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Review

Early Childhood Care in Spain before the Lockdown

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Abstract: It is widely assumed that every action in Early Childhood Care (ECC) must be conducted taking into consideration the well-being of the family and relying on their active involvement. It becomes essential to implement an intervention strategy that encompasses not only the children but also their immediate environment and the entire family unit. In this context, the Family-Centred Approach (FCA) has emerged as a prominent methodology. This approach can be defined as a collaborative connection between professionals and families, characterised by mutual respect and acknowledgment of their values and choices. Moreover, it entails extending assistance when required, all aimed at fostering optimal functioning of the familial core. This article aims to understand perceptions of families and professionals concerning Early Intervention in Spain before the lockdown. For this, a scoping review was conducted by mapping articles related to Spain in Scopus or Dialnet (CIRC A+, A, B, or C) before the COVID-19 lockdown. After reviewing thirty-five chosen articles, the identified topics were categorised into emotions, diagnoses, and requirements. Many of the publications fulfilled the CIRC B criterion, with a minority of articles meeting this criterion in the latter portion of the present decade. This subject matter warrants further research. There is a need for effective Early Childhood Care (ECC), characterised by early detection and diagnosis, involving well-trained professionals, and which recognises the importance of families in interventions and children development.

Keywords: early childhood education; family-centred approach; intervention in the environment; early childhood intervention; early childhood care

1. Introduction

Early Childhood plays a pivotal role in the developmental journey [1]. Any intervention in Early Childhood Care (ECC) must consider the family and count on their participation [1,2]. Families have changed over time. In Spain, medical care changed after the lockdown, so it is interesting to research the situation before the lockdown.

Early Childhood Care (ECC) is delineated as a set of initiatives directed towards youngsters aged 0 to 6 years, their families, and the contextual milieu encompassing them. ECC seeks to provide a prompt response to permanent or occasional circumstances derived from some difficulty in their development or a situation where suffering is a risk. To this end, considerations must be made in an integral manner, including all vital aspects: social, physical, emotional, etc. In addition, it should be designed and implemented by a multidisciplinary team that will provide multiple and as complete of a response as possible [1].

The levels of intervention for ECC are as follows [2]:

- Primary prevention: directed at the overall children population, with the goal of averting circumstances that might contribute to developmental challenges, anomalies, or disorders.
- Secondary prevention: specifically targeted at children who are at risk or particularly susceptible to the emergence of a disorder. The aim is to prevent the onset of

the issue and, if it does arise, to promptly identify and diagnose it to mitigate its adverse repercussions.

- Tertiary prevention: focused on children already grappling with developmental disorders, as well as their families and surroundings. The objective is to mitigate the effects of this disorder.

Thus, its traditional targets are those who suffer from disorders caused by "developmental, cognitive, motor, communication, sensory, behavioral and/or emotional disturbances", permanent or occasional [3] (p. 34), and/or are in a situation of risk (biopsychosocial risk).

The aim of ECI is to offer beneficiaries an intervention that facilitates their integration into society, promoting the achievement of the greatest possible personal autonomy. However, the objectives of Early Childhood Intervention (ECI) are delineated in a more specific manner [1]:

1. Diminishing the impact of impairments or deficits on children's comprehensive development.
2. Enhancing the trajectory of the child's progress to the greatest extent achievable.
3. Implementing essential mechanisms for compensation for and elimination of obstacles, and adaptation to distinct requirements.
4. Forestalling or reducing the emergence of secondary or associated repercussions stemming from high-risk disorders or situations.
5. Addressing and fulfilling the requirements and requests of both the family and the environment in which the child resides.
6. Recognising children as active participants in the intervention process.

If one objective had to stand out above the rest [3], it would be to promote child development without risks or obstacles and, if a difficulty is detected, to support families by offering individual attention in accordance with their needs.

