

**EVIDENCE-BASED PRACTICES IN AN EARLY
CHILDHOOD INTERVENTION SERVICE IN SPAIN:
THE VOICE OF FAMILIES**

**PRÁTICAS BASEADAS EM EVIDÊNCIAS EM UM SERVIÇO DE
INTERVENÇÃO PRECOCE NA INFÂNCIA EM ESPANHA: A VOZ
DAS FAMÍLIAS**

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Abstract

This study was carried out at the *Centro de Atención Temprana y Escuela Infantil L'Alqueria, Universidad Catolica de Valencia*, as part of the *Observatorio Internacional de Atención Temprana y Desarrollo Infantil* (International Observatory of Early Childhood Intervention and Development), and its aim was to identify the families' perceptions and role in the intervention process, the child's development, the quality of family life and their own empowerment. It involved the participation of a final sample of five families accompanied by four professionals for 11 months. The source of data used was audio recordings of the families, transcribed by the researcher, and the application of instruments before and after six months of intervention, which were analysed qualitatively. The analysis focused on the families' perceptions of the intervention process, child development, family quality of life and empowerment. The results indicate that families perceive the intervention as support, feel empowered to act in the contexts, learn strategies for child development and identify learning opportunities in their routines. Communication is valued, showing that families have a voice in the intervention process. The responses to the instruments indicate that families have a positive view of their children's development and perceive an improvement in the quality of family life. These findings point to the importance of evidence-based practices in Early Intervention.

Keywords: Evidence-Based Practices, Early Childhood Intervention, families

Resumo

O presente estudo foi conduzido no *Centro de Atención Temprana y Escuela Infantil L'Alqueria, Universidad Católica de Valencia*, no âmbito do Observatório Internacional de *Atención Temprana y Desarrollo Infantil*, e teve como objetivo identificar a percepção e protagonismo das famílias sobre o processo de intervenção, o desenvolvimento da criança, a qualidade de vida familiar e o seu próprio empoderamento. Envolveu a participação de uma amostra final de cinco famílias acompanhadas por quatro profissionais durante 11 meses. Utilizou-se como fonte de dados áudios das famílias, transcritos pela pesquisadora, aplicação de instrumentos antes e após seis meses de intervenção, que foram analisados qualitativamente. A análise concentrou-se nas percepções das famílias sobre o processo de intervenção, desenvolvimento infantil, qualidade de vida familiar e empoderamento. Os se capacitadas para atuar nos contextos, aprendem estratégias para o desenvolvimento infantil e identificam oportunidades de aprendizagem em suas rotinas. A comunicação é valorizada, evidenciando que as famílias têm voz no processo de intervenção. As respostas aos instrumentos indicam uma visão positiva das famílias sobre o desenvolvimento dos filhos e percepção de melhoria na qualidade de vida familiar. Esses resultados relevam a importância das práticas baseadas em evidências em Intervenção Precoce na infância.

Palavras-chave: práticas baseadas em evidências, intervenção precoce na infância, famílias

Introduction

This study is part of a broader investigation, a post-doctoral study conducted at the *Centro de Atención Temprana y Escuela Infantil L'Alqueria, Universidad Católica de Valencia*, within the framework of the *Observatorio Internacional de Atención Temprana y Desarrollo Infantil*, aimed at investigating Recommended Practices for Early Childhood, with a focus on the production of scientific evidence.

This study was carried out under a specific collaboration agreement between the Universidade Federal de São Carlos (Brazil) and the *Universidad Católica de Valencia* (Spain). It is justified by the need to produce research on recommended practices in Early Intervention and to advance towards a practical model based on the leading role of families.

Investigating the scientific evidence of Recommended Practices for Early Childhood Intervention has been a contemporary demand in order to consolidate these practices and fill the gap between research and the professional field. In this way, this study aims to reflect on the active involvement of the family as an

essential element in achieving a better quality of life for its members and obtaining effective support from the services received.

