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Family Benefits of Early Intervention: A Scoping Review

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ABSTRACT – Early Intervention (EI) is aimed at children with developmental delays through actions that include families and their context. The objective of this study was to conduct a scoping review based on The Protocols of the Joanna Briggs Institute and PRISMA-Scr, answering the question: How do families of children with special needs understand the benefits (support or assistance received) of Early Intervention Services? 54 articles were found and analyzed, and four different nuclei were organized: EI team, skills, and collaborative practices; Family empowerment and self-efficacy; Participation, personal needs, and Quality of Family Life; Access to information and services. We concluded that family benefits are indicators of the effectiveness of early intervention.

KEYWORDS: early intervention, family, scoping review

Benefícios Familiares da Intervenção Precoce: Uma Revisão de Escopo

RESUMO – A Intervenção Precoce (IP) é destinada **à** crianças com atrasos no desenvolvimento através de ações que incluam as famílias e seu contexto. O objetivo desse estudo foi realizar uma revisão de escopo a partir dos protocolos do Joannna Briggs Institute e PRISMA-Scr, respondendo à pergunta: Como os familiares de crianças com necessidades especiais compreendem os benefícios (apoio ou assistência recebida) dos serviços de intervenção precoce? Foram encontrados e analisados 54 artigos, sendo organizados quatro diferentes núcleos: Equipe de IP, competências e práticas colaborativas; Empoderamento e autoeficácia familiar; Participação, necessidades pessoais e Qualidade de Vida Familiar; Acesso à informação e aos serviços. Concluiu-se que os benefícios familiares são indicadores de eficácia da intervenção precoce.

PALAVRAS-CHAVE: intervenção precoce, família, revisão de escopo

Early Intervention (EI) is an important multi-professional area aimed at the early years of children with special educational needs (SEN), developmental delays, or at-risk, and their families. Currently, with the advent of the expanded and systemic look at human development, the importance of children's relations with the various factors that surround them, such as their community, their family, and the availability of resources is considered (Franco, 2015). In family-centered practices in EI, the family context is seen as the main environment for their development, and its approach consists in valuing their competences and respecting their choices, to better fulfill the needs of the involved individuals, in creating opportunities to encourage the development of children based on their families active participation, providing the necessary support and resources that they need to learn and to engage in that process (Dunst et al., 2014; Dunst & Espe-Sherwindt, 2016; Machado et al., 2017; Serrano & Pereira, 2010).

In recent years, family-centered practices have been highlighted as the model predominantly recommended by the literature and research to provide better results and benefits for supported families (Bruder, 2012; HughesScholes & GavidiaPayne, 2019; Leite & Pereira, 2020). Recent studies, in addition to highlighting the effectiveness of their

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results in the development of children, have emphasized the potential of family-centered practices for the care and support of families, demonstrating their positive outcomes in the interaction between children and their family members, in the well-being and satisfaction of families, as well as in co-responsibility among all those involved (Espe-Sherwindt & Serrano, 2020; Serrano, 2007; Serrano & Pereira, 2010). Among the benefits for families that benefit from EI support, three areas are emphasized in the literature: knowledge and information, skills development, and well-being and quality of life (Bailey et al., 2004; Cossio et al., 2018; Dunst, 2015; Leite & Pereira, 2020; Mas et al., 2019; Pereira & Serrano, 2014). Thus, the goal of this study is to review the papers published in the scientific literature that portray the knowledge of the benefits, support, or care that benefit the families of children with SEN and at risk in EI services. In this paper, the perspective of families on the benefits of EI was researched, contributing to an analysis of the possibilities and singularities of the contexts in which these practices are implemented, and seeking to point out paths of intervention that focus on the family in this process, as well as suggesting directions for future research.

METHOD

This study followed the scoping review protocol systematically, according to the literature guidelines, namely the guidelines of the Joanna Briggs Institute (Peters et al., 2015). Thus, the following predefined phases were respected: (1) identifying the review questions, (2) identifying the relevant studies, (3) selecting the studies, (4) mapping the data, and (5) grouping, summarizing, and reporting the results (Pham et al., 2014). Besides, the PRISMA-ScR checklist of the Joanna Briggs Institute (Tricco et al., 2018), along with the Enhancing the Quality and Transparency of Health Research (EQUATOR), was conducted. To identify the key topics of our research, we used the population, concept, and context (PCC) strategy. With this, the main question that this review was: How do families of children with SEN or at risk understand the benefits (support or care) of EI Services?

Inclusion and Exclusion Criteria

We included the papers that targeted families of children with SEN or at-risk aged between 0 and 6 years in Early Intervention services. In addition, the selected papers should address family-centered EI practices and portray EI outcomes in the areas of knowledge and information, skills development, well-being, and of quality of life. Other concepts related to the purpose of this kind of intervention, such as benefits, support, or care provided by EI services, were considered in searching for papers in our review.