Early Stimulation, Early Intervention, or Early Care are some of the terms used to refer to all interventions designed to avoid or minimise the obstacles that children with disorders or those considered to be at substantial risk may experience. Currently, the term ECI is the most appropriate from a globalising and integrating point of view. It transcends [3] mere Early Stimulation, focused on achieving the speed of the children's normal development, and Early Care, where the environment in which the subject develops begins to be considered.

An additional pertinent notion is the Family-Centred Approach (FCA). This framework posits that there should exist a collaborative alliance between experts and families grounded in reverence for their perspectives while considering their principles and choices. This approach entails extending assistance when required, with the aim of fostering the optimal dynamics within the family unit [4]. As a precursor, Carl Rogers and his Client-Centred Model were relevant [5], albeit with a key distinction: in the FCA, rather than focusing solely on the individual client, the emphasis is directed towards the family as a whole. Another precursor in the 1970s was Brofenbrenner [4], who emphasised the positive influence of family on children development. In the 1990s, this approach became paramount with three basic aspects: focusing on strengths and not deficits, promoting family control and decision-making, and a true collaborative professional–family relationship.

Table 1 offers a brief review of the historical evolution of Early Childhood Care [3] and the key role of families.

Around the 1980s, departure from traditional intervention models became apparent. Models such as the behaviourist approach pioneered by Watson and Skinner, grounded in modifying behaviour through the stimulus–response relationship, along with the clinical-rehabilitative model rooted in rehabilitation services, paediatrics, and maternity care, began to recede into the background. However, these models continue to centre primarily on children [6]. Similarly, the psycho-pedagogical model marked the inception of Early Childhood Care (ECC) teams and the initial recognition of the family's role in enhancing a child's development. During this period, alternative models, which were more genuinely

aligned with the requisites of children and families, started to emerge as preferred options. Thus, according to Gútiez [6]:

- Bronfenbrenner's Ecological Model highlights the existence of a set of influences in the children's environment that affects their development, including the family itself. Thus, it focuses on understanding and comprehending an individual from his or her closest everyday environment.
- Sammerhoff's Transactional Model: Children develop according to their interactions and thanks to family and environmental experiences.
- Feurstein's Interactive Model seeks to change or modify development through the correction of deficiencies.

Table 1. Historical evolution of the concept of Early Care.

Early Stimulation (1970–1980)	Early Intervention (1980–1990)	Early Care (1990–2000)	Quality Early Care (2000–2010)	Socio-Sanitary Care (2010 and Beyond)
Children intervention	Children–family intervention	Children–family–environment intervention	Children–family–environment–society intervention	Intervention focused on people
Handicaps (0–2)	Handicaps (0–6)	General population	Universal Law (0–6)	Universal Law

In addition to the aforementioned models, a new addition emerged in the 1990s: the Activity-Based Approach Model introduced by Bricker and Cripe. According to Caurcel [3] and the theories of Vygotsky, Piaget, and Dewey, the learning of skills and abilities is acquired in a real context with authentic problems or challenges. It is also based on three aspects: through the influence and interaction of the immediate sociocultural environment, the active participation of the learner, and meaningful and functional activities, there is an improvement in learning. Furthermore, it is worth briefly mentioning Family Intervention Models [3]:

- Guralnick and his Early Development and Risk Factor Model, which considers family patterns, family characteristics, and potential stressors.
- Cunningham and Davis, who place the starting point for intervention with parents.
- Turnbull, Turbiville, and Turnbull reviewed different models of family intervention and their evolution:
    - Psychotherapy and Psychological Help: All decisions and strategies are in the hands of professional experts. The focus of the intervention was on the mother, ignoring the child and the rest of the family components. This model is now superseded.
    - Training parents to value their capacity for intervention and already seeing the need to involve them in the process. However, they required the instruction of the professional, being the one who made the decisions, oriented towards achieving changes in the children and not in the families. Parenting patterns has a significant impact on social attitudes [7].
    - Progressively (FCA), the professional gives up his or her power, and simultaneously, the family acquires it, which is now an important part of the decision-making process.
    - Collective strengthening goes one step further: if there is a correct relationship between family and professionals, the result will be an improvement in the social context making it more participatory and achieving changes and improvements at the community level.
    - Strengthening families starts from three clear premises: parental capacity, the need to promote experiences that give rise to suitable and capable behaviours, and the attribution of the locus of control to the families themselves.

