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# Barriers to Inclusive Early Childhood Intervention in Latvia: Insights From Professionals and Families

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**Annotation.** This qualitative study examines the real-life implementation of core early childhood intervention (ECI) principles – family-centred practice, transdisciplinary teamwork, and natural-context support – in Latvia. Interview data from professionals and parents reveal systemic, relational, and practical barriers to inclusive ECI delivery.

**Keywords:** *early childhood intervention, family engagement, transdisciplinarity, natural environments.*

## Introduction

Early childhood intervention (ECI) has gained increasing recognition as a key strategy to ensure equitable developmental, educational, and social outcomes for children with disabilities and developmental delays (Guralnick, 2011; Dunst, 2000). Over the past two decades, research and policy have consistently emphasized three interrelated principles for effective ECI: 1) meaningful family engagement (Division for Early Childhood, 2014; Turnbull & Turnbull, 2006), 2) transdisciplinary collaboration among professionals (Pretis, 2020a), and 3) interventions within children's natural environments and daily routines (Bruder, 2010; McWilliam, 2010). The said

elements are considered important for children and their families to ensure inclusive and sustainable support systems.

These principles are recognized internationally and included in key policy framework documents such as the World Health Organization's Nurturing Care Framework and UNICEF's early childhood development strategy (World Health Organization, 2018; UNICEF, 2017). Therefore, the role of families and early support is further stressed and envisaged for application. However, it is clear that there is a struggle to transform the said principles in practice. In many countries, there are challenges with fragmented service delivery for families and insufficient collaboration between involved service providers. There is a strong pattern to consider the families as recipients of services instead of being accepted and involved as active partners. Also, the interventions that are used for the service provision usually are carried out in institutional environments instead of more family-friendly and more adapted to the daily routine of the family (McWilliam, 2010; Dunst & Trivette, 2009).

In Central and Eastern Europe, especially in post-socialist countries, the transformation toward inclusive and family-centred ECI is still ongoing (European Office of the United Nations Children's Fund, 2022). Latvia presents a compelling case study of a system in transition. In Latvia, the post-Soviet heritage still considerably influences medical and institutional models of care. Therefore, Latvian institutions have recently begun to develop an ECI framework on the basis of international standards (European Agency for Special Needs and Inclusive Education, 2021). National strategic documents, including the Latvian Development Plan 2021-2027 (Latvijas Nacionālais attīstības plāns 2021.-2027.gadam, 2020) and Latvian Education Development Guidelines 2021-2027 (Par izglītības attīstības pamatnostādnēm 2021.- 2027.gadam, 2021), emphasize the necessity and importance of early support, family involvement, and institutional cooperation. Nevertheless, the implementation of the envisaged care remains fragmented among health, education and social care providers. And there are only few standards and limited cross-sectoral trainings shared for professionals (Rektina, 2023).

Therefore, this study evaluates how these international ECI principles are interpreted, implemented, and challenged in the Latvian context. It aims to illustrate relational and system barriers, as well as analyses practices intended to support inclusive ECI in Latvia. The research is part of a broader doctoral project comparing ECI systems in Portugal, Italy, and Latvia. While the overall study adopts a cross-national perspective, the present article focuses specifically on empirical findings from Latvia.

Research aim:

To examine how professionals and parents in Latvia experience and enact family-centred, transdisciplinary, and natural-context early childhood intervention.

Research objectives:

1. To describe professionals' and parents' understanding of ECI principles.
2. To analyse the barriers and facilitators of family engagement and collaboration.

3. To explore how ECI services are organised and contextualised within children's everyday environments.

Research question:

How do professionals and parents in Latvia experience the implementation of family-centred, transdisciplinary early childhood intervention within natural contexts?