We included studies conducted between 2007 and 2020, considering the publications based on the theory that was used by us as a reference for our research, the third generation of EI services, including the family-centered paradigm by Dunst (2000), and the publication of meta-analysis research of the literature produced until the year 2007 by Dunst et al. (2007). Furthermore, we included the quantitative and/or qualitative research available. To preserve the reliability of the mapped data, we included only peer-reviewed papers published in scientific journals. In addition, for technical reasons, we only included papers available in Portuguese, English, or Spanish.

Search strategy

Search terms were the combined descriptors (“Family-centered” OR “Family involvement” OR “Family needs” OR “Family relationship” OR “family program”) AND (“early intervention”) AND (“children”). We searched multidisciplinary databases and literature of specific field databases (PubMed, Eric, Embase, PsycINFO, Lilacs, and Cinhal). Finally, we searched for the bibliographic references of the papers that were included in our review, to find possible studies that we do not find through the search strategies. In addition to these, we added other papers written by researchers that were not identified using our searches, which satisfied the inclusion criteria, as material for data collection. The search process was conducted and cross-checked by two reviewers independently.

Selection of Studies

The eligibility assessment was applied by screening the titles and abstracts before checking the full text.

Data Collection

The information obtained in the papers to collect data was as follows: author, year of publication, country of origin, scientific journal, population and intervention, method (research design, approach, and kind of instrument), main results, and limitations. In addition, we conducted a thematic analysis, which identified themes or repeated patterns of meaning in the data to describe in detail a particular aspect (Braun & Clarke, 2006).

RESULTS AND DISCUSSION

We found 2647 papers through our search strategy. After finishing the process of removing the duplicates, 2040 papers remained. After applying the inclusion and exclusion criteria, we ended up with 54 papers, which constituted the sample that we used to synthesize content. A detailed description of this process can be found in the PRISMA-ScR flow diagram (Figure 1). The 54 papers included in our review are shown in Table 1 and identified with asterisk *. It is possible to see that there has been an increase in the production of papers on the benefits of EI according to the perspective of families of children with special needs in the last few years, with 39 of the scientific papers in the area (72.2%) referring to the period comprehended between 2011 and 2020. Most of the published studies were conducted by researchers from the United States, with 21 papers (38.8%), followed by Australia, with 8 papers (14.8%), and Spain, with 5 papers (9.25). Among the other countries where research in this area was conducted, we verified that in Canada and Ireland 3, publications were produced (5.6%); that in Portugal, Switzerland, China, South Africa, and the United Kingdom 2 publications were realized (3.7%); also, in New Zealand, Saudi Arabia, India, and Malawi, we found 1 publication (1.9%).

The researchers resorted to the quantitative method in 34 studies (63%). In addition, they undertook correlational analyses (55,7%) and exploratory research (31,4%). Regarding the instruments, many researchers used more than one method to analyze the benefits of EI. The researchers adopted especially questionnaires (55,7%), followed by scales (40,7%). The most used instrument by the researchers was the *Measure of Processes of Care-56* (MPOC-56) (11 studies, 20.4%). This instrument was designed to evaluate the perception of family members on the family-centered practices they benefit, considering the items: availability and partnership of the team, access to general information and specific information about the child, coordinated and integral attention to the child and the family, as well as respectful and supportive care (King et al., 1995). Furthermore, the *Family Outcomes Survey Revised* (FOS-R), which evaluates the main benefits for the family and its perception of the usefulness of the intervention (Bailey et al., 2011), was present in 8 studies (14.8%), followed by the *Family Quality of Life Scale*, which evaluates the quality of family life in the domains of family interaction, relationships between parents and children, emotional well-being, physical/material well-being, and disability-related support (Hoffman et al., 2006) was resorted to in 7 papers (13%). It is noteworthy that, aside from other forms of data collection, interviews were conducted in 16 papers (29.6%).