Finally, there are common elements in all of these models [1–4]: the social interactions of the children in their environment stand out, children are active subjects, learning has to be acquired in a natural context, meaningful activities leading to an end are carried out on a daily basis, and reinforcement is natural. Thus, the selection of one model or another will depend on who intervenes, considering that each professional has a preference for one or other principles in the intervention; however, after some time, they will tend toward syncretism, selecting the best and most effective of each of the available options.

Currently [1–4], all interventions must be conducted considering the family and their participation. Consequently, recognising the necessity of implementing an intervention that encompasses not only children but also their surroundings and family dynamics, this dissertation distinctly shifts its focus toward the latter aspect. The role of the family has changed; at the beginning of ECC, they were limited to assuming the professional's decisions about their child, where they complied with the measures designed by the expert, and the family became a passive subject. Currently, this clinical-rehabilitative model has been abandoned, and a more educational model has been adopted that considers family relationships as a tool to achieve the child's development.

The implementation of FCA has been found to have positive effects on both the family and the child; the empowerment of families plays a crucial role in their achievements, influencing their skills and confidence in caring for and fostering their child's development. It also enhances their ability to recognise their rights and effectively utilise support networks and community services [8].

Therefore, Early Childhood Intervention (ECI) is crucial for children's development [9], and should involve the family's active participation. ECI encompasses actions aimed at children aged 0–6, their families, and their environment, addressing difficulties in their development or risky situations. The intervention should be comprehensive, consider all aspects of the children's life, and be implemented by a multidisciplinary team. There are three levels of intervention: primary, secondary, and tertiary. The main objectives of ECI are to reduce the effects of impairments, optimise development, introduce the necessary mechanisms for adaptation, prevent secondary effects, and address the needs of families and children. FCA emphasises collaboration between professionals and families [10], focusing on strengths, promoting family control and decision making, and establishing a collaborative relationship. Over time, intervention models have shifted to considering the children's environment and the importance of the family.

The main aim of this study is to examine the perceptions of both families and professionals regarding Early Childhood Care (ECC) in Spain in the scientific literature before the lockdown. Furthermore, concerning the Family-Centred Approach (FCA), the aim is to underscore its significance and the imperative of its utilisation to attain enhanced outcomes in the realm of intervention in Spain before 2020. This objective can be broken down into the following specific objectives:

- Review the scientific literature on ECC and FCA in Spain before the lockdown.
- Determine the frequency of articles on the subject in Spanish journals (an some international journals referred to Spain) included in the Integrated Classification of Scientific Journals (CIRC https://www.clasificacioncirc.es/ accessed on 4 June 2023) with criteria A, B, and C (A for important impact and C for lesser impact journals; there is also a D category, for journal without impact), according to the year of publication, the origin of the journal, type of article, and origin of the source.

2. Materials and Methods

Two phases can be distinguished in this scoping review: the literature search phase and the data analysis phase.