## Theoretical Analysis

### *Family Engagement in Early Childhood Intervention*

Family engagement is widely acknowledged as a cornerstone of effective early childhood intervention (ECI) (Division for Early Childhood, 2014; Dunst, 2014). Foundational research demonstrates that active parental involvement contributes to improved child development, more consistent service delivery, and enhanced family well-being (Mas et al., 2019; Dunst & Trivette, 2009). The involved families have demonstrated a higher possibility that they will implement newly introduced practices in everyday life. They keep up the support practices, and they feel more confident in care provision than before.

According to Dunst and Espe-Sherwindt (2016), family-centred practices entail treating families as active partners and recognizing their expertise and role in their child's development. Family involvement is not limited to attending sessions or following instructions – it includes shared decision-making, setting of joint goals, and ongoing communication (Dunst & Trivette, 2009; Turnbull & Turnbull, 2006).

However, especially for state systems that are in transition, the practical implementation of such principles is challenging. In the Latvia, the care provider professionals often experience difficulties in involving parents due to the time limits, structural constraints and legacy models of professional authority (Rektina, 2023). Findings from the current study show that while professionals recognize the value of parental involvement, families are often by default considered and, subsequently, positioned as recipients rather than collaborators. This tendency of traditional service, when the medical or expert professional leads the service, still dominates in Latvia and hinders the use of the benefits of care to a deeper extent.

### *Transdisciplinary Collaboration in ECI*

Effective ECI requires coordinated input from professionals across multiple sectors and spheres. Transdisciplinary collaboration, where professionals from different sectors share goals and flexibly adapt roles, is linked to more holistic and family-centred support (Guralnick, 2011; Bruder, 2010; Almeida, 2000). This model includes practices such as shared planning, unified documentation, and role release – in which one

professional becomes the primary point of contact, integrating expertise from others (Dunst, 2001; Pretis, 2020a). The diverse needs of children and families necessitate an integrated, collaborative approach, as no single specialist can encompass the full range of required competencies (Almeida, 2000).

In a transdisciplinary team, parents are considered full members, and professionals collaborate by sharing knowledge and experience to jointly plan and implement ECI measures. For instance, an ECI specialist would apply methodological guidelines provided by other team members, such as a physiotherapist or a special educator, ensuring coordinated and unified support rather than fragmented, isolated efforts. This approach demands a shared understanding and language among specialists, as well as flexible professional roles and a willingness to share responsibility (Pretis, 2020a).

McWilliam (William, 2003) identifies core principles of the transdisciplinary approach for family-centred ECI:

- Interventions primarily take place during professional visits and are implemented by the child's primary care providers, as meaningful interactions are not limited to formal sessions.
- Children often struggle to generalise skills learned in specific, artificial contexts, making it crucial for interventions to be adapted to their natural environments and everyday routines.
- Child's caregivers play a crucial role in child's development; thus, goals of the planned intervention must correspond to caregivers' priorities, as they have better knowledge of how to facilitate their child's development by integrating new practices into everyday life routine.

A key advantage of the transdisciplinary approach is its efficiency in saving resources. Therefore, it is important to avoid duplication of diagnostic measures and ensure that information is collected once and shared between all members involved in care provision. It is established that in such a way the stress of parents is significantly reduced minimising the necessity to repeat information to different specialists (Carvalho et al., 2019). The transdisciplinary team typically designates one professional as a "case mediator", which is not considered the manager or provider of assistance. Instead, the case mediator maintains regular and primary contact with the family; thus, the trust and effective cooperation are deepened. Surveys have indicated that parents predominantly prefer working with a single, coordinated professional (Pretis, 2020b; Pechstädt & Svaton, 2016).

In Latvia, such a cross-sectoral collaboration is not fully implemented. Many care providers operate as a set of multiple professionals working in parallel, without unified planning. Other approach is single-specialist model, when one professional must cover several care sectors without consistent consultation. In the hospital-based services the provided care often remains limited to the physical location and availability of the specialists, although technically they are available in that location. Thus, the

insufficient communication occurs during the intervention process. This fragmentation causes additional confusion for parents, as they have to repeat their child's story to multiple specialists. Although a single-specialist Portage model offers certain consistency and stability, it can potentially compromise the overall quality of service due to the possibility of overlapping boundaries for provided services. And that can also lead to surface-level service provision. These potential shortcomings suggest that the underlying philosophy and mechanisms for collaboration are more critical than the structural form of the team.