Evidence-based practices use the analysis of available production to select the actions that will be employed in the work and not just the search for evidence to support a practice that has already been developed. From this perspective, evidence-based practices can be defined as "research findings that demonstrate a relationship between the characteristics and consequences of an experience or opportunity, which tell us what can be done to produce a desired outcome" (Dunst, Trivette, Watson, 2008, cited by Dunst, 2009, p.46).

"Evidence-based practices in Early Intervention" are practices that have been evaluated and proven to achieve positive results for children and families. In this way, professionals can achieve positive results by implementing evidence-based practices with fidelity. Important material on the subject has been developed by the DEC (Division for Early Childhood) to bridge the gap between research and practice; to guide professionals and families on more effective ways to improve outcomes (DEC, 2023).

There is a vast international literature addressing evidence-based practices in Early Intervention; however, we are faced with the challenge of implementing them.

We found important sources of evidence on early intervention. These include Moore (2020), who states that: early experiences influence children's health, development and learning; children learn in all the contexts in which they live, adapting to the experiences these contexts provide; children develop through relationships with important people in their lives; parents and carers, based on children's interests, provide them with the opportunities they need to participate meaningfully in the key moments of their lives.

The Ecta Center (Early Childhood Technical Assistance Center) has many publications on the subject. Some of them define evidence-based practice in the field of Early Childhood intervention (ECI) as the process that brings together the best available research, knowledge from professional experts and data and contributions from children and their caregivers, to identify and provide evaluated and proven services, to achieve positive results for children and families. ECTA indicates evidence-based professional development procedures, which include seven steps for offering training to adults, including early childhood professionals: 1. Introducing a practice to professionals; 2. Illustrating or demonstrating the use of the practice to professionals; 3. Engaging with professionals in the use of the practice; 4. Facilitating professionals' self-assessment of their experience using the practice; 5. Facilitating professionals' reflection on their understanding of the practice; 6. Facilitating professionals' self-assessment of their mastery of the use of that practice; and 7. Provide ongoing support and learning opportunities for professionals to improve their use of the practice (ECTA Center, 2024).

The theme of family empowerment as the main outcome in the context of ECI has received attention in studies.

Portugal and Spain have been a benchmark for Latin American countries on recommended practices in ECI and have produced important research and practice. In Spain, researchers have studied variables that predict family empowerment. The study by Fernández-Valero, Serrano, Cañadas and McWilliam (2020) related the type of early intervention practices, level of support, socioeconomic status and the child's diagnosis as predictors of family empowerment. They found that family-centred practices are a predictive variable with a very positive influence on the level of empowerment of families who have children with developmental disorders; and if carried out rigorously and faithfully, they are associated with high levels of family empowerment, such as dignity, respect and tolerance. Families' satisfaction with the interventions received from early intervention services is largely due to the implementation of collaborative practices (professional-family), highlighting values such as trust, partnership and mutual respect.

The main aim of the study was to identify the families' perception of the intervention process, the child's development, the quality of family life and their own empowerment.

Materials and Methods

Type of study

The study is configured as qualitative, descriptive and participatory in nature, where the research subject is relocated in the investigative context assuming an active role in the investigation (Alves et al, 2021).

Participants

Ten families attended by four professionals from the *Centro de Atención Temprana L'Alqueria* team at the *Universidad Catolica de Valencia* (UCV) began participating in the study. However, the final sample consisted of 5 families, who answered all the instruments.

Location and period

The study took place from May 2022 to March 2023 at the *Centro de Educación Infantil y Atención Temprana UCV - L'Alqueria*, of the *Universidad Catolica de Valencia* (UCV), Spain.

Data sources and instruments

For this study, being field research, a combination of data sources was chosen. Socio-demographic data was collected from the 10 participating families; data on the families' perception of their process during the intervention, through questions addressed to the family (what is Early Intervention? What has it taught me to put

into practice? What strategies have I learned?); data on the family's perception of their child's development (through the application of the Ages and Stages Questionnaires - ASQ-3 protocols); on their perception of the family's quality of life in early intervention (through the application of the Families in Early Intervention Quality of Life - FEIQOL scale) and the results of the intervention perceived by the families (through the Family Outcomes Survey - FOS scale) - at the beginning of the intervention and at the end of 6 months, at the reassessment.

