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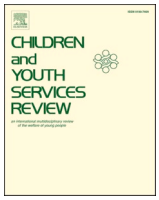



Qualitative study on the perceptions and experiences of parents in early intervention centres in relation to family-centred practices

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ABSTRACT

Family-centred practices (FCPs) are increasingly being used as an approach in early intervention centres. Few studies exist on the experiences of the parents of children with developmental disorders, who are served in these centres. The general objective of this research is to describe the perceptions of the parents of children with developmental disorders who are served in early intervention centres in respect of the family-centred practices that professionals in these centres implement with them. To assess the implementation of FCPs, the study explores the perspectives of 20 families using qualitative methods to assess their experiences. Hence, a qualitative approach was employed. Two main themes emerged: 1) Family-centred approach to early intervention, and 2) Medical approach to early intervention with rehabilitative outcomes for the child, which prevents the establishment of FCPs. The evaluation reveals the importance of good communication between parents and professionals, as well as the need to promote and improve these practices in the centres.

1. Introduction

Early intervention is a broad set of actions carried out with young children and their families when the child has a disability, or is at risk of developmental issues (Sapiets et al., 2023). The advances in early intervention treatment highlight the importance of the family in addressing childhood developmental disorders in the best possible way (Dunst & Trivette, 2014; McCarthy & Guerin, 2022). Several authors support the positive impact of such programmes—for example, on communication and social interactions in the case of autism spectrum disorder (Blanc et al., 2021; Fuller & Kaiser, 2019).

Family-centred planning (FCP) is an innovative approach to early childhood care for children with, or at risk of, intellectual disabilities (Tang et al., 2024). This method offers good results during treatment and greater stability of therapeutic goals (Driscoll et al., 2020), and also emphasizes cooperation and involvement between professionals and families, recognizing the individuality of each child and their circumstances (Cuenca-Sánchez et al., 2024; Jiménez-Arberas et al., 2024). Furthermore, this approach—developed in the past few decades—is gaining popularity in recent times, focusing as it does on a 'person-centred approach' offering support services and a competent environment to facilitate the development of children with disabilities (Everson & Zhang, 2000; Martínez Moreno & Calet, 2015), or with developmental disorders, or at risk of having them (Robles-Bello et al., 2018). Numerous studies highlight the relevance of this approach in improving the quality of life of children and their families, underlining its ability to strengthen collaboration, cohesion, and partnerships among its members (Cañadas et al., 2016; del Toro Alonso & Moreno, 2020).

The family-centred model respects the rights of the child and its family, and is based on supporting family functioning, helping the family feel competent by drawing on parents' knowledge and experiences of their children (Ridgway et al., 2021). Being involved in interventions following a planned strategy can—on the one hand—generate contextualized learning opportunities for the child, and—on the other hand—increase confidence and self-efficacy in parenting skills (Mas et al., 2022; Subiñas Medina et al., 2022). The natural context offers an extraordinary richness where holistic learning is maximized, and transversal conditions for learning opportunities are

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created. The professional ensures that families feel empowered and make the final decisions for their children's well-being (McCarthy & Guerin, 2022). It is essential to motivate them to work hand in hand with the early intervention professional, as there is evidence that family collaboration as active agents increases the quality of care (Kong et al., 2024).

Parents also value the warmth, empathy, sincerity, active listening, and emotional and social support they receive from early intervention professionals (Almendingen et al., 2022). It is important to highlight the significance of the expert who conveys confidence to families and possesses strong socio-emotional skills for interacting with adults (Knoche et al., 2013). These practices, while contributing to closer relationships with families, also foster working alliances. Similarly, feeling understood and supported by professionals can improve their psychological well-being, generate fewer feelings of isolation, and make them feel more able to cope with the needs related to raising a child with special needs (Valero et al., 2020).

Hence, it appears that when early intervention practices focus more on the family, levels of family empowerment increase significantly (Dunst et al., 2014). In this respect, the work of Valero et al. (2020) has highlighted that the child's diagnosis is a predictive variable for levels of family empowerment. Specifically, empowerment levels are higher in cases with more visible diagnoses at younger ages (e.g., motor or sensory disorders). In contrast, family empowerment levels are lower in cases with less visible disorders (e.g., language disorders at 18–24 months of age or genetic alterations).

As can be seen, it is essential to delve deeper into the experiences linked to family-centred planning in early intervention centres for children with developmental disorders in their care. Therefore, the general objective of this research is to know, describe, and understand the perceptions and experiences of parents of children with developmental disorders who are cared for in early intervention centres in relation to the family-centred practices that professionals implement in these centres.