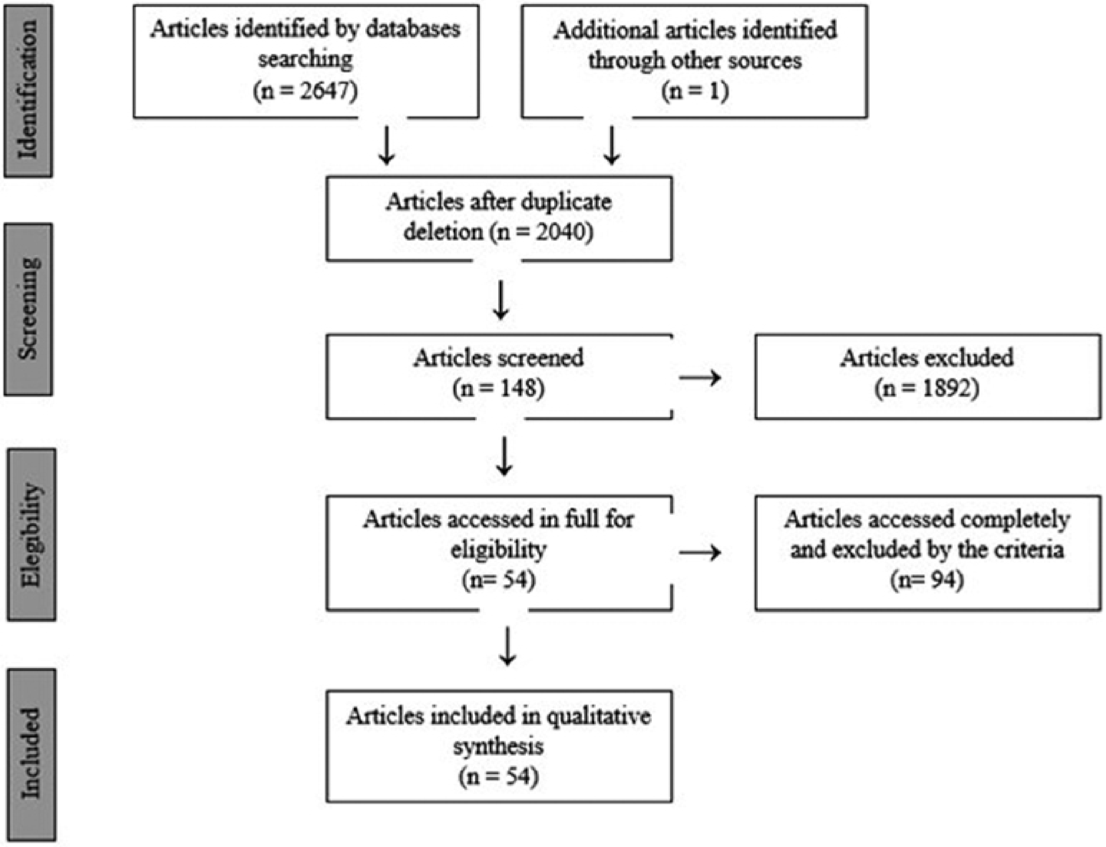

Figure 1. PRISMA-ScR Flow Diagram

Table 1
Articles Included in Qualitative Synthesis

Title	Year of publication	Sample	Research design, approach, and kind of instrument
Information and professional support: key factors in the provision of family-centred early childhood intervention services. Authors: Fordham; Gibson; Bowes.	2011	130 families of children up to 6 incomplete years.	Quantitative method - correlational design Application of instruments: Measure of Process of Care-56 (MPOC-56), the Family Empowerment Scale, the Family Support Scale, and the Parenting Daily Hassles Scale.
Impact of support and partnership on family quality of life Authors: Balcells-Balcells et al.	2019	202 families with children from 0 to 6 years old with intellectual disabilities and delays.	Quantitative method - correlational design Application of instruments: Service Inventory, Beach Center on Family–Professional Partnership Scale, Family Quality of Life Scale (FQOL Scale).
The meaning of early intervention: A parent's experience and reflection on interactions with professionals using a phenomenological ethnographic approach. Author: Lee.	2015	1 family with a 4-month-old child.	Qualitative method - case study design through ethnographic research Observation and active participation were used.
Influences on parental evaluation of the content of early intervention following early identification of deafness: a study about parents' preferences and satisfaction. Authors: Gascon-Ramos et al.	2010	82 families of children identified by the Newborn Hearing Screening Programme.	Quantitative method - correlational and longitudinal design Application of instruments: My Views on Services questionnaire, Trait Emotional Intelligence Questionnaire (TEIQue), and a demographic questionnaire.
Learning from parents' stories about what works in early intervention. Authors: Pighini, et al.	2014	6 families of children from 0 to 3 years.	Qualitative method - ethnographic research design Focus groups, interviews, and text reviews were used.
Parental Perceptions of the Parent-Therapist Relationship: Effects on Outcomes of Early Intervention. Authors: Broggi; Sabatelli.	2010	39 parents of children from 9 months to 4 years with motor delays.	Quantitative method - correlational design Application of instruments: The Parenting Stress Index (PSI), MPOC-56, Family Resources Scale (FRS), demographic questionnaire, percentage of goals achieved in the family therapeutic plan, and satisfaction questionnaire with the service elaborated by the researchers.
Family Outcomes for Families of 4–5-Year-Old Children on the Autism Spectrum Who Have Received Early Childhood Intervention in Australia. Authors: Adams et al.	2019	Mothers of 96 children between 4 and 5 years with ASD.	Quantitative method - correlational and longitudinal design Application of instruments: demographic questionnaire and on EI elaborated by researchers; Family outcomes measure (FOS-R).
Parents' Perceptions of Early Interventions and Related Services for Children with Autism Spectrum Disorder in Saudi Arabia. Authors: Alotaibi; Almalki.	2016	80 parents of children with ASD between 2 and 6 years.	Quantitative method - correlational design Application of instruments: The Parental Perceptions Questionnaire (PPQ); Parental Needs Questionnaire (PNQ).
A Multisite Study Evaluating the Benefits of Early Intervention via Telepractice. Authors: Behl et al.	2017	48 families of children with AD between 19 and 20 months.	Quantitative method - correlational design with two groups (face-to-face and teleservice). Application of instruments: The Monthly Time and Activity Form, FOS-R, The Home Visit Rating Scales–Adapted and Extended.
Early Intervention Services: Effectively Supporting Maori Children and their Families. Authors: Berryman; Woller.	2011	23 families of children were inserted in the EI.	Qualitative method - case study design Focus groups and semi-structured interviews were used.
Influence of a Parent-Child Interaction Focused Bookmaking Approach on Maternal Parenting Self-Efficacy. Authors: Boyce et al.	2017	89 mothers of children between 18 and 30 months.	Qualitative and quantitative method - exploratory and correlational research design Interviews, video analysis (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes), application of The Parenting Stress Index, The Center for Epidemiological Studies—Depression Scale, and The Early Intervention Parenting Self Efficacy Scale.
Flexibility of Programme Delivery in Providing Effective Family-Centred Intervention for Remote Families. Authors: Brown; Remine.	2008	24 families of an IE service for the deaf.	Quantitative method - exploratory design Application of instrument: questionnaire adapted by the authors.