The sociodemographic data of the 10 families was obtained by answering a questionnaire drawn up using Google Forms, which was sent to the families via a link, and which they answered via a form.

The families answered the questions about their perception of the intervention received via audio on the WhatsApp application directly to the researcher and/or team therapist.

To identify the families' perception of their child's development, the Spanish version of the Ages and Stages Questionnaires - ASQ-3 - was used. It is an instrument for screening and monitoring child development created by Squires et al. (2009) and translated into several languages. It is aimed at parents and primary caregivers of children between 1 and 66 months of age; it consists of 21 questionnaires, each with 30 items divided into five developmental domains (communication, gross motor skills, fine motor skills, problem solving and personal-social), totalling 630 questions, plus an additional information field in which concerns can be expressed. The score is: 10 for Yes / 05 for Sometimes / zero for No (Ramos & Della Barba, 2021).

In order to identify the families' perception of their empowerment in the face of the intervention and how they evaluate the results, the Family Outcomes Survey (FOS) was used (Bailey et al, 2011). It is a scale that identifies the family outcome, which refers to the benefit experienced by families as a result of the services offered. It was validated in Spain by Fernández-Valero, Serrano, Cañadas, McWilliam (2020). According to the authors, a family outcome would be family members' impressions of the usefulness of the information and activities of a particular Early Intervention service. The authors state that ideally, families should feel that the services they receive are individualised, based on the needs of the child and family, effective in achieving the desired results in a respectful and empowering way. It is a self-administered instrument, with 41 scoring questions on a Likert Scale model, subdivided into two parts: Session A (Outcome 1 - understand your child's strengths, needs and abilities; Outcome 2 - know your rights and defend your child's interests; Outcome 3 - help your child develop and learn; Outcome 4 - form support systems; Outcome 5 - have access to the community) and Session B (Know your rights; Communicate your child's needs; Help your child develop and learn). It is also available in several languages (Early Childhood Outcomes Centre, 2009).

The analysis of family quality of life has been identified as an important predictor of early intervention results. The Families in Early Intervention Quality of Life (FEIQoL) scale, developed by McWilliam and Pau García Grau (2017) was an

important addition to the field because it was designed for all families in early intervention (not just families with a child with a disability). It contains families' perceptions of family relationships, access to information and services and child functioning as one of the factors, because several studies have shown the influence of child functioning on overall family quality of life. García-Grau et al (2021) validated the Spanish version, which is used in PI services in Spain. It contains 23 items related to the family relationships and access to information and services factors and 16 items related to the child functioning factor; scored from inadequate/partially adequate/adequate/very adequate/excellent.

How the data was analysed

All the data was analysed using qualitative methods.

According to Bardin (2011), data analysis involves several stages in order to give meaning to the data collected. The stages are organised into three phases: 1) pre-analysis, 2) exploration of the material and 3) treatment of the results, inference and interpretation.

The voice of the families in the process: content analysis of the families' feedback on their process - what they understand about early intervention and the strategies they have experienced. The families answered the questions: what is Early Intervention? what does it teach me to put into practice? what strategies have I learned? They answered in audio format sent to the researcher, the answers were transcribed and their content analysed.

Although the scales used in the study were designed for broad studies with quantitative analysis, in this study, due to the small number of participants, they were analysed qualitatively and on a *case-by-case* basis. In this way, we proceeded with the families' perception of Child Development (Ages and Stages Questionnaires - ASQ-3), Family Quality of Life (FEIQOL) and Family Empowerment and Outcomes (FOS): protocols applied at the start of the intervention and during (after 6 months) the reassessment.

Results

1. The profile of the families

As we have seen, the families taking part in this study are provided with Early Intervention services by the UCV Early Childhood Education and Care Centre - *L'Alqueria*, of the *Universidad Catolica de Valencia* (UCV), Spain.