2. Method

2.1. Design

A qualitative approach based on Gadamer's (2013) hermeneutic phenomenology was employed in the processes of data interpretation and analysis. Following Gadamer's critical position, an attempt will be made to reach an understanding of this phenomenon—associated with family-centred planning—through experience. The problem of understanding lies in praxis; hence, understanding and interpreting texts belongs to human experience. Understanding the singular presupposes a pre-understanding of the singular elements (Fleming & Robb, 2019). Incorporating the COREQ criteria into the design phase, in accordance with the COREQ recommendations of guidelines (Tong et al., 2007), we ensured that the study was conducted and reported with enhanced transparency and rigour. Specifically, the research team's qualifications and experiences are quite detailed, and reflexivity was maintained by acknowledging how the researchers' backgrounds and perspectives might influence the research process. The study design clearly describes the theoretical framework of hermeneutic phenomenology and its application to family-centred planning, including the sampling methods, participant recruitment, and the context of data collection. The process of data collection involved in-depth interviews with parents of children in early intervention centres, and data analysis was performed using thematic analysis, with a focus on descriptive qualitative methods. The approach to data analysis and the procedures for ensuring the validity of the results—such as independent reviews of themes—are described. The findings are reported with clear connections to the research questions.

It is an appropriate design to describe and report on the experiences of parents of children in early intervention centres, who are asked about the practices associated with family-centred planning that professionals in these centres carry out with them.

2.2. Participants and context

The study was carried out in 10 early childhood centres in central and southern Spain. Convenience sampling was used to recruit participants. Inclusion criteria were: 1) receiving treatment in an early intervention centre for at least one year; 2) understanding and speaking Spanish fluently; 3) that the child in their care attending the early intervention centre had received a definitive diagnosis like ASD (Autism Spectrum Disorder) and intellectual disability of known and unknown origin from among the most common diagnoses in early childhood centres; 4) that the parents did not suffer from any mental disorder; 5) accepting and signing the informed consent form. Twenty-five families who wished to voluntarily participate were interviewed. Five of the first interviews were used as pilot interviews that were used to train and improve the final interview that was conducted. The final sample was 20 families.

2.3. Data collection

After approval by the research and ethics committee, the researchers conducted in-depth interviews in a room at the centre where they were receiving treatment. The interviews ranged on average from 40 to 55 min. The first author contacted the participants by telephone and explained the purpose of the study in detail. They participated voluntarily and before the start of the study the protocol was explained, confidentiality of data was guaranteed, and informed consent was signed. The semi-structured interviews were conducted face-to-face by trained researchers (one of the researchers had been a worker in this type of centre for more than 20 years in the past). Socio-demographic data were collected at the time of the interview and a script of questions was used (Table 1). Interviews were recorded, transcribed, and subsequently included in the hermeneutic unit; they were analysed using ATLAS-TI 23 software. Data collection ended when saturation was reached (Green & Thorogood, 2018).

Table 1
Interview protocol.

Interview Phase	Interview Topic	Content
Introduction	Motivation	Their experience in early intervention centres in respect of family-centred planning is important.
	Information and ethical aspects	We need your consent to record the conversation. In time, we will ask for your agreement to the transcribed document.
Beginning	Introductory general question	We would like you to describe and inform us about your experiences as parents of children in early intervention centres with regard to the practices associated with family-centred planning that professionals in these centres conduct with you.
Development		Informants were encouraged to provide examples on the different interview items, such as: the type of practices that parents say professionals do that help them in some way, their perceived ability to achieve their child's treatment goals, and their state of well-being associated with treatment, along with their general mental health.
Closure	Final question	Do you think we have not asked you something that is important for you to add? If so, you can do so.
	Appreciation	Her testimony is very important and her generosity in telling us her story is to be welcomed.

2.4. Data analysis

Recordings of the interviews were transcribed and analysed in accordance with the phases of thematic analysis described by Braun & Clarke (2021), with a focus on the precise description of participants' experiences: (1) familiarization with the data: analysis was carried out as data was being collected to gain an early understanding of the participants' experiences; (2) generation of initial codes before grouping them into categories, remaining close to the participants' language; (3) inductive analysis to generate possible themes, focusing on describing the experiences reflected in the data; (4) review of themes: two researchers independently reviewed transcripts and results, sub-themes, and themes; (5) theme definition and naming: analysis and finetuning of the details of each theme, with an emphasis on clarity and accuracy in the description of the data; (6) report writing: selection of examples of themes and sub-themes, relating the analysis to the research question, and writing the final report. Data analysis (Table 2) was conducted using ATLAS.TI.23.