Table 1
Cont.

Title	Year of publication	Sample	Research design, approach, and kind of instrument
Understanding Participation of Preschool-Age Children with Cerebral Palsy. Authors: Chiarello et al.	2012	85 parents of children with cerebral palsy.	Quantitative method - correlational design Application of instruments: Assessment of Preschool Children's Participation; GMFCS; Coping Inventory; Pediatric Outcomes Data Collection Instrument; Family Environment Scale; MPOC-56; Service Delivery Questionnaire.
Early intervention in Portugal: family support and benefits. Authors: Leite; Pereira.	2013	126 families of children with special needs between 6 months and 6 years.	Quantitative method - correlational design Application of instrument: Family Benefits Inventory.
The impact of child, family, and professional support characteristics on the quality of life in families of young children with disabilities. Authors: Davis; Gavidia-Payne.	2009	64 families of children between 3 and 5 years old with delay or disability	Quantitative method - correlational design Application of instrument: FQOL Scale; MPOC-56; questionnaire on demographic data and social support elaborated by the researchers.
In Search of Culturally Appropriate Autism Interventions: Perspectives of Latino Caregivers. Authors: DuBay; Watson; Zhang.	2018	55 families of children with ASD between 1 and 6 years.	Quantitative and qualitative method - correlational design Used focus group and the application of instruments: Background Information Questionnaire; FOS-R; MPOC-56.
Parent Educators in Early Intervention Insights from Evaluations. Authors: Edwards; Gallagher.	2014	107 parents of children placed in EI.	Quantitative method - exploratory design Application of instrument: a semi-open questionnaire (Parent Survey) elaborated by the researchers.
Family Outcomes of Early Intervention: Families' Perceptions of Need, Services, and Outcomes. Authors: Epley; Summers; Turnbull.	2011	77 families of children aged 0 to 3 years with delay or disability.	Quantitative method - correlational design Application of instrument: Early Childhood Services Survey, FOS-R, FQOL Scale.
Parental Satisfaction with a Home-based Intervention for Developmentally Delayed Children in Switzerland: A Survey over a 10-year Period. Authors: Favez; Me´tral; Govaerts.	2008	65 families of children between 0 and 6 years old with delay or disability.	Quantitative method - correlational design Application of instrument: questionnaire prepared by the researchers and adapted The Parental Satisfaction.
Child, Family, and Early Intervention Characteristics Related to Family Quality of Life in Spain. Authors: García-Grau et al.	2018	250 families of children between 0 and 6 years old.	Quantitative method - correlational design Application of instrument: FQOL Scale and a form prepared by the researchers.
Correlates of child and family outcomes in an Australian community-based early childhood intervention program. Authors: Gavidia-Payne; Meddis; Mahar.	2015	29 families of children with disabilities.	Quantitative method - correlational design Application of instrument: demographic questionnaire, an adaptation of Child Outcomes Summary Form, FOS-R, The Accommodations Questionnaire, and MPOC-56.
"The Constant by Our Side"—Mothers' Experiences of Early Intervention Therapy Services for Infants with Emerging Signs of Complex Neurodevelopmental Difficulties. Authors: Gibbs; Harniess; Crossley.	2019	6 families of children with delays.	Qualitative method - descriptive design A semi-structured interview was used.
Early Intervention Experiences of Families of Children with an Autism Spectrum Disorder: A Qualitative Pilot Study. Authors: Coogle; Guerette; Hanline.	2013	39 parents of children between 0 and 3 years old with ASD or at risk.	Quantitative method - exploratory design Application of instrument: questionnaire adapted by the researchers.
Early Childhood Intervention Program Quality: Examining Family-Centered Practice, Parental Self-Efficacy and Child and Family Outcomes. Authors: Hughes-Scholes; Gavidia-Payne.	2019	92 families of children.	Quantitative method - correlational design Application of instruments: demographic questionnaire, Child Outcomes Summary Form, Parental Self–Efficacy Scale, and MPOC-56.
Parents' Experiences in Role Negotiation within an Infant Services Program. Authors: Hurtubise; Carpenter.	2011	11 parents of children between 19 and 36 months.	Qualitative method - exploratory design Semi-structured interviews were used.