The methodology used for the bibliographic search was descriptive, taking as a reference [11] the Systematic Literature Review (SLR), through an exploratory mapping or scoping review of articles in Spanish and English on ECC, FCA, and Family. Two databases have been used primarily for the bibliographic search of articles (Appendix A):

- Scopus, through the keywords Early Childhood Intervention yields 10,613 documents and, after implementing additional search parameters of any type of access, areas of Psychology and Social Sciences, date of publication of 2010–2019, type as article, Spanish and English language, and country as Spain, yielded a total of 60 articles. Of these, 19 are open access compared to 41 with other modes of access, published in Spain in the most recent decade, of which 44 are included in the area of Psychology and 28 in Social Sciences (as they can be included in both categories simultaneously), with 45 published in English and 23 in English and Spanish (appearing in both categories simultaneously); Early Intervention: 99,307 documents, 89 open access versus 252 with another type of access, published in Spain in the last decade, 246 of which are included in the Psychology area and 160 in the Social Sciences area (simultaneity or simultaneously), with 262 of them published in English and 115 in Spanish. Early Childhood Intervention and Family offers 10,321 documents, of which 24 are open access and 47 are other modes of access, published in the last decade, in the areas mentioned above (60 included in Psychology and 26 in Social Sciences) and 53 in English, compared to 24 in Spanish.
- Dialnet, one of the largest global bibliographic portals, primarily serves to enhance the visibility of Hispanic scientific literature. The keywords Early Childhood Intervention return 688 journal articles; Early Childhood Intervention and Family offers 148; and Family-Centred Approach produces 270.

The search for information through the ResearchGate portal for researchers and the review of educational journals included in the Ranking of Indexed Spanish Journals on the website of the journal Comunicar (one of the most important scientific educational journals in Spain, Q1 JCR, and Q1 SJR) has been added. As for their inclusion in the CIRC, in the case of Dialnet, articles have been included that verify their quality through the A, B, and C classifications, confirm their indexing in JCR, Scopus, or ESCI (WoS).

The second phase consisted of reading and analysing 35 selected articles. The steps followed were as follows: complete reading of the article focusing on summary, objective(s), results, and conclusion, completion of self-prepared files with sections based on the subsequent analysis, establishing the following categorisation: articles published between 2010–2019 (2020 is out because COVID-19 pandemic is a new key variable), international and Spanish journals, type of article: review, research or proposal, CIRC classification, and origin of the source: Scopus, Dialnet, or ResearchGate. In addition to the categories, the information after reading was organised into dimensions for frequency analysis, giving rise to different lines of research. These are as follows:

- Family-Centred Approach (FCA).
- Family Perceptions:
    - Feelings.
    - Observed and requested needs.
    - Identification and diagnosis.

- Professionals: shortcomings and demands recognised.
- Enhancing Early Care Intervention.

3. Results

3.1. First Approach

Thirty-five articles published in national (Spanish) and international (non-Spanish) journals were reviewed. The journal Escritos de Psicología [Writings of Psychology] stood out with six articles (17.14%), compared to the majority comprising a single article (2.86%, totalling 34.32% when multiplied by 12 journals representing this percentage). In terms of publication years, the central period of the decade houses the highest concentration of published works (11 articles in 2015), followed by 2014 with 6. By contrast, in 2013, none were assigned to the dimensions that were designed (Table 2). Twenty-six articles were Spanish and nine were from other countries.

Table 2. Frequency of articles by type.

Year	Proposal	Review	Research	Total
2010	0	1	0	1
2011	0	1	0	1
2012	0	0	2	2
2013	0	0	0	0
2014	0	3	3	6
2015	0	3	8	11
2016	1	1	1	3
2017	1	0	2	3
2018	0	0	4	4
2019	0	0	4	4
Total	2	9	24	35

In terms of typology, research predominates (24), as opposed to reviews (9) and only 2 proposals (Table 2).