2.5. Rigour

To ensure credibility, the data collection process was detailed, data interpretation was supported by researcher triangulation, and the analysis process was reviewed by two independent reviewers. For transferability, a detailed description of the setting, participants, context, and method was provided. Dependability was ensured by having two independent researchers to review the findings. To ensure confirmability, each transcription was reviewed by the participants, who verified the content and results (Lincoln & Guba 1985).

2.6. Ethical considerations

The study was approved by the Department's Ethics and Research Committee (20231113/NOV.PRY2). The research was conducted in accordance with the ethical principles of the Declaration of Helsinki. The participants were asked for written informed consent and permission to record interviews. All recordings were made in accordance with current legislation on personal data protection.

3. Results

The main characteristics of the 20 people who participated in this research are summarized in Table 3. The participants had a mean age of 35.5 years (SD = 31.36), and the majority were man (55 %). The mean number of years spent in this type of center was 4.6 years (SD = 7.79).

Table 2
Example of a coding process.

Citation	Units of meaning	Sub-theme	Theme
'I have been there for almost 6 years now and soon we will leave the centre because my son will be 6 years old. In all this time I feel I have learnt a lot about my son's problem. I have felt listened to and treated with respect, which has given me strength and the confidence to move forward.' (p6).	'The professionals give me time, I feel listened to, they support me, they can be trusted, they look me in the face, they speak to me with respect, they are kind. I think it's good for my son. It's good for the treatment. It makes me feel good. It gives me peace of mind.'	Parents perceive professionals as strengthening the relationship with them.	Family-centred approach to early childhood care

Table 3
Sociodemographic data.

Participants	Gender of parent	Age	Diagnosis of the child	Time in years in Early Childhood Care
P1	Man	26	ADD	4
P2	Woman	32	Down Syndrome	3
P3	Man	30	ADD	6
P4	Woman	29	Intellectual disability of unknown origin	5
P5	Man	41	Intellectual disability of unknown origin	5
P6	Woman	39	ADD	5
P7	Woman	40	ADD	5
P8	Man	38	ADD	6
P9	Man	30	Down Syndrome	3
P10	Man	35	Intellectual disability of unknown origin	4
P11	Woman	42	Down Syndrome	3
P12	Man	45	ADD	5
P13	Man	33	Intellectual disability of unknown origin	4
P14	Woman	35	Down Syndrome	3
P15	Man	45	ADD	6
P16	Woman	32	ADD	6
P17	Man	36	ADD	5
P18	Woman	29	Down Syndrome	3
P19	Woman	39	ADD	6
P20	Man	34	ADD	5

All the families belonged to a middle socioeconomic level.

From the analysis of the responses collected in the interviews, two main themes emerged. These were: 1) Family-centred approach to early care, and 2) Medical approach to early care with rehabilitative outcomes for the child that prevents the establishment of family-centred practices (Table 4). These can help us describe and inform the experiences of families attending early childhood centres working with children with developmental disorders who are cared for in these centres in terms of how they implement family-centred planning.

3.1. Family-centred approach to early childhood care

This theme details a conception of Early Care Intervention from an integrated model of intervention on the triad of child, family, and environment, a model in which an interdisciplinary team coordinates assessment and intervention and maintains a continuous dialogue with the child and family to assess the course of development, existing barriers, and necessary supports. The focus has shifted from being centred on the child with or at risk of a developmental disorder to include the whole family and different contexts that are related to the treatment. One of the defining characteristics of FCP is that the concept of the involvement of the family and related agents is changed, giving more importance to collaboration, and, therefore, the professionals involved in this treatment guide and support the parents' conscious decisions about the children in their care. For all these reasons, the medical model based on pathologies is abandoned and one based on strengths is adopted.

3.1.1. Parents perceive that professionals strengthen the relationship with them

This refers to what parents describe the work that professionals carry out with them in the ECI centres, taking into account the strengthening of family capacities. The professionals who attend them provide them with training and the necessary collaboration, supporting them in the search for strategies to solve their needs associated with their children with developmental disorders or at risk of having them.

Table 4
Themes, sub-themes, and units of meaning derived from the research.