Table 1
Cont.

Title	Year of publication	Sample	Research design, approach, and kind of instrument
A Qualitative Study of Parental Experiences of Participation and Partnership in an Early Intervention Service. Authors: James; Chard.	2010	7 families of children with physical disabilities.	Qualitative method - phenomenological design Semi-structured interviews were used.
Including Parents in Evaluation of a Child Development Program: Relevance of Parental Involvement. Authors: Jinnah; Walters.	2008	32 parents of children between 1 and 6 years old.	Quantitative method - correlational design Application of instruments: questionnaire prepared by the authors, application of Parents' Satisfaction with a Child Development Center, and of Parental Involvement with a Child Development Program.
A Pilot Study of Early Intervention for Families with Children with or at Risk of an Intellectual Disability in Northern Malawi. Authors: Kelly; Ghalaieny; Devitt.	2012	10 parents of children between 1 and 5 years.	Quantitative and qualitative method - exploratory design Semi-structured interviews and questionnaire applications were used.
Parent Perspectives of Participation in Home and Community Activities When Receiving Part C Early Intervention Services. Authors: Khetani et al.	2011	16 families of children between 12 and 36 months.	Qualitative method - exploratory design Semi-structured interviews were used.
Collaboration in Early Childhood Intervention Services in Gauteng Caregiver Perspectives. Authors: Kyarkanaye; Dada; Samuels.	2017	64 relatives of children between 0 and 6 years old.	Quantitative method - correlational design Application of instrument: adapted Collaboration in Early Childhood Intervention Caregiver Revised CECI- C(R).
Comparison of family and therapist perceptions of physical and occupational therapy services provided to young children with cerebral palsy. Authors: Fiss; McCoy; Chiarello.	2012	46 parents of children with cerebral palsy.	Quantitative method - correlational design Application of instrument: The Services Questionnaire.
Early Intervention Outcomes for Toddlers with Autism Spectrum Disorder and Their Families. Authors: Noyes-Grosser et al.	2018	139 parents of children with ASD and 129 of other disabilities.	Quantitative method - correlational design Application of instruments: PDD Behavior Inventory (PDDBI), Parent Report Form, Parenting Stress Index Short Form, FOS-R, NY Impact on Child Scale—Modified, New York (NY) Family Survey, Overall progress rating, NCSEAM Family-Centered Services Scale and analysis of videos with completion of the child outcomes summary (COS).
Family involvement in early intervention service planning: Links to parental satisfaction and self-efficacy. Authors: Popp; You.	2014	2586 families of children with disability or delay.	Quantitative and qualitative method - descriptive design Semi-structured interviews and longitudinal research data analysis were used.
Measuring Family Outcomes in Early Intervention: Findings From a Large-Scale Assessment. Authors: Raspa et al.	2010	2849 families.	Quantitative method - correlational design Application of instruments: Child and Family Demographics, FOS-R, Family-Centered Services part of the National Center for Special Education Accountability Monitoring Part C Family Survey (NCSEAM).
Mothers' Satisfaction with a Home-Based Early Intervention Programme for Children with ASD. Authors: Rodger et al.	2008	2 mothers of children with ASD.	Quantitative and qualitative method - exploratory case study design Application of instruments: Scales of Independent Behaviour – Revised (SIB-R), The Communication and Symbolic Behaviour Scales Developmental Profile, The Canadian Occupational Performance Measure, The Parent Sense of Competence (PSOC), The Parenting Stress Index (PSI), MPOC-56.
Resources and Services for Children with Autism Spectrum Disorders and Their Families in China. Authors: Zheng; Tierney; Brian.	2013	49 parents of children with ASD.	Quantitative method - exploratory design Application of instrument: questionnaire elaborated by the researchers.

Table 1
Cont.

