential component of ECI programs (Decree-Law 281/09, 2009; Pinto & Serrano, 2015), without which effective

promotion of child development may be compromised (Pinto, 2019). Since the family is a constant in children's lives, as advocated in the literature (Dunst & Espe-Sherwindt, 2016), it should be considered throughout the intervention. To this end, participatory practices are important, aiming to promote family participation, which includes the family being properly informed and empowered to make decisions (Dunst, 2011; Dunst et al., 2002). Although the importance of these practices is recognized, there are studies where professionals have difficulty recognising the family as a partner (Almeida, 2011; Pinto et al., 2009), suggesting greater ease in the adoption of relational practices (Carvalho, 2015).

The first third-level category, "initiative", indicate that families make efforts to continue the work done in educational settings at home (F1. "I'm the one who takes a lot of what is discussed, in terms of schoolwork, and brings it home and tries to apply the same methodology in routines and also explain to the grandparents.") and in clinical settings (F29. "What I learn in therapy, I try to apply in routines."). Moreover, the effort of family participation is also a reflection of the proactive attitude they seek to adopt (F12. "Close to the start of the school year, I even hold a meeting with everyone to define the strategies for that year, for example, the 1st term.").

In ECI, the aim is to promote parents' autonomy and independence (Dunst et al., 2010), so that, in the long run, they can deal with the situation and, in the short term, be capable of continuing the work that is developed when the professional is not present, for example, between visits. The data from this study may indicate that the achievement of this goal is progressing in the right direction.

In the second third-level category, "appreciation and recognition", it is observed that professionals can value/acknowledge the role of the family in different ways. For example, through the words they address to the parents (F19. "Always said we were on the right track. Saying 'well done' and congratulating us, as parents, for being like this.") or by attributing the children's progress to the efforts of the families and the role they play in the work that is developed (F1. "If they acknowledge that my son has been evolving very well, they acknowledge that there is a huge family effort. They know that the major gains are within the family.").

This result is consistent with the literature by mentioning that the child's progress is more noticeable when are the parents who "intervene" with the child in their routines, through changes guided by ECI professionals (Almeida, 2011). As evidenced in the literature (Pego, 2014), recognition by professionals reinforces that the role of the family is central in promoting the child's development, also impacting their feelings of confidence and competence (Dunst et al., 2010).

The second emerged subcategory was "family empowerment". Indeed, in FCP, strengths, including parental capacities, are valued by professionals (Dunst & Espe-Sherwindt, 2016). Therefore, empowerment practices are assumed as one of the most important components of this approach, making the family the active agent in acquiring and implementing new skills. However, the entirety of the responses did not corroborate this recommended practice, resulting in two third-level categories.

The first third-level category refers to the sharing conducted by families, which can be interpreted as the "presence of empowerment". These results allow us to understand that family empowerment can take several perspectives. Firstly, through a perspective of sharing and discussing basic knowledge, from a developmental point of view, along with strategies to promote it (F6. "Regarding the developmental delay, in the areas of intervention he had, they provided strategies for us to do at home, activities, more suitable games... basically, they are general guidelines for us to try to follow and that are in line with what the technicians are also doing, where to insist and where to do certain things."). Also, in this perspective, professionals help families to understand how they can promote the child's development in routines, using materials they have available at home, (F35. "I find certain things very amusing, and I am amazed by certain things we can do to help them because sometimes it's not necessary to have certain things and go buy stuff to help them."). From a second perspective, we highlight the support given to the family in the process of accepting the child's difficulties (F13. "Regarding my husband, staying with him, feeding him, which was a bit difficult for him, it was all a complicated transition. And we achieved that recently."), which can even lead to a reflection on the framework and meaning that families make of the child's needs and difficulties, readjusting conceptions, and expectations (F10. "They managed to show me that they don't need to talk for me to understand them. They taught us that there were other more important and urgent things, like being able to call them by name and their look, having some kind of contact with our children that we couldn't have until now."). Finally, it is worth noting the reflection of empowerment on the family's ecology. The work done and the skills acquired by parents not only have a positive impact on the child's development but also on the development and functioning of the family (F2. "These adjustments didn't just regulate the child; it was the whole family dynamics as a whole.").