THEMES	SUB-THEMES	UNITS OF MEANING
Family-centred approach to early childhood care	***Participants perceive professionals as strengthening the relationship with them.***	Time; they supported me; they could be trusted; they looked me in the face; they talked to me with respect; they were kind; good for my son; I felt good; they listened to me; they saw my capabilities; they understood me; trained professionals; compliant; capable; I learned; empathy; social skills; communication; they empowered me.
	Participants perceive that professionals understand and help them and their children's needs.	Information; they let me speak and took my decisions into account; they did not make me wait; they attended to me when I asked; coordination between professionals; they cared about my life; I learned; they accompanied me in difficult decisions; they gave me access to resources; they made my life easier; information was power; sensitivity; help; participation; flexibility.
	Resilient outcome, condition for sustaining relationship and participation: self-efficacy, well-being and optimism in the face of adversity	Important; part of the system; I grew as a person; we improved; we could; we acted; we moved forward; patience; calmness; I made decisions; capacity; hope; positivity; quality of life.
Medical approach to early care with rehabilitative outcomes for the child that precludes the establishment of family-centred practices.	***The passive role of parents who do not recognize the relevance of their participation in the system.***	Disengaged; lacked time; felt overwhelmed; felt powerless; felt incapable; had to delegate; paperwork.
	The demanding role of participants towards the system that must generate the answers to their demands.	Demanding, supervise, experts, management, non-specialist, non-innovative.

'…I will never forget that first session in which I felt listened to and understood. We met nice professionals who knew how to explain the situation we were in and what we had to face. All of this lowered my anxiety level… we were not going to be alone in this new life' (p4).

Parents also described the importance of the behaviours used by the professional in their interpersonal relationships with the primary caregiver and other family members, such as cordiality, active listening, empathy, sincerity, and viewing parents in a positive light. These practices contribute to building effective relationships with families, which are known to enhance the relationship between the professional and the family with the aim of improving the child's development in ECI, never losing that objective.

'We are comforted to see that M. (the EA professional) has a positive view of us as parents (actually all of them as a team) and of our ability to contribute to our son's development in therapy.' (p19).

'I think this girl really puts herself in our shoes, she is also very communicative, and not only her but the team is open…and they have helped us to build a solid relationship and mutual trust, which is fundamental for our son's progress in his treatment.' (p2).

3.1.2. Parents perceive that professionals understand and help them and their children's needs

This sub-theme includes all kinds of situations described by parents associated with the coordination carried out by the different professionals involved in ECI, and how this relationship is transversal and in which the family is kept implicit throughout the intervention process. The professionals adopt the role of facilitator and guide as well as agent of the intervention in the session or in the consultations needed by the family, in order to limit their participation to what is essential and to guide families in their decision-making.

'…We have been to two centres before. We have never been in the sessions before… I feel really supported when the professionals work together and include us as a family in every step of the intervention process. It's like we're all in the same team, looking out for the best for our child.' (p15).

Parents involved in this process emphasize the importance for professionals and ECI programmes that seek to be family-centred—not only to establish a trusting relationship with parents, but also to consciously employ specific practices that encourage the active participation of families as essential partners in their child's development. This active collaboration not only strengthens the effectiveness of the intervention, but also empowers the caregivers involved, making them the primary decision-makers and agents of change in the child's natural environment. This approach not only maximizes therapeutic outcomes, but also promotes parental autonomy and resilience for the benefit of the child's holistic development.

'When professionals recognize our experience as parents and actively involve us in the intervention process, we feel valued and motivated to do all we can for our child's wellbeing.' (p3).

The coordination of early intervention professionals is essential to ensure an effective intervention focused on the needs of the child and family. Children in early care often have complex needs that span different areas of development, such as cognitive, motor, language, and socio-emotional. Coordination avoids duplication of services and ensures that each professional is aware of the work of the others. This is crucial to avoid fragmentation in care, where each professional works in isolation without taking into account the work of the others, which can lead to contradictory or ineffective approaches. Coordination allows for efficient planning and implementation of intervention. Professionals can work together to set clear goals and develop a coherent treatment plan that maximizes available resources and optimizes time spent in therapy. Coordination focuses not only on the child, but also on the family. Professionals can work together to provide support and guidance to parents, helping them better understand their child's needs and acquire skills to support their child's development at home. Finally, coordination ensures a smooth transition between different services and professionals as the child grows, and his or her needs change. This is especially important in the transition from early care to other services or educational programmes as the child grows and needs change.

'When we see professionals working together in a coordinated way, we feel that they are truly committed to our child's wellbeing. This collaboration gives us confidence and makes us feel that we are in good hands, knowing that every aspect of their development is being addressed holistically and coherently.' (p11).