In terms of dimensions (Figure 1), most of them (17 articles) dealt with Family Perceptions, followed by the dimension related to Professionals' Actions (9), and the one dedicated to OBE (8). The least frequent dimension was related to the Extension of ECC (two articles).
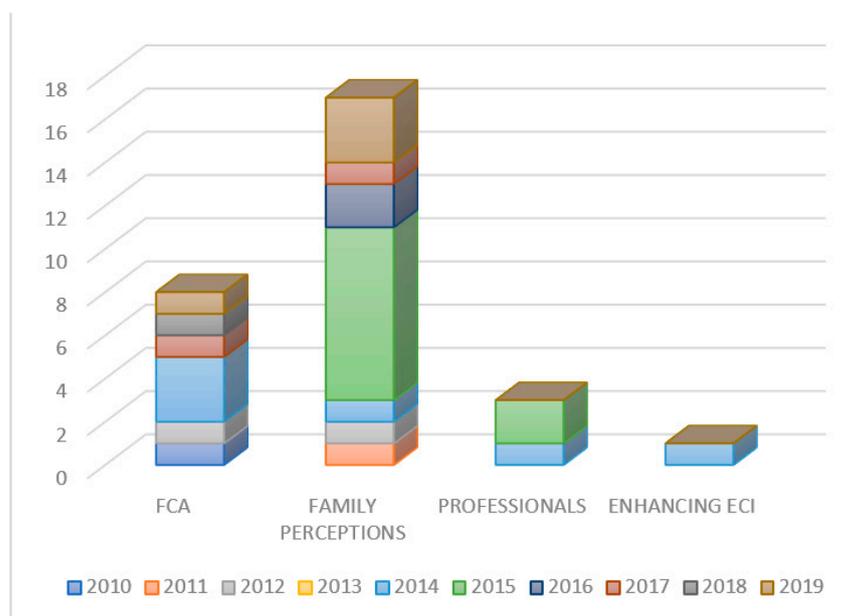
Figure 1. Dimensions by years.

On the other hand (Table 3), the analysis of CIRC Classification and Source Origin indicates that most of the articles met criterion B (16 articles), followed by criterion C (14), and, in addition, most of the articles have been found in Dialnet (23).

The analysis of the frequencies of the dimensions by year (Table 4) shows that the dimension of Family Perceptions is the most noteworthy (17), with 2015 being the year with the highest number of publications (11). The dimension dedicated to FCA yielded eight articles, and 2014 was the year with the highest number of publications (3).

Table 3. Frequency by CIRC and source.

Year	CIRC			Source				
	A	B	C	Scopus	Dialnet	Scopus + Dialnet	Scopus + Dialnet + ResearchGate	Scopus + ResearchGate
2010	0	0	1	1	0	0	0	0
2011	0	0	1	0	1	0	0	0
2012	0	2	0	0	2	0	0	0
2013	0	0	0	0	0	0	0	0
2014	0	3	3	0	6	0	0	0
2015	0	6	5	0	7	3	0	1
2016	1	2	0	0	2	0	1	0
2017	1	0	2	1	1	1	0	0
2018	1	2	1	0	2	1	0	1
2019	2	1	1	3	1	0	0	0
Total	5	16	14	4	23	5	1	2

Table 4. Frequency by dimensions and years.

Year	FCA	Family Perceptions			Professional Actions	Enlarge ECC	TOTAL
		Feelings	Needs	Evaluation			
2010	1	0	0	0	0	0	1
2011	0	0	0	1	0	0	1
2012	1	1	0	0	0	0	2
2013	0	0	0	0	0	0	0
2014	3	1	0	0	1	1	6
2015	0	3	3	2	2	1	11
2016	0	1	1	0	1	0	3
2017	1	1	0	0	1	0	3
2018	1	0	0	0	3	0	4
2019	1	0	2	1	1	0	4
Total	8	7	6	4	9	2	35

On the other hand, Enhancing ECC had only two articles published in 2014 and 2015.

3.2. Analysis of the Results in Terms of Dimensions

This review allows the inclusion of several inputs.