The sociodemographic data obtained from the 10 families shows that: the mother was the majority of the respondents, with the father in only one case; the parents' ages ranged from 22 to 46; 80% of the families were Spanish, one family was from Honduras and one family was from Peru. The parents' professions varied (translator, audio-visual professional, language teacher, doctor, general service

assistant, housewife, waitress, delivery man, administrator, marketing professional). 70% have higher education and 90% have only one child (the child in the study). 60% of the participants live in their own home; 50% of the families receive up to one Spanish minimum wage and 50% receive 2 to 3 Spanish minimum wages. Regarding the type of disability or developmental delay, 80% of the children had a suspected diagnosis of ASD (Autism Spectrum Disorder) and 100% receive Early Intervention. The children served range in age from 8 to 36 months.

2. The voice of families in the process

We analysed the content of the families' feedback on how they experience their early intervention process, answering the questions: "what do you understand about early intervention", "what does it teach me to put into practice" and "what strategies do you use". The families responded via audio on the WhatsApp app directly to the researcher and/or therapist.

Of the 10 participating families, seven answered the questions.

Note: the original audios were received in Spanish and the transcript was translated into Brazilian Portuguese.

Faced with the question: what do they understand about early intervention, the following groupings of perceptions emerged:

Strategies for developing potential:

Mother F1: form of stimulation [...] according to the evolution of his corresponding age;

F6: work strategies to carry out with my son at home and [so that] he can advance in his development;

Father F3: it's a set of actions for the child with the problem and their family that seeks to develop their maximum potential;

Mother F3: it's professional support for our child, giving us tools to help him develop as much as possible;

F8: learning techniques for everyday life.

Perception of the child:

Father F1: [allows us] to identify our child's developmental problems;

Mother F3: taught us a lot about the baby's development;

F8: it has helped us a lot to understand our son.

Helping practices:

Mother F2: a help for both parents and our child;

Mother F4: as a support [...] as an orientation;

F5: child counselling service for families with young children with disabilities;

F8: for us, it's a very necessary tool in our daily lives and it's helping us a lot

Faced with the question: what does it teach me to put into practice?

Learning opportunities:

Mum F1: giving children opportunities [...] [I] didn't know if he could do it because I hadn't given him the chance;

Mum F3: exercises to stimulate each stage, anticipating things he could do, if he detected what wasn't as expected;

F4: teaching him other ways of doing things, a helping hand;

F5: taught me to take advantage of everyday situations and tasks to invent activities that help our child's development;

F6: enough tools to work with your child at home, super important for parents who have children with developmental problems, autism, Down's syndrome, attention deficit disorder

Importance of evaluating and setting goals:

Mum F1: To see how he was progressing, to set goals, to see that he was really progressing properly;

Father F1: A. applied the tests and we realised that we weren't giving him the chance to do them, it shocked us because we weren't noticing - so we set objectives that were monitored weekly, some every fortnight, and the following week we discussed what we'd achieved and what we hadn't[...]we had to assess what situation J. was in, A. gave clues about communication, applied tests, raised the alarm a bit about communication, J. didn't communicate well, neither here nor at school. ;

F2: to see what he needs, what he lacks, to help us with guidelines, to know how to take him and get him into routines and see what he needs.

When asked what strategies they had learnt, the families pointed out:

Gaining communication and interaction:

Mum F1: I thought at first that he would never achieve. Little by little, he started saying "papa" and "mama", which he didn't do. To say "yes" and "no", we used symbols and he stuck to graphic things, things he liked, symbols that meant "yes" and "no" - this helped us a lot in establishing "yes" and "no" answers. the songs helped us recognise body parts, we sang the song every day;

F4: trying to get him more interested in trying to speak a bit more, to say the words. The strategies we've learned with early attention are how to try to teach him a little with games, with colours, with fruit, with animals, so that he says the words and understands us a little more;

F6: how to work with games;

F8: teaching us how to address him.