3.1.3. Resilient outcome, as a condition for maintaining the relationship and participation: self-efficacy, well-being, and optimism in the face of adversity

Parents perceive themselves as being capable of adapting positively to the adverse and stressful situation caused by their children's disorders. Belief in these competences makes them feel self-effective and helps them to maintain emotional well-being and even appreciate the situation with a certain optimism. These factors strengthen the families' ability to maintain healthy relationships and actively participate in their children's early care process.

'In difficult times, we discover our true strength and the importance of sticking together as a family.' (p15).

' Finding calm and joy even in difficult times helps us move forward.' (p3).

In the early years of life, supportive and nurturing parenting experiences are key promoters and protectors of child development and resilience. Families who maintain emotional balance and optimism create a stable environment that positively influences their children's early development and adaptation to challenges.

'Confidence in our path drives us forward, knowing that each new problem is an opportunity to grow and learn as a family.' (p15).

Parents play a complex and flexible protective role in various aspects of development, and it is not surprising that they step up their intervention when their children's well-being is threatened by serious adversity (please see Fig. 1). Reducing risk at all costs would be one of the key intervention strategies, followed by efforts to enhance resources and/or remove barriers to factors that promote child health and development. It is also relevant to foster, activate, or restore—as needed—the fundamental adaptive systems that build resilience across the lifespan.

'*We believe in your ability to grow and prosper, and we are committed to supporting you every step of the way.' (p17).*

3.2. Medical approach to early care with rehabilitative outcomes for the child that precludes the establishment of family-centred practices

The results of this approach suggest that early care focuses on addressing and treating the child's impairments and disabilities from a clinical and therapeutic perspective. While this methodology can be effective in enhancing certain skills and abilities of the child, it may have the disadvantage of not considering the fundamental role of the family in the process of the child's rehabilitation and development.

It should be noted that from a traditional perspective, the medical approach to early care involves the accurate assessment of the conditions affecting the child, the design of treatments that address the child's health needs, and implementation of individual therapies, medication, and other clinical interventions. This model emphasizes deficits rather than strengths, with the focus on clinical aspects, without taking into account the emotional and social well-being of the child and family. In addition, the role of the family in the rehabilitation process is often minimized, which can lead to a lack of integration of therapeutic practices into the child's daily environment.

3.2.1. The passive role of parents who do not recognize the relevance of their participation in the system

Although each family is different, it is observed from among the findings that some participants assume a passive role in the early care setting, which may limit the success of therapeutic interventions and the overall well-being of the child. Perhaps one of the reasons for this disconnect is the lack of information and knowledge about the importance of their participation, leaving the responsibility exclusively in the hands of professionals. In this regard, it is worth noting that one of the principles and practices in natural environment states that all families, with the necessary support and resources, can enhance their children's learning and development. Therefore, not participating in the early intervention process will hinder the enrichment of the child's skills. Other causes may include the sense of overload and stress associated with having a child with a disability. This entails an adjustment process as it disrupts the family's quality of life and necessitates care for the child with special needs from the earliest days. A lack of coping skills, energy, and emotional resources to actively participate in interventions can explain this passive role in parents. In addition, a perception that therapeutic interventions are too complex to be managed by non-professionals may contribute to this passive attitude. It is possible that these families feel they are in an environment they do not understand, where unfamiliar language is used; they rely on the professional's expertise to address the problem.

'I don't go deep into the session, I have a lot more to do, I just observe.' (p13).

Not only do participants delegate responsibility to primary care professionals, but they do not seem to have the intention to be actively