### *Natural Environments and Daily Routines*

Embedding intervention in children's natural environments, such as the home, kindergarten, or community, is internationally recommended to ensure relevance, support skill generalisation, and empower families (Dunst, 2001; McWilliam, 2010). Routines-based interventions encourage families to integrate strategies into everyday moments, making support more sustainable and ecologically valid. The rationale is that children, especially young ones, learn best through repeated interactions in their daily lives, not in artificial, isolated sessions (Bruder, 2010).

The European Agency for Special Needs and Inclusive Education (European Agency for Special Needs and Inclusive Education, 2021) defines that ECI activities should be carried out in the child's natural environment. Also, it is preferable to provide ECI activities locally, with a family-oriented and multi-dimensional team approach. This approach allows for full utilisation of daily learning situations, which in turn promotes the child's behaviour and development. It considerably enhances family involvement, and parents can feel more secure and confident while receiving support in their familiar and usual environment.

Regardless of these recommendations, the above-mentioned centre-based and therapy-room models is predominant service provision model applied in Latvia. Interventions are often provided to the child detached from his/her everyday routine. This makes it difficult for child's parents to apply strategies suggested by the specialists at home, especially when the applied materials or methods are specifically adapted for use in hospital/clinical environment or requires specific, for instance, quiet or undisturbed environment. The lack of flexibility in service delivery that derives from regulatory and logistical requirements and limited resources, pushes to move further from family-centred intervention.

Although Portage specialists' value natural and routine learning, their work is often limited to centre-based formats. It is clear that cultural perception defines what can be considered a "natural environment", but a truly family-centred approach includes support in daily routines and not in separated and isolated tasks. The findings of the study reveal limitations in Latvia's ECI system, considering staff shortages, pre-specified provision of services and lack of time.

## Methodology

This qualitative study is grounded in an interpretive paradigm and explores how early childhood intervention (ECI) principles are understood and enacted by both practitioners and families in a transitional national context. The research design is based on a reflexive approach to thematic analysis, conducted abductively to allow theoretical and empirical perspectives to inform one another (Tavory & Timmermans, 2014).

### *Participants*

Eight semi-structured interviews were conducted in Latvia during spring 2025 – four with ECI professionals and four with parents whose children have received or are currently engaged in ECI services. The professionals represented two contrasting ECI service models: one operating within a hospital-based setting, involving multi-specialist team collaboration; and another based on the Portage approach, implemented through community and NGO services emphasizing family coaching and routines-based intervention.

Participants were selected purposively to reflect the diversity of roles and service models. All participants received detailed information about the study and gave written informed consent. Ethical approval for the study was granted by the university's Research Ethics Committee in November 2024. To preserve anonymity, participants are referred to as Professional 1–4 and Parent 1–4 throughout the article. To minimise the risk of identification within Latvia's small ECI professional community, specific occupational titles have been replaced by generic descriptors (e.g., "ECI specialist").

**Table 1**

*Characteristics of Participants (N = 8)*

| Code | Participant Type | Service Context | Service Model | Interview Mode | Main Focus of Experience |
|---|---|---|---|---|---|
| Professional 1 | ECI specialist | Hospital-based intervention | Multi-specialist team model | In person | Family engagement; communication at the end of sessions. |
| Professional 2 | ECI specialist | Hospital-based intervention | Multi-specialist team model | In person | Collaboration constraints; workload balance. |
| Professional 3 | ECI coordinator | Hospital-based intervention | Multi-specialist coordination | In person | Organisational aspects; systemic barriers. |
| Professional 4 | ECI practitioner | Community / NGO setting | Portage-based, single-specialist model | In person | Family coaching; routines-based practice. |