Dimension 1: Family-Centred Approach (FCA). Full family participation has not yet been achieved [6] and the focus is on professional actions [12]. The family is so important that Guralnick [13] proposed the Developmental Systems Approach or Developmental Systems Model in which the family plays a key role. On the other hand, implementing the FCA implies the empowerment of families [14], where they can develop a significant role in decision making, and to do so, they must have as much information as possible [15]. Furthermore, intervening with parents can have a positive influence on their children's ability to adapt and interact, as demonstrated by Lanzarote et al. [16], who also verified that parental intervention, especially with mothers, is beneficial and influences the state of maternal anxiety. However, this does not mean, as per [17], a shift from a model where the professional is the only expert to a model where parents become therapists; the transition towards family-centred practices implies that professionals can gather valuable information about strengths and resources that families possess [18].

Dimension 2: Perceptions of the family. This section presents three (sub) dimensions. The first deals with family's feelings. In the analysis of the articles, the word parental stress was recurrent. Botana and Peralbo [19] found that recovery from children's disorders is significantly related to lower parental stress. This level of anxiety increases in mothers, with [20,21] concluding that family cohesion is fundamental. Mothers of children receiving

ECC could benefit from support programs [22], as most of them face their situation in an avoidant way, being more effective using problem-solving strategies than emotional discharge or participating in resilience programs [23]. Another issue that helps to balance stress levels is related to how families perceive relationships and communication with professionals [24]. In conclusion, professionals need to consider the importance of cultural and ecological elements in each family [25].

The next (sub) dimension is observed and demanded needs; families are satisfied with professionals in the initial stages [26], but this decreases over time. Professionals and families have different perceptions of needs [27,28], prioritising information received, material help, rest and human resources, participation in decisions, and social and family support. According to Lee [24], families need to question their rights as beneficiaries, and professionals need to look at what needs families have rather than accepting the current, overly institutionalised actions. Families need to feel empowered [5]. Another family demand is the support programmes for and between families [29], which become a space for accompaniment and communication between families with more experience and others without. Therefore, the quality of life of these families is clearly influenced by family relationships, access to information and services, perceptions of the children's activity, and, in general, their overall life perspective [30].

The last (sub) dimension is Detection and Diagnosis. An urgent request is early detection [31]. Valle, Cano, Sierra, and Gútiez [32] propose systemic intervention in the in-hospital setting to reduce the number of children at risk. Receiving the diagnosis provides families with greater peace of mind, including a better relationship with their child after learning of the diagnosis [33]. The Merrill-Palmer-Revised Scales of Development (M-P-R) can be a useful instrument according to Alcantud, Pérez, and Alonso [34].

Dimension 3: Actions of professionals—shortcomings and demands. Professionals [35] are aware of their training deficiencies in ECC, especially in family intervention. As a weak point [36], the complexity of the relationship with relatives stands out; training in interaction strategies and styles [37], influenced by emotional intelligence skills [38], suggests that the exchange of information is not effective. On the other hand, coordination between the health, education, and care sectors is crucial [39], and reality shows that this joint action is not as expected [40]; therefore, an evaluation of the quality perceived by families is necessary. Another aspect demanded by professionals is the existence of tools that help to conceive families as essential partners and collaborators for the child [41,42]. This highlights the presence of malpractice in ECC, without taking into account the globality of the child, without being designed by an interdisciplinary team of professionals, and which especially affects treatments concerning Cerebral Palsy, Autism Spectrum Disorder, and Pervasive Developmental Disorders.

Dimension 4: Enhancing Early Intervention. This includes articles that consider it necessary to broaden the field of action of ECC in two directions: first, towards the prison environment [43], since, although the permanence of the children of prisoners with them until they are three years old is undoubtedly beneficial for the bond of attachment, at the same time it makes them a population of children at risk as a result of the characteristics of the environment about their overall development, and second, possible developmental difficulties in the prenatal period [44], since the maternal–foetal bond occurs before attachment after birth.