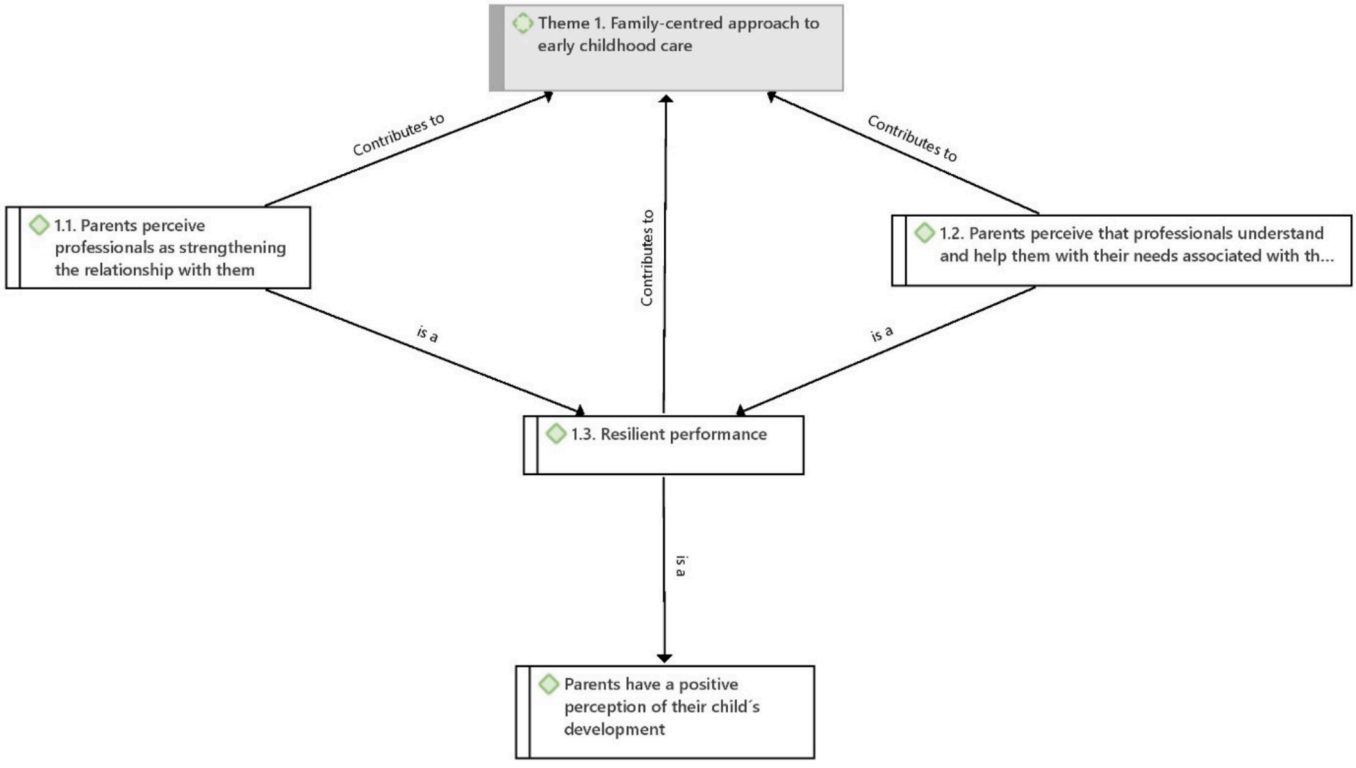

Fig. 1. The resilient outcome causes parents to have a positive perception of their children's development, and—along with a good relationship with professionals—can benefit the FCP model.

involved in the rehabilitation process, neglecting to take on learning to effectively integrate therapeutic strategies into the child's daily life. We should also consider the characteristics surrounding these families with a passive role—such as their beliefs, values, and life stage—among others. Families are as diverse as their ways of coping with adversity. Not all families go through the same stages when they have a child with support needs.

'Let them coordinate, that's what they are paid for.' (p5).

The persistence of many of these factors can lead to a crisis of confidence in the family's ability to engage appropriately in their child's therapeutic collaboration.

3.2.2. The demanding role of parents towards the system that must generate the answers to their demands

As for the demanding role that parents adopt towards professionals and the system, this may lead us to think of a somewhat positive approach, since such an approach may demand that children receive the necessary support for their development. It should be borne in mind that parents are the main advocates for their children, have a deep understanding of their needs, and strive to obtain the most appropriate resources and interventions. Such a demanding approach can lead to significant improvements in the early childhood system, always seeking the best quality services and demanding more effective, personalized, and tailored interventions. Consequently, this is likely to benefit not only their own children, but also other children and families facing similar challenges.

'…I demand that professionals work, I don't know what to do, they are the experts, the administration has to solve my problem. I am just a parent, I am not a professional.' (p20).

If—as mentioned above—approaching this demanding role is interpreted in a positive light, putting constant pressure on professionals may promote motivation in experts to keep themselves more up to date in order to provide the best practices available to meet parents' expectations. It should be noted that if professionals feel that their work is continually being challenged, this may affect the collaborative relationship necessary for successful interventions.

'Nothing new is being done. I don't go to the sessions. I don't participate in the groups. I don't have time.' (p12).

In addition, parents' demand for better services and supports can lead to changes in the policies and structures of the early childhood system. Their insistence can result in increased funding, the implementation of new policies, and the development of more inclusive and effective programmes.