| Code | Participant Type | Service Context | Service Model | Interview Mode | Main Focus of Experience |
|---|---|---|---|---|---|
| Parent 1 | Mother | Hospital-based intervention | Multi-specialist | Online (Zoom) | Structured therapy; goal clarity; communication. |
| Parent 2 | Mother of 3-year-old | Community / NGO setting | Portage | In person | Ongoing participation; home continuation of activities. |
| Parent 3 | Mother of 3-year-old | Mixed trajectory (Portage + Hospital experience) | Combined | In person | Comparison of models; access and coordination. |
| Parent 4 | Mother of 8-year-old | Community / NGO setting | Portage | In person | Long-term participation (since early childhood); empowerment. |

### *Data Collection*

Interviews were conducted either online or in person, depending on participant preference, and lasted between 20 and 120 minutes. All interviews were documented through audio recording and then precisely transcribed. The interview protocol included open-ended questions exploring: 1) family engagement and understanding of ECI principles, 2) collaboration among professionals, and 3) the role of environmental context in intervention delivery. Transcripts were anonymized prior to analysis and stored securely in compliance with data protection standards.

### *Data Analysis*

The data were analysed using thematic analysis, following the six-phase framework by Braun and Clarke (Braun & Clarke, 2019, 2006). The analysis was guided by abductive reasoning, combining inductive insights from the data with theoretical constructs relevant to family-centred practice, transdisciplinary collaboration, and intervention in natural contexts (McWilliam, 2010).

For further analysis the researcher has used the generative AI tool ChatGPT (OpenAI, GPT-4) to assist with the initial coding, pattern identification and theme development. This involved inserting excerpts from the transcripts in the model to explore preliminary codes and them groupings. All AI outputs were reviewed, edited and triangulated with manual coding to ensure accuracy, relevance, and contextual sensitivity.

**Table 2**
*Phases of Thematic Analysis*

| Phase | Description |
|---|---|
| Data familiarization | The researcher read transcripts several times and checks them with analysis of ChatGPT for initial impressions. |
| Initial coding | ChatGPT generated preliminary codes across all transcripts, identifying patterns and topics (Lee et al., 2024; Turobov et al., 2024). |
| Code refinement | The researcher reviewed and refined these AI-generated codes, ensuring relevance and eliminating redundancy. |
| Theme development | Codes were clustered into candidate themes and iteratively reviewed for conceptual clarity. |
| Review of themes | Themes were checked against data to ensure internal consistency and external distinction. |
| Final analysis and interpretative write-up | Refined themes were used to answer the research question and structured into the Findings section. |

The hybrid method, combining human-led and AI-assisted analyses, provided options for higher analytical efficiency while keeping the interpretative direction. The use of generative AI in coding was critically evaluated to ensure methodological transparency, as discussed in emerging scholarship on digital-assisted qualitative research (Artificial Intelligence in Education, 2023). AI tool was used as the cognitive partner, not decision-maker. The AI tool does not substitute the researcher's decision; however, it allows to enhance analytical capacity and help manage the cognitive demands of complex qualitative analysis (Artificial Intelligence in Education, 2023).

### *Limitations and Ethical Considerations*

The study takes into account several limitations. Because participants were chosen on purpose to fit the goals of an exploratory study, the results may not fully apply to settings with different social or political conditions. AI-supported coding may introduce lexical bias or miss cultural nuance, though this risk was mitigated through author (human)-led verification. In addition, it is taken into account that the online interview (one) had some limits in how deeply the interviewer and participant could connect, although the strategies for building of reports were used to foster openness.

All participants, who were involved provided informed consent. Also, their identifying details were modified or omitted in order to ensure anonymity as provided by the applicable ethical approval procedures.

### *Overview of Thematic Coding Framework*

To support transparency, the three overarching themes emerging from the analysis – parental role and engagement, collaboration structure, and environmental

context – are summarised in Table 3, together with subthemes and illustrative quotations that exemplify the interpretive logic of the findings.