These results are consistent with findings from previous studies (Almeida, 2011; Ferreira, 2014; Pinto, 2019), where families mention their empowerment through the implementation of appropriate educational strategies. Indeed, one of the pillars of ECI, under a family-centred approach, is the promotion of opportunities for the child's development and learning in their natural contexts, where the child naturally participates (Dunst et al., 2010), using materials available there and therefore familiar to them. For this reason, it is crucial to consider and analyse the child's surrounding environment and identify adjustments that can be made to maximize their learning and development process (Sameroff, 2009; Sameroff & Fiese, 2000), involving parents in the use of strategies within these natural environments (Dunst & Espe-Sherwindt, 2016). On the other hand, the readjustment of parental conceptions is precisely one of the positive outcomes of FCP (Dunst et al., 2007; Espe-Sherwindt, 2008). Currently, ECI is conceived from an ecological perspective (Carvalho, 2015), which encompasses considerations of the child, the family, the environment, the relationships established between them, and the influences exerted mutually. Thus, practices aimed at empowerment, which support parental competencies (Dunst, 2000), not only yield positive results in child development but also positively impact parental well-being, as well as their competencies to autonomously deal with problems, consequently reflecting on family functionality (Dunst & Espe-Sherwindt, 2016).

However, the second third-level category includes aspects identified by families that may, in some way, indicate the "absence of empowerment". Thus, the absence of information sharing is pointed out (F1. "I am never informed about anything, neither about the support or about what we are entitled to. We must ask, and if we don't even ask, it's excellent."), and the family's inclusion in the work conducted with the child (F21. "A person doesn't know how to do it. For example, I don't know what part she is working on now. So, I feel lost in what I should do too."). Besides, the professional may be seen as an expert, overshadowing the role of the family, and the intervention itself may be very prescriptive (F34. "Our participation is: we have a meeting, the Doctor tells us what she thinks about our daughter, her problems, tries to work with her, and I try to work with her at home.").

First and foremost, this absence goes against what is advocated as FCP (DEC, 2014). Based on these results, the role of the family is passive and reduced, while the professional is the expert and decision-maker, channelling their efforts solely and exclusively into the child's development, reflecting a child-centred approach rather than family-centred. Supporting this, Pinto (2019) found that some professionals mention that their support is child centred. Almeida (2011) observed that professionals did not engage families and that there was deficient or even no use of the IEIP. Leite (2018) also found that families participated little or not at all in the intervention process. One factor that may explain the limited participation of parents is the context in which the support occurs (Dunst et al., 2014), namely the predominant school context in the sample of the present research.

The third subcategory, "concerns and needs of the family", indicates that the concerns and needs of families are valued, addressed, and considered (F17. "We are not 24 hours every day, but we spend many hours with our child and feel the difficulties in a pronounced way and I think there is a valuation of that concern and those difficulties we feel, and a care to help us overcome them."). Even when, from the professional's point of view, the timing is not exact, concerns are listened to and, within what is possible, supported (F10. "Even if it wasn't the right time for that request, they were always guiding me and, in some way, supporting my requests and concerns.").

Thus, the principle of developmental orientation is fulfilled, which determines that are the family's needs that dictate the course of the intervention (Decree-Law 281/09, 2009; Guralnick, 2005). Other authors have also found that professionals listen to these concerns (Couto, 2014; Pinto, 2019). Furthermore, supporting the family's needs promotes parents' feelings of confidence and competence (Dunst, 2017; Dunst & Espe-Sherwindt, 2016). Of course, the concerns and needs of the family may have different focuses or may not be addressed and respected, thus emerging three third-level categories.