Ultimately, the demanding role of parents towards the early childhood system is essential to drive improvements and ensure that children with disabilities receive the necessary support for their development. While this approach may present challenges, its positive impact on the quality of services and the personalization of interventions is undeniable. By working collaboratively and developing strategies to manage these challenges, the early childhood system can evolve to be more inclusive, effective, and equitable.

4. Discussion

The aim of this study was to describe and report on the perceptions and experiences of parents of children with developmental disorders in early intervention centres as regards how they implement family-centred planning, and the practices carried out by professionals in these centres. Although there is evidence of objective instruments that demonstrate psychometric validity when assessing these aspects (Robles Bello & Sánchez Teruel 2021, 2022), a qualitative approach was used in this work, which is valuable for examining phenomena when there is limited available information. Consequently, the qualitative approach can reveal new insights and ideas, and produce new theories (Taherdoost, 2022).

The first sub-theme that was discussed focused on how parents perceive that practitioners strengthen the relationship with them. Parents highlighted the importance of the professionals' personal characteristics like empathy, active listening, or flexibility, which are crucial when establishing the relationship with their children, as well as for carrying out the practices with them (Escorcia-Mora et al., 2018; García-Sánchez et al., 2020; Gur & Reich, 2023). It is worth highlighting the need for parents to receive specialized training related to the type of disorder their children suffer from, since when parents first arrive at the early childhood intervention centre, they are anxious and uncertain as they seek information from professionals, and which they should receive, but there is a dearth of such information. All this leads to the consolidation of this professional-caregiver relationship, the main objective of which is the progress of the child's development in early childhood intervention.

Another fundamental aspect was the coordination between the professionals in the centre, which was absolutely necessary for the achievement of the treatment objectives. This coordination must be multidisciplinary (covering the different areas in which a developmental deficit is found, e.g. language, motor, etc.), and also involve the family, so that they are part of the intervention process at all times (Sheppard & Moran, 2022). This is important, so that parents feel understood and helped to perceive their power and autonomy over decisions in the changes that have to do with the child's evolution (Murphy & Harrison, 2022; Reeder & Morris, 2021). It has also been shown that good coordination between professionals is very beneficial for early childhood intervention treatment (Bricker et al., 2022).

The third sub-theme focused on resilience as a prerequisite for maintaining the parent–professional relationship, as well as participation and involvement in the programme. It is worth noting that the emergence of this topic among our findings was significant, enhancing our understanding compared to other qualitative studies, where different topics arise (Morera-Balaguer et al., 2023). A resilient outcome not only improves parents' perceptions of their child's development, but also fosters a collaborative and trusting relationship with practitioners. This synergy is fundamental to the success of family-centred practices, promoting effective interventions and a supportive environment that enhances children's wellbeing and holistic development, as illustrated in Fig. 1. Parents reported that being able to adapt to difficult situations and moments has helped them feel self-effective and empowered to deal with potential obstacles throughout the early care process. In line with some work (Sciaraffa et al., 2018; Widyawati et al., 2022), there is evidence that the ability of these parents to cope and adapt positively to the challenges and stress associated with raising a child with special needs is manifested in their ability to find meaning in their experiences, maintain a positive attitude, seek and use supportive resources, and develop effective coping strategies. In addition, when parents observed that their children are able to handle and overcome challenges, they tended to develop a positive perception of their growth and development. This optimistic and hopeful outlook helped them collaborate proactively with professionals, seeking solutions and strategies that will benefit their child (Fig. 1). Both governments and early childhood centres need to strengthen the resilience of these parents for their emotional well-being and to provide a supportive and nurturing environment for their children. By recognizing and supporting the resilience of children and their families, professionals can design interventions that not only address the difficulties, but also enhance the strengths and capacities of the family. Moreover, studies indicate that early adversity has negative effects that affect long-term health and psychosocial development (Daines et al., 2021). Therefore, supportive relationships and enriching learning experiences act as protective factors in an adverse context (Bethell et al., 2019; Masten & Barnes, 2018).

The last two sub-themes derived from the results focused—on the one hand—on the passive role of parents, and—on the other hand—on their demanding attitude towards professionals. Both aspects highlighted a distance from parents in terms of their involvement in their children's treatment, which acted as a barrier hindering collaboration

between professionals and the family. A priori, this approach may have several positive and negative dimensions and effects. As far as the negative aspects are concerned, it can create a confrontational rather than collaborative dynamic. This can hinder effective communication and the establishment of a relationship of mutual trust and joint work, essential for the appropriate treatment and management of the child's health and fundamental pillars of family-centred practices (Dalmau-Montala et al., 2017). In some cases, parents may have unrealistic expectations about what primary care professionals can achieve with the resources and time available. This can generate frustration in both parents and professionals, and lead to dissatisfaction with the services received (Ryan & Quinlan, 2018).