Title	Year of publication	Sample	Research design, approach, and kind of instrument
Perceptions of Early Intervention Services: Adolescent and Adult Mothers in Two States. Authors: Thompson; Bruns.	2013	28 mothers.	Quantitative and qualitative method - exploratory design Sociodemographic form and semi-structured interviews were used.
Parenting, autism spectrum disorders and inner journeys. Authors: Twomey; Shevlin.	2016	Parents of 5 children between 2 and a half years and 6 years.	Qualitative method - longitudinal exploratory design Document analysis, observation, focus groups, and interviews with parents, staff, and teachers were used.
Early Childhood Intervention in China from the Families' Perspective. Authors: Zheng et al.	2016	6 families of children between 3 and 6 years old with disabilities.	Qualitative method - exploratory design Semi-structured interviews were used.
Parental Perceptions Influencing the Utilization of Early Intervention Services in Children with Developmental Delay. Authors: Chauhan et al.	2017	31 families of children up to 6 years old with delay.	Quantitative and qualitative method - exploratory design Semi-structured interviews and a questionnaire elaborated by the researchers were used.
Family Quality of Life for Families in Early Intervention in Spain. Authors: Mas et al.	2016	281 families of children up to 6 years.	Quantitative method - correlational design Application of instrument: FQOL Scale.
Child and Family-Centered Practices in Early Childhood Education and Care Services: An Empirical Study with Families and Practitioners in Portugal. Authors: Dias; Cadime.	2019	78 families of children placed in IP.	Quantitative method - exploratory design Application of instruments: socio-demographic questionnaires and Family Focused Intervention Scale - Portuguese adaptation.
Team-Based Approaches in Early Intervention Services for Children with Disabilities: Irish Parents' Experiences. Authors: Fitzgerald; Ryan; Fitzgerald.	2015	19 parents of children between 0 and 6 years old.	Qualitative method - exploratory design Semi-structured interviews and focus groups were used.
Family-centred care in early intervention: Examining caregiver perceptions of family-centred care and early intervention service use intensity. Authors: McManus et al.	2020	35 parents.	Quantitative method - correlational design Application of instrument: MPOC-56.
Early intervention in South Africa: Moving beyond hearing screening. Authors: Störbeck; Pittman.	2008	32 families of children with hearing loss.	Quantitative method - descriptive design Document analysis and questionnaire prepared by the researchers were used.
Families Living in Poverty: Perceptions of Family-Centered Practices. Authors: Swafford et al.	2015	17 families of children.	Qualitative method - exploratory design Semi-structured interviews were used.
The Implications of "Working Alliance" for the Measurement and Evaluation of Family-centered Practice in Childhood Disability Services. Authors: Trute; Hiebert-Murphy.	2007	111 families.	Quantitative method - correlational design Application of instrument: MPOC-20 and Family Centered Behavior Scale.
Evaluation of the processes of family-centred care for young children with intellectual disability in Western Australia. Authors: Wilkins et al.	2010	165 families of children between 0 and 6 years old with intellectual disabilities.	Quantitative method - correlational design Application of instrument: MPOC-56 and a form prepared by the researchers.
Caregivers' experiences with the new family-centred paediatric physiotherapy programme COPCA: A qualitative study. Authors: Ziegler; Mitteregger; Hadders-Algra.	2020	15 families of children between 0 and 3 years old with special needs.	Qualitative method - case study design A questionnaire with open-ended questions was used.
Parent Perspectives on Early Childhood Assessment: A Focus Group Inquiry. Authors: Farrell; O'Sullivan; Quinn.	2009	12 parents of children between 3 and 39 months.	Qualitative method - exploratory design Focus groups are used.

Table 1
Cont.

Title	Year of publication	Sample	Research design, approach, and kind of instrument
The transition process from center-based programmes to family-centered practices in Spain: a multiple case study. Authors: Gràcia et al.	2019	35 families of children with intellectual disabilities between 1 and 4 years.	Quantitative method - correlational design Application of instrument: FQOL Scale and the Family Needs Assessment.
Outcomes Reported by Spanish-Speaking Families in Early Intervention. Authors: Olmsted et al.	2010	3140 families of children.	Quantitative method - correlational design Application of instruments: FOS-R and the Family-Centered Services.
Atención temprana y prácticas centradas en la familia: a propósito de un caso. Authors: Pérez et al.	2016	1 family with a child of 5 years and 3 months.	Qualitative method - case study design An eco-map, an interview based on routines, and instruments to assess the child's development were used.
Relationship of perceived adequacy of services, family-professional partnerships, and family quality of life in early childhood service programmes. Authors: Summers et al.	2007	180 families of children from 0 to 5 years.	Quantitative method - correlational design Application of instruments: Services Inventory, the Family–Professional Partnership Scale, and the FQOL Scale.

To observe how families of children with special needs perceive the benefits and support received by EI services and their teams, four different nuclei of scientific production were identified, namely: EI team, skills, and collaborative practices; Family empowerment and self-efficacy; Participation, personal needs and Quality of Family Life; Access to information and services.