**Table 3**
*Overview of Coding Framework (Themes, Subthemes, and Illustrative Quotes)*

| Theme | Subthemes / Codes | Illustrative Quote | Interpretation |
|---|---|---|---|
| 1. Parents positioned as task-followers, not partners | Parental passivity; instruction-following; limited joint goal-setting; emotional fatigue | "I get tasks, and then I try to follow them. Sometimes I don't even understand what the purpose is." (*Parent 1*) | Parents are positioned as recipients rather than collaborators; empowerment depends on coaching intensity. |
| 2. Single-specialist burden and fragmented communication | Role overload; lack of team reflection; duplicated information; weak coordination | "There's no time for discussing whether something needs to change. Everyone just does their part." (*Professional 2*) | Institutional fragmentation constrains transdisciplinary collaboration; continuity is achieved at the expense of reflective practice. |
| 3. Therapy rooms versus natural environments | Centre-based sessions; limited transfer to home routines; contextual and emotional overload | "She shows me exercises, but I can't repeat them in our kitchen with two other kids running around." (*Parent 4*) | Intervention lacks ecological validity; families need contextual support to integrate strategies into daily life. |

## Research Results

The thematic analysis of eight interviews – four with ECI professionals and four with parents – revealed three main themes characterizing the current challenges and patterns in ECI practice in Latvia. These themes relate to: (1) the role and engagement of parents, (2) the structure of interdisciplinary collaboration, and (3) the environmental settings in which interventions are delivered. Each theme is presented below with illustrative excerpts from the interviews and interpretative commentary that situates the findings within the broader discourse on family-centred and transdisciplinary practice.

### *Parents Positioned as Task-Followers, Not Partners*

Parents frequently described their role in ECI as passive–centred around executing instructions rather than participating in goal-setting or decision-making. They often viewed themselves as assistants to professionals, rather than as equal contributors.

"I get tasks, and then I try to follow them. Sometimes I don't even understand what the purpose is." (Parent 1).

"It's all set by the therapist. I just do what's written in the notebook." (Parent 1).

This perception is reinforced by professional practice in some settings. In hospital-based interventions, parents are inconsistently included in sessions, reducing their exposure to intervention strategies.

"I invite the parent only at the end of the session, to show what we've done and what needs to be continued at home." (Professional 1).

"There is very little time. I do the session with the child and then quickly explain to the parent what to repeat." (Professional 2).

Additionally, some professionals observed that parents themselves may not always be willing or emotionally prepared to engage.

"Many parents are tired. They come straight from work or with other children and don't really want to participate." (Professional 3).

"There are cases where the parent prefers to sit in the corridor. We don't push them." (Professional 1).

Such accounts reflect a complex interplay between service design, practitioner expectations, and family circumstances. While the system may not actively promote inclusion, some parents also experience barriers to participation due to fatigue, stress, or lack of clarity.

In contrast, parents involved in Portage model-based services reported higher engagement and understanding. They were present throughout the sessions and described the ongoing coaching as empowering.

"I'm with the specialist the whole time. She explains what we're doing, and I learn how to do it at home." (Parent 2).

"I feel like a team member. I can ask questions, and she shows me, not just tells me." (Parent 3).

"When I see what the specialist is doing, I understand what to repeat at home. Otherwise, I'd have no idea." (Parent 2).

Professionals working within the Portage model emphasized that parent involvement is foundational to the intervention approach.

"If a parent doesn't want to participate in sessions, then we may need to reconsider whether the family can remain in the program. Parent engagement is part of the methodology." (Professional 4).

These contrasting experiences illustrate how service philosophy and structure directly influence the positioning of parents in the intervention process. When families are included as partners, they gain competence and ownership; when excluded, they often default to task-following roles.