However, if understood from another perspective, this demand from parents towards early childhood staff leads them to demand more information, better services, and effective treatment. Consequently, this attitude may encourage primary care professionals to improve the quality of the care they provide. This pressure may result in a greater commitment to continuous updating and training on the part of health professionals. It may also lead to the promotion of innovation and service improvement. The demand for specialized and personalized services may drive primary care institutions to innovate and adapt their services to meet parents' expectations. This may result in the incorporation of new technologies, treatments, and therapeutic approaches.

While a demanding approach from parents can yield benefits in terms of improved care, we believe that to maximize the benefits and minimize the drawbacks, it is crucial to foster a collaborative and mutually respectful relationship, establishing effective and open channels of communication, where both parents and professionals can express their concerns, expectations, and constructive feedback. This can help foster a more collaborative attitude.

There is a significant need for a change in methodology when working with families; in fact, families themselves are calling for this change. The shift from focusing exclusively on the child to also addressing the family and its context is more of a desire than a real practice, according to participant comments. It is observed that the actual practices in these types of centres are far from what would be desirable from the professionals. The real practices are not family-centred, and, so, do not align with the Family-Centred Practice (FCP) model. However, both parents and professionals wish for early intervention to be carried out using this model. Hence, there is a gap between legislative and scientific recommendations and their application in this context in Spain. If FCP cannot be implemented, there would be no way to increase resilience through working on these protective variables—which modulate the perception and importance of adequate interaction between parents and children—to achieve a common goal of positively influencing proper child development despite the adverse situation of disability, or developmental disorder, or risk of it.

The shift to FCP in early intervention sessions often poses a challenge for professionals as it represents a substantial change in the way they work with children and their families. It requires a set of skills for which they have not been trained, and the policies and practices of services may still conflict with FCP principles. Therefore, there is a clear need for training in specific tools and strategies for assessment and intervention from the FCP perspective, along with administrative support to provide the necessary resources and structure in early intervention to enable effective application across all aspects of this service. Examples of barriers limiting application identified in the scientific literature include: 1) political and conceptual barriers (e.g., legislation and professional self-efficacy), 2) financial barriers (e.g., initial investment for staff training), 3) attitudinal barriers (e.g., beliefs of professionals and families), and 4) measures (e.g., the feasibility of the FCP approach).

4.1. Limitations and future directions

This study is not without limitations. First of all, as regards the methodology used, especially the design, the cross-sectional nature of this study restricts our ability to examine parents' experiences throughout their children's treatment period. The perceptions and experiences of parents reported in this study captured a specific point in the process, which may have been shaped by various factors. Alternative study designs might enable parents to offer a more comprehensive and detailed account of their experiences. Moreover, on account of the limited sample size and the fact that participation was drawn from only some of the centres in this region—south Spain—we cannot extend the results of this study to different populations or other socioeconomic levels. It would be interesting to see if families from another context have the same or different perceptions in early attention centres.

4.2. Conclusions

In conclusion, the importance for parents of the relationship established between them and the professionals for the benefit of child development in early care is highlighted. Two approaches to the level of parental demands on professionals are highlighted: on the one hand, they place all the responsibility for the intervention on the latter, and, on the other hand, it is an indirect way of promoting improvements in the resources and treatments available.

6. Ethics approval statement

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. The study was approved by the Department's Ethics and Research Committee (20231113/NOV.PRY2). This report includes the informed consent of the participants.

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CRediT authorship contribution statement

María Guillot-Valdés: Conceptualization, Writing – original draft, Supervision, Validation, Investigation, Methodology, Writing – review & editing. **Lorena Cuenca-Sánchez:** Writing – original draft, Supervision, Validation, Investigation, Methodology, Writing – review & editing. **Aziz Sarhani-Robles:** Writing – original draft, Supervision, Validation, Investigation, Methodology, Writing – review & editing. **David Sánchez-Teruel:** Conceptualization, Writing – original draft, Supervision, Validation, Investigation, Methodology, Writing – review & editing. **Lidia Serra:** Writing – review & editing. **María Auxiliadora Robles-Bello:** Conceptualization, Writing – original draft, Supervision, Validation, Investigation, Methodology, Writing – review & editing.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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