Support network:

Father F1: at the first meeting we talked about the family environment, that we could ask our relatives how to help us. As the months went by, we were able to do this, little by little, and it was very productive. CAT got in touch very quickly, and they started to assess us, in less than a week we already had a therapist

The results show that the participating families understand the early intervention process as a relationship of help and support, they feel equipped to get to know their child and support their development according to their real conditions and contexts, and they learn strategies for their child's development. Families also identify learning opportunities in everyday life and create ways of using them within their routines. They value the fact that they set objectives and targets according to each moment, evaluate progress in a timely manner and for this they have the support of the professional. When they evaluate the strategies used, they value the communication process. Their statements show that families have a voice in the intervention process and are listened to.

3. Assessment of child development, family quality of life and family empowerment at the start of the intervention and during the intervention (after 6 months).

This study also collected data from families on child development (using the Ages and Stages Questionnaires - ASQ-3 instrument corresponding to the child's age - (Squires et al., 2009), Family Quality of Life in Early Intervention (FEIQOL - Garcia-Grau et al, 2021) and Family Outcomes, empowerment (FOS - Early Childhood Outcomes Centre, 2009).

This analysis was included because other studies have shown the importance of evaluating these elements as a result of good practices in ECI, because to the extent that they improve the child's developmental competences plus quality of life and family empowerment, the intervention can be said to have been successful (Garcia-Grau et al, 2021).

It should be noted that the instruments applied are already part of the protocol of the *Centro de Atención Temprana de L'Alqueria* and were not applied in isolation for this study. To this end, the therapists were asked to provide the results of the initial application - when the families arrived at the Centre - and the results of the application six months after the intervention. In this sense, it was not possible to receive data from all the families, as some did not provide it for various reasons, including: discharge during the data collection period; change of ECI centre and less than six months of intervention.

At this stage of the study, we only had five complete answers (50%) to these instruments - families 1 to 5, which allowed us to analyse the data only

qualitatively. The data from the other families was obtained inconsistently and was not taken into account. Below are the results by case - from Family 1 to Family 5.

In general, it was possible to analyse that:

The child in Family 1 reached the end of the intervention with all the developmental domains within the typical zone, according to the results obtained in the Ages and Stages Questionnaires (ASQ-3) instrument, which generated satisfaction for the family in terms of identifying the gains in the developmental domains and reducing their anxiety in relation to a possible ASD diagnosis, which was not confirmed. The results of the Family Outcomes Survey (FOS) scale show that the family felt empowered in terms of understanding their child's strengths, needs and abilities and knowing their rights and defending their child's interests; however, they pointed out that they still need information to form support systems. With regard to family quality of life (QoL), when answering the Families in Early Intervention Quality of Life (FEIQoL) scale, the family reported satisfaction in family relationships and access to information, and identified gains in their child's functioning.

In Family 2, nine months after the start of the intervention, when the ASQ-3 was applied, the child did not achieve the expected behaviours for his age of 30 months. This is a case that shows progress and setbacks throughout the intervention process, for a variety of reasons, such as illness, social vulnerability and prolonged absences from school. Regardless of the ASQ-3 result, the family felt empowered in relation to all the items on the FOS scale - knowing their needs and those of their child, knowing their rights, helping their child to develop, accessing information to form support systems. With regard to QoL, the family reported having excellent family relationships and access to information. In addition, with regard to their child's functioning, they identified a gain in ability to adequately participate in dentist and doctor routines; improved information about services and their child's condition. The importance of this result for QoL should be emphasised: the increase in the family's perception of their condition, and how the Early Intervention process helped them to identify needs.

The child in Family 3 started the intervention 45 days after birth and at 9 months scored all the ASQ-3 developmental domains within the typical (white) zone. This result is relevant, as at the start of the intervention the prognosis was poor due to many complications at birth = lesions in both cerebral hemispheres, the possibility of cognitive and motor impairment. The results of the FOS showed that the family expressed a need to know what happens when their child leaves the program and about their rights, and about helping their child to develop and learn (they lowered their score on these items in the post-test). They showed more satisfaction with knowing who to contact and feeling free to ask for services (they increased their score); they scored the highest on forming support systems and having access to the community. With regard to QoL, the family scored the highest number of questions on family relationships and access to information as Very

Adequate and Adequate (4,5) = 18 items. However, they did not score the items on their child's functioning, so it was not possible to analyse them.