EI team, skills, and collaborative practices

Although some studies emphasize satisfaction with care focused on child development (Alotaibi & Almalki, 2016; Coogle et al., 2013; Kelly et al., 2012; Noyes-Grosser et al., 2018; Summers et al., 2007), most of them highlight as positive the relationship of partnership between the professionals and the family, which is perceived as one of their most beneficial outcomes (Adams et al., 2019; Balcells-Balcells et al., 2019; Brown & Remine, 2008; Favez et al., 2008; Fordham et al., 2011; Gràcia et al., 2019; HughesScholes & GavidiaPayne, 2019; Jinnah & Walters, 2008; Leite & Pereira, 2013; McManus et al., 2020; Pighini et al., 2014; Thompson & Bruns, 2013; Trute & Hiebert-Murphy, 2007), through an active listening and a close and collaborative behavior (Fitzgerald et al., 2015; Gavidia-Payne et al., 2015; Gibbs et al., 2019; James & Chard, 2010; Khetani et al., 2011; Pighini et al., 2014). The focus on family priorities and their concerns were also highlighted (Brown & Remine, 2008; Coogle et al., 2013; Kyarkanaye et al., 2017), enabling families to participate in the processes of decision-making in the EI interventions (Fiss et al., 2012; Pighini et al., 2014; Popp & You, 2014; Ziegler et al., 2020).

Professional competence was positively perceived (Coogle et al., 2013; James & Chard, 2010), as well as individualized intervention plans (Alotaibi & Almalki, 2016). Families also mentioned the greater support received, the flexibility, and the communication conveyed when attended by a single reference professional (Fitzgerald et al., 2015). A few studies indicate that the perception of the support received by families increased over time involvement in EI (Gascon-Ramos et al., 2010; Leite & Pereira, 2013; Raspa et al., 2010). In some studies, the kind of disability or developmental delay does not interfere with the perception of the benefits of EI (Epley et al., 2011), while in others the satisfaction is greater when children present motor and sensory alterations than when they have communicative, social and behavioral difficulties (Favez et al., 2008). The greater perception of the received support by families is related to the lower education levels of family members (Leite & Pereira, 2013).

If, on the one hand, collaborative practices appear to be related to lower levels of stress and higher levels of parental competence (Broggi & Sabatelli, 2010), on the other hand, it is considered that not all families feel comfortable with the responsibility of participating in the support intervention or be at ease regarding control of decision-making processes in EI (Broggi & Sabatelli, 2010; Hurtubise & Carpenter, 2011; Lee, 2015).

Family empowerment and self-efficacy

One benefit of EI that appears recurrently in studies is empowerment. Research generally defines it as families' confidence in their skills to face daily challenges and situations, or as the control they have over their lives and decisions (Leite & Pereira, 2013). Empowerment is portrayed as an important benefit provided by EI support (Fordham et al., 2011; Gràcia et al., 2019; James & Chard, 2010; Leite & Pereira, 2013; Pérez et al., 2016; Trute & Hiebert-Murphy, 2007). Among these actions, families emphasize the support that allows them to understand the individual characteristics, needs, and abilities of their children (Adams et al., 2019; Epley et al., 2011; Gascon-Ramos et al., 2010; Gavidia-Payne et al., 2015; Leite & Pereira, 2013; Swafford et al., 2015; Zheng et al., 2016), that gives them access to and sharing of information, as well as the exchange of strategies to cope with stress (Brown & Remine, 2008; Chiarello et al., 2012; Coogle et al., 2013; Edwards & Gallagher, 2014; Kelly et al., 2012; Pighini et al., 2014; Thompson & Bruns, 2013; Wilkins et al, 2010; Ziegler et al., 2020) to support their development (Behl et al., 2017; DuBay et al., 2018; HughesScholes & GavidiaPayne, 2019; Noyes-Grosser et al., 2018; Störbeck & Pittman, 2008). Some families also highlighted the benefit of discovering children's potential, helping them to envision more positive expectations regarding themselves (Brown & Remine, 2008).

The term self-efficacy is also used to describe the benefits provided by EI support, defined as the families' sense of competence and confidence in their abilities (Boyce et al., 2017). The studies describe families' perception of the improvement of their efficacy, strengthening them, giving them greater self-confidence, and an increased appreciation of their competencies (Boyce et al., 2017; HughesScholes & GavidiaPayne, 2019; Raspa et al., 2010; Swafford et al., 2015), relating it to the degree of involvement of their members in EI actions (Popp & You, 2014).