4. Discussion

There is a need to offer effective ECC, characterised by early detection and diagnosis, conducted by competently trained and coordinated professionals, and considering the value of families in the progress of interventions and, ultimately, in the child's development. In this context, the main objective was oriented towards scrutinising the scientific literature to gain insights into the perspectives of families and professionals regarding Early Childhood Care (ECC) and Outcome-Based Education (OBE). To this end and coinciding with the specific objectives, 35 articles from Spanish (26) and International (9) journals published

between 2010 and 2019, which meet the quality established by CIRC (criteria A, B, and C), have been reviewed. Except in 2015 (11 publications) and 2014 (6), there is a general trend towards a sparse number of articles.

A more in-depth analysis shows that, although FCA is accepted as the most beneficial for child development, it also poses a challenge to family integration in interventions [6]. To this end, it is a priority to genuinely empower them [14] and place them in a decision-making position [15]. In the analysis of family perceptions and feelings, the presence of logical parental stress stands out [19], which is more pronounced for the mother (De Andrés and Castellar, 2012) [20]. A solution would be the design of support programmes to overcome this anxiety [22] (Calero et al., 2017). On the other hand, although families are satisfied with the professionals [26] (Balcells-Balcells et al., 2019), a different consideration of needs observed by families and professionals is noted (at least this seems so while analysing the quantities of articles in this scoping review). Parents want early detection [31] (García et al., 2015) to understand what is happening to them (López et al., 2015) [43]. From the professional point of view, the following factors stand out as negative: lack of training [34] (García et al., 2018), lack of intersectoral coordination (Martínez and Calet, 2015) [39], and the need for instruments to perceive the family as an active part (Escorcia et al., 2016) [41]. Furthermore, there is the possibility of extending ECC to two risk groups: children of female prisoners (López-Castro and Buceta-Cancela, 2015) [43] and the consideration of the prenatal period (Roncallo et al., 2014) [44].

The health and caregiving sector's interest in comprehending the perception of those involved in ECC in Spain before the lockdown appears in two of the dimensions found: Family Perceptions and Professionals (shortcomings and demands). However, an analysis of the literature reveals a lack of information from the educational sector. Given the responsibility of Early Childhood Education teachers to achieve the integral development of the child, it is necessary to delve deeper into this issue. Therefore, a prospective avenue for research could revolve around investigations that show the viewpoints and obstacles of actors within the educational setting. Also, a comparison with the situation after the lockdown would be interesting.

ECC in the life of a child and family begins when they receive the "first news". These two words designate the crudeness [45] of the contact with the presence of disability or disorder; many families receive the news before birth or almost immediately, and others will have to suffer a long and uncertain wait without being able to name the problem. In addition, providing this information is a complicated task. Coming to terms with the situation means keeping in mind families' participation during intervention [1–4,12–27,29–34]. This is the importance of a truly Family-Centred Approach, as studies show that it is the one that can bring the most benefits. However, there is still a long way to go.

It has therefore been possible to establish a first approach to scientific research to find out what the situation of ECC in Spain is from two perspectives: the family and the professional (following the scientific literature, which may not be the same as the real situation). For future or current professionals, the value of this type of research lies in acquiring the necessary skills to access information as well as knowing the necessary steps for its analysis, which will allow them to increase and improve their competence development.

To sum up, there is a need for effective Early Childhood Care (ECC) characterised by early detection and diagnosis, involving well-trained professionals, and recognising the importance of families in interventions and child development. A review of thirty-five articles from Spanish and international journals published between 2010 and 2019 revealed a small number of articles on ECC. A Family-Centred Approach (FCA) is considered beneficial for child development, but full family integration in interventions has not been achieved. Family perceptions highlight parental stress, and support programs to address this anxiety are suggested. Families and professionals have different considerations regarding needs, with parents emphasising early detection and understanding their situation. Professionals identify issues such as lack of training, intersectoral coordination, and the need for instruments to actively involve families. There is potential to extend ECC to the children of

female prisoners and consider the prenatal period. The educational sector's perspective on ECC is lacking, and further research should explore the perceptions and demands of early childhood education teachers. The "first news" about a disability or disorder significantly impacts families, requiring readjustment and empowerment. A Family-Centred Approach is crucial, but there is still progress to be made. This research provides insights for professionals to enhance their competence development and access the necessary information for ECC.