The child in Family 4 reached the 7th month of the intervention with all the developmental domains within the typical zone for his age, 36 months. In the FOS, the family scored lower in the post-test on the score related to knowing their rights and defending their child's interests, and also on the score related to helping their child develop and learn. Regarding forming support systems, the family gave the same satisfaction in the pre- and post-test. Regarding outcome 5 - having access to the community, the family scored higher on all items in the post-test. With regard to family quality of life, the family scored a higher number of questions between Very Adequate and Adequate (4.5) = 19 items on the topics of family relationships and access to information, and identified gains in their child's functioning. Regarding the child's functioning, the family rated the following as partially adequate: participation in routines such as doctors, dentists, participation in routines such as going on excursions, autonomy, their understanding of what they are told and their way of expressing themselves. In this case, the mother seems to have difficulties understanding, and the fact that she responds more reflexively to each question on the FOS and FEIQOL seems to be a gain in perception and criticism of her context.

In the case of Family 5, the ASQ-3 was not returned in the post-test and in the first application, there was a gap in all the domains. In the FOS, the best scores relate to understanding their child's strengths, needs and abilities; feeling comfortable asking for the services they need and knowing who to contact when in doubt; and the ability to help their child develop. On the other hand, the family scores "nothing" for items about knowing their rights and finding services and programmes available for when their child leaves the programme; they score low on the possibility of talking to other families who have the same needs, having friends who can help with difficulties and forming support systems. With regard to the QoL, the post-test results show that a greater number of questions scored between Partially Adequate and Adequate (11 items) on the topics of family relationships and access to information. It marked family communication and access to medical care as Excellent and the items related to making friends, joining associations and taking part in events as Inadequate. As for their child's functioning, the family scored "sleep, health, family life" as very adequate; they scored most items as inadequate and partially adequate, including taking part in excursions or outings, relationships with other children, ability to take part in routines, school, games, toys, autonomy. This is a family that believes in their abilities and has a lot of skills to work with the child, however, the proximity to the ASD diagnosis at the time of the post-test seems to have left them quite fragile and discredited in their potential - other evaluations show the good relationship between family and therapist and the great progress made.

The answers obtained highlight fundamental themes that permeate the reality of the families that receive Early Intervention support - knowing and defending

rights, participating in routines and social participation, accessing information and support systems, family relationships, helping the child to develop. The responses to the protocols generally show a positive view by the family of their child's development, as well as a visible perception of improvement in their quality of family life. This confirms what has been researched on the subject - working with families goes far beyond stimulating aspects of the child developmental domains (physical and cognitive, etc).

Discussion

The field of research and practice at the *Centro de Atencion Temprana de L'Alqueria*, the site of this study, is renowned for the expertise of its staff and for its important history in Spain. Thus, our experience in this field as a Brazilian researcher was undoubtedly of unrivalled richness, and reflections have certainly been raised in this field.

For this manuscript, elements were brought to show how the recommended practices in ECI are understood by families and have an impact on child development, family quality of life and family empowerment.

The results show that the professionals at *L'Alqueria* understand and act effectively on child development in a holistic and contextual way; recognising that the child's progress responds to a global vision where care takes place in routines at home and in other natural contexts, such as school and the community, which are recognised as excellence contexts for promoting development. In this way, the development of the child's competences is no longer associated with the treatment of the deficit, but with favourable opportunities and experiences that promote their active participation at home and at school (Dalmau et al, 2017, p. 643).

It should be remembered here that the DEC's recommended practice guidelines were developed to fill a gap between research and practice; to guide professionals and family members on the most effective ways to improve outcomes in ECI, which is why it is the most up-to-date reference in the field (DEC, 2023).