The first third-level category, focusing on "concerns and needs related to parents", includes family accounts indicating that their concerns and needs are considered since parents and individuals are also valued and addressed, not just those related to the child. (F16. "They also ask us how we are coping with the situation (...). It also helps us because we are constantly in distress."). In fact, one family recognises that this support is crucial

for the subsequent work they will develop with the child (F20. "So, I think that the LIT helps a lot and is very concerned with the family. First, knowing if the mother is well to take care and understand everything about the subject."). Merchán (2017) and Pinto (2019) also confirmed that families feel supported in their own needs. Furthermore, for families, it is becoming evident that their well-being will impact the well-being of the child, emphasising the importance of adopting an ecological approach (Bronfenbrenner & Morris, 2007; Carvalho, 2015).

On the other hand, the second third-level category, focusing on "concerns and needs related to children", addresses the sharing that reflects an appreciation for the needs that parents express regarding their children (F23. "There is always a concern, there is always a question asking what our concerns are regarding development."). Additionally, these needs are acknowledged and addressed (F5. "There are many things that I have talked about the difficulties I have at home, and they help, at home and at school, and we manage to change for the better."). However, it is also emphasised that the focus is often solely and exclusively on the child (F8. "If they come directly to us to talk more at the couple or family level? They don't do that much. They focus a lot on the child, without a doubt."), somewhat neglecting the parents' needs (F1. "Someone asked me how I felt, for example, in an assessment consultation? If I'm okay, bad... everything is directed towards the child (...). I wasn't supported as a mother, in my needs, doubts, and moments, and I had to overcome it."). This child-centred focus, as also found by Pinto (2019), does not align with the recommended FCP practices, where the focus shifts to the family (Carvalho et al., 2018; Correia & Serrano, 2000).

In the third-level category, "criticism or judgment", comments were identified that could be seen as moral judgments from professionals towards families (F3. "(sigh). Once, they made a little comment that we did everything he wanted and that we were manipulable.") or towards the choices/options they make, based on the difficulties and needs they perceive in their children (F6. "In the case of our son, it's a very specific, rare disease with very specific characteristics, and I think sometimes there's a lack of understanding from the LIT about certain things. Taking the example of potty training, at the time the professional had raised the issue that it was better to take off his diaper. But he didn't show signs of that, in other words, maybe it wasn't the time. It was hinted that it was our and his laziness."). Since the collaboration of ECI professionals with the family is one of the essential components of FCP (DEC, 2014), this may be compromised if professionals adopt a posture of criticism, judgment, disrespect, or incomprehension towards the family. In fact, relational practices presuppose empathy, understanding, and active listening, while participatory practices presuppose the responsiveness, flexibility, and collaboration of the professional, supporting and respecting the informed choices of the family (Dunst et al., 2002).

Conclusions

The results of this study prompt to a reflection on a need for change. Difficulties and challenges found in the present study that have been identified in previous studies, particularly about the difficulties in the implementation of recommended practices within

a family-centred approach, promoting family participation and empowerment (Almeida, 2011; Leite, 2018; Pinto, 2019), and the adoption of a transdisciplinary model (Oliveira, 2015; Pimentel, 2005). Another indicator that also deserves reflection is the prevalence of support in the school context, and the potential impact it may have on a family-centred approach, as well as the strategies to adopt to ensure effective parental participation in the support provided by the ECI.

Years go by, contextual factors vary, but the needs and difficulties of the families seeking help remain real and distinct, which is why necessary to ensure that a quality response in ECI practices is a priority.

In this sense, training, supervision, and intervention could be the fundamental triad to ensure the implementation of recommended IPI practices and, thus, achieve change.

We believe that this study can bring us closer to the reality of ECI in Portugal, contribute to the understanding of its contours through the perspectives and opinions of the key elements of these services: the family. However, despite its relevance, it is important to mention that geographical area of origin of the participants might be a limitation of this study, which does not allow the generalization of these results.

For future research, it may be relevant to continue this research, by gathering perspectives from professionals, allowing to understand how Family-Centred Practices (FCP) are implemented from the interventionist's viewpoint. This could be done through interviews and/or focus groups, or by employing naturalistic observation in context to observe professionals' practices at different stages of the intervention process.

Acknowledgments

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