Participation, personal needs, and Quality of Family Life

Concerning the involvement of the lies in EI, most studies emphasize the predominant participation of mothers (Adams et al., 2019; Alotaibi & Almalki, 2016; Broggi & Sabatelli, 2010; Balcells-Balcells et al., 2019; Chauhan et al., 2017; Davis & Gavidia-Payne, 2009; Dias & Cadime, 2019; Epley et al., 2011; Fiss et al., 2012; Gavidia-Payne et al., 2015; HughesScholes & GavidiaPayne, 2019; Hurtubise & Carpenter, 2011; Jinnah & Walters, 2008; Kyarkanaye et al., 2017; Lee, 2015; Leite & Pereira, 2013; McManus et al., 2020; Mas et al., 2016; Popp & You, 2014; Summers et al., 2007; Swafford et al., 2015; Trute & Hiebert-Murphy, 2007; Wilkins et al., 2010; Zheng et al., 2016; Ziegler et al., 2020).

Besides personal needs, the quality of family life (QFL) is indicated in the literature as one of the most important outcomes of EI, being considered indicative of the quality of the service provided (Balcells-Balcells et al., 2019). QFL considers family relationships, physical or material well-being, emotional well-being, and disability-related support (Epley et al., 2011). Some families mention greater satisfaction with QFL when supported by a case coordinator professional (García-Grau et al., 2018). Families of younger children (between 0 and 2 years old) and of children diagnosed with autism spectrum disorder (ASD) describe a lower QFL than the others, showing a relation between family perception and the degree of functionality of the child (García-Grau et al., 2018). Another aspect indicated in the research is family income, with a significant relation between higher socio-economic levels and better perceptions of QFL (Davis & Gavidia-Payne, 2009; Mas et al., 2016).

Access to information and services

Another relevant topic in the papers reviewed is related to access to information on community services, rights, and resources. This factor is an important benefit provided by EI since it is associated with the promotion of timely spaces of family co-responsibility in this process. In the studies found, the importance of this benefit is clear, with access to information being described as EI support that enables an articulation between children's and families' needs with the possibilities of services and support that aim at their development (Pighini et al., 2014). Thus, some studies indicate that families feel satisfaction with the access to information and the understanding of their rights (Epley et al., 2011; Behl et al., 2017), as well as with the access to available services (HughesScholes & GavidiaPayne, 2019). Also, some families perceive positively a connection with other families in the community (Edwards & Gallagher, 2014), highlighting the importance of the support that allows them to mobilize formal and informal social support (Trute & Hiebert-Murphy, 2007).

While it is important to note the prominence of this benefit, the majority of the studies described low levels of satisfaction of the families regarding the provision of services and resources (Chauhan et al., 2017; Fordham et al., 2011; James & Chard, 2010; McManus et al., 2020; Rodger et al., 2008; Summers et al., 2007; Wilkins et al., 2010; Zheng et al., 2016). As regards informal social support, studies show little family satisfaction with access to this network, indicating the need to encourage possibilities of contact with other families and parent associations (Favez et al., 2008; Gavidia-Payne et al., 2015; Noyes-Grosser et al., 2018; Raspa et al., 2010; Zheng et al., 2016). Regarding a macrosystemic level for the promotion of this access to information and services, it is also possible to observe the need to encourage political actions and government support (Fordham et al., 2011; Alotaibi & Almalki, 2016).

CONCLUSION

Our research allows us to understand that the evaluation of the benefits provided by support is a complex process but simultaneously a fundamental indicator of the effectiveness of support in EI. It also refers to the need for a continuous reflection on the quality of policies and practices implemented in the support of families with children with special needs. The present study´s findings highlight the importance of collaborative practices in the functioning of the EI support team and the effective participation of the family as an indicator of the effectiveness and quality of life. Studies have described the comprehensive relationship with the professionals as a great benefit, pointing to family satisfaction with the provided services and with the received support, which enables their participation, active listening, and appreciation, leading to a strengthening of the family network and greater confidence in the skills and competencies of the members of the families.

Regarding practice, we recommend that professionals should pay attention to the family's perception of EI and their needs, presented in this study, so they can serve as a starting point for improving practices, namely a case coordinator professional of the service and better access to information and informal social support. We also highlight the need to encourage political actions favoring this access to information about services, rights, and resources, because of the relation between this benefit and the promotion of family co-responsibility, which will enable the benefits of EI to extend beyond the period of intervention of the professionals.

On the other hand, we suggest a series of other studies that involve overcoming some of the limitations of our research, namely studies that focus mainly on the participation of mothers in EI, which reflect, almost exclusively, on the perception of the benefits according to this perspective. Also, the socio-demographic characteristics of the population under study are homogeneous in most articles, not being representative of all realities. Furthermore, considering that the predominance of quantitative research and the use of instruments limits the scope of studies, it would be interesting to include the synchronous use of qualitative research strategies to assist in obtaining further information and in exploring data analysis, contributing to a broader understanding of the perspective of family members on the benefits of EI in different contexts and realities.

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