Dunst's assertion in his 2017 study was borne out in the present study. He says that most of the evidence for the indicators in the recommended practice guidelines comes when the use of an intervention practice by the professional causes changes in the functioning of the child, the parents or the family. This study identified a significant quantity and quality in the implementation of practices within the parameters of scientific evidence. Indicators of good practice were demonstrated, as well as benefits for the families being supported. These were evident in the voices of the families when they expressed their understanding of the process and their perception of their child's development, the quality of family life and their empowerment in the face of everyday situations.

Although it wasn't possible to obtain complete results from all the families, it was possible to see the complementary power of the instruments used. When working with families, children's results alone are insufficient for evaluating ECI

practices. So it makes no sense to assess children's developmental skills in isolation, without analysing the elements of family empowerment and quality of life, as progress only makes sense if the family takes ownership of their rights and recognises their demands.

It is noteworthy that the families in the study identify the results achieved for themselves and their children, in terms of child development, family quality of life and empowerment, understanding the practices carried out by the professionals. In this way, the study can contribute to reaffirming "Evidence-based Practices in Early Childhood Intervention", as the literature has pointed out (Division for Early Childhood - DEC, 2023).

Family empowerment has been a term used in opposition to the directive attitude of professionals, and has been incorporated into the organisation and management of ECI models (Fernández-Valero, Serrano, McWilliam, Cañadas, 2020). This concept implies that many skills are already the families' own or can be learned by them. The structure of early intervention services, which are based on technicians, has historically made it impossible for families to acquire skills, causing dependency on services. And this study shows that the participating families perceive themselves as having information about their rights, access to services and their child's development, making them experts in the intervention process.

Family Quality of Life (FQOL) has been considered an indicator of the success of programs and policy initiatives aimed at prevention and intervention with people with disabilities and their families, and as a key outcome for services (Garcia Grau et al, 2021). In addition, the results of the QoL can be taken into account in programs to serve families effectively, with individualized support and a better understanding of their situations. Fernández-Valero, Serrano, McWilliam, Cañadas, (2020) note that we have to understand empowerment as a process and the family's quality of life as an outcome.

The first and most important step is still to invest heavily in training professionals with a focus on changing the rehabilitative paradigm to one of practices based on the competencies of families in PI. Even in countries where this approach has been developed for a long time, such as Portugal and Spain, there is constant investment in training, especially in process/service training.

It is considered important to work on fundamental aspects of professional development, within the recommended practices in ECI, some of which are highlighted by EURLYAID (European Association for Early Intervention): preparing a national strategic plan for professional development; including follow-up and evaluation in ECI; reviewing existing systems of good practice and applying them; improving working conditions, supervision and technical support to develop ECI teams; applying professional competence profile analyses and starting to develop them while still in university programmes/training.

The article by Dalmau et al. (2017) describes all the steps of an intervention based on best practices in ECI and discusses the evidence available in the scientific

literature on its effectiveness. Among them, they mention: the professionals who apply the approach consider it to be of great value to their work, as it allows them to get to know families' daily lives better, their strengths and concerns (in this sense, home visits are an important strategy); participating families realise that the recommended practices allow them to be more capable of dealing with their children's needs.

Trivette, Dunst and Hamby (2010) point out that PI practices aimed at promoting parenting skills have a direct effect on parents' beliefs about their self-efficacy and well-being. They also point out that the degree of family participation in the programmes is a clear indicator of the success of the recommended PI practices. The active participation of the family is fundamental to the efficiency of the support received and to achieving a better quality of life for all family members.

Finally, we identified the broad dimension in which evidence-based practices are applied in the field of Early Intervention studied (*Centro de Atención Temprana L'Alqueria*), given the constant training and expertise of the professionals; we identified the central role and protagonism of the families in the assessment and intervention process, as well as the possibilities of working on the strengths and competences of the families and finally we identified the likelihood of the practices described being based on the most up-to-date and evidence-based theoretical references, thus bringing benefits to the population targeted by ECI.

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