Appendix A. Database and Search Strategy

Table A1. Database and Search Strategy.

Database	Search Strategy	Total	Selected Articles
SCOPUS	Early Intervention: TITLE-ABS-KEY (early AND intervention) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO (LANGUAGE, "Spanish")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-Top (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2012 OR LIMIT-TO (PUBYEAR, 2010)) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI"))	343	2
	Early Childhood Intervention: TITLE-ABS-KEY (early AND childhood AND intervention) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010)) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI")) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO (LANGUAGE, "Spanish"))	60	4
	Family Centred Practices: TITLE-ABS-KEY (family AND centered AND practices) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010)) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "SOCI") OR LIMIT-TO (SUBJAREA, "PSYC")) AND (LIMIT-TO (LANGUAGE, "English	14	1

Table A1. *Cont.*

Database	Search Strategy	Total	Selected Articles
	Early Childhood Intervention AND Special Education: (TITLE-ABS-KEY (early AND childhood AND intervention AND TITLE-ABS-KEY (special AND education)) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR 2017) OR LIMIT-TO (PUBYEAR 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010)) AND (LIMIT-TO DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") ORLIMIT-TO (SUBJAREA, "SOCI")) AND (LIMIT-TO LANGUAGE, "English") OR LIMIT-TO (LANGUAGE, "Spanish"))	3	1
	Early Childhood Intervention AND Family: (TITLE-ABS-KEY (early AND intervention) AND TITLE-ABS-KEY (family)) AND(LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010)) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI")) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO (LANGUAGE, "Spanish"))	72	1
	Early Intervention AND Support: (TITLE-ABS-KEY early AND intervention) AND TITLE-ABS-KEY (support)) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011)) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI")) AN (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO (LANGUAGE, "Spanish"))	60	2
	Early Intervention AND Family Stress: (TITLE-ABS-KEY (early AND intervention) AND TITLE-ABS-KEY (stress)) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010)) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI")) AND (LIMIT-TO (LANGUAGE, "Spanish"))	6	1
	Early Intervention AND Diagnostic: (TITLE-ABS-KEY early AND intervention) AND TITLE-ABS-KEY (diagnostic)) AND LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010)) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI")) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO (LANGUAGE, "Spanish"	24	1
	Early Intervention AND Family Centred Practices: (TITLE-ABS-KEY (early AND intervention) AND TITLE-ABS-KEY (family AND centered AND practices)) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013 O LIMIT-TO (PUBYEAR, 2012) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO (PUBYEAR, 2010) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI")) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO LANGUAGE, "Portuguese"))		1

Table A1. *Cont.*

Database	Search Strategy	Total	Selected Articles
	Family Centred Approach: TITLE-ABS-KEY (family AND centered AND approach) AND (LIMIT-TO (AFFILCOUNTRY, "Spain")) AND (LIMIT-TO (PUBYEAR, 2019) OR LIMIT-TO (PUBYEAR, 2018) OR LIMIT-TO (PUBYEAR, 2017) OR LIMIT-TO (PUBYEAR, 2016) OR LIMIT-TO (PUBYEAR, 2015) OR LIMIT-TO (PUBYEAR, 2014) OR LIMIT-TO (PUBYEAR, 2013) OR LIMIT-TO (PUBYEAR, 201) OR LIMIT-TO (PUBYEAR, 2011) OR LIMIT-TO PUBYEAR, 2010)) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMITTO (SUBJAREA, "SOCI") OR LIMIT-TO (SUBJAREA, "PSYC")) AND (LIMIT-TO (LANGUAGE, "English") OR LIMIT-TO LANGUAGE, "Spanish"))	16	1
DIALNET	Atención Temprana	13	13
	Atención Temprana y Familia	148	6
	Profesionales y Atención Temprana	127	1

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