### *Single-Specialist Burden and Fragmented Communication*

Interview data revealed two dominant organizational patterns in Latvian ECI services: a single-specialist model, most often aligned with the Portage approach, and multi-professional models operating in institutional settings such as hospitals. While both offer benefits, each faces limitations regarding collaboration, workload, and coherence of services.

In the Portage model, a single specialist is responsible for delivering support across various developmental domains and for coaching parents directly.

"Our specialists do everything – speech, behaviour, routines, movement. It's not easy, but it helps the child and the parent." (Professional 4).

"Our specialists have learned several approaches, but of course they can't replace a physiotherapist. Still, we try to adapt to family needs." (Professional 4).

"There's only one specialist, but that's convenient. Everything happens in one place, and I don't have to explain things to several people." (Parent 3).

This model offers consistency and fosters close parent-practitioner relationships. However, it can also lead to role strain and blurred professional boundaries. The absence of peer consultation or shared responsibility increases pressure on the individual provider and may compromise service depth, even in well-intentioned practices.

Hospital-based ECI services, in contrast, typically involve coordinated access to a team of professionals, such as physiotherapists, occupational therapists, and behaviour specialists. In this structure, each professional contributes from their own disciplinary perspective.

"We collaborate – physiotherapist, occupational therapist, ABA specialist. Each works in their own area, and the child receives comprehensive support." (Professional 1).

Although this arrangement ensures specialized input, the interviews revealed that collaboration is often limited to structural co-location, with insufficient horizontal communication or shared reflection during the ongoing intervention process.

"There's no time for discussing whether something needs to change. Everyone just does their part." (Professional 2).

"Parents ask what the other specialist is doing, but I can't answer – we don't really talk to each other." (Professional 1).

"There are too many children. There's no time to sit down and align with colleagues. Everyone just works in their own field." (Professional 2).

From the parents' perspective, this fragmentation created a sense of confusion and duplication.

"Each specialist says something different, but I don't know if they talk to each other. I have to piece it all together." (Parent 3).

"I had to repeat the same story to several specialists. It became exhausting." (Parent 3).

Despite these challenges, professionals shared examples of good practice, particularly the use of shared documentation:

"There's a file where we can write down how the session went. When colleagues actually use it, it's really helpful – I can understand the child's progress or difficulties." (Professional 1).

These findings suggest that both models present tensions: while the Portage model ensures relational continuity, it can place excessive burden on a single professional; while hospital-based services allow for specialized input, they risk losing coherence without structured transdisciplinary collaboration.

### *Therapy Rooms Versus Natural Environments*

The setting of ECI services emerged as a central theme influencing the effectiveness and emotional quality of child and parent engagement. Most services in both institutional and Portage-based models were delivered in designated therapy rooms or centre-based settings. While these environments offer structure and access to materials, they often lack alignment with the child's daily routines and familiar contexts.

"The sessions happen in our centre, in the therapy room. We use our materials – it's more organized that way." (Professional 1).

"We plan the activity ahead of time and choose materials that work for most children." (Professional 2).

Parents expressed concerns about transferring newly learned skills to the home setting, especially when the intervention was disconnected from their own routines and space.

"She shows me exercises, but I can't repeat them in our kitchen with two other kids running around." (Parent 4).

"I'm not sure how to do the same at home – we don't have those materials, and it's not as quiet." (Parent 1).

These findings are consistent with developmental research suggesting that young children struggle to generalize learned behaviours without contextual cues or guided practice in their everyday environment (McWilliam, 2003)

Portage specialists reported that although the method encourages routine-based, context-specific learning, current structural limitations prevent them from conducting home visits.

"We now work only in the centre. We don't go into homes anymore." (Professional 4).

"We used to do home visits, but now that's not part of the service. It's easier if the family comes to us – we have the materials, the environment, and our colleagues." (Professional 4).

Despite these limitations, both professionals and parents acknowledged the potential benefits of working within the natural home environment.

"Maybe it would be better if they came to our home. That's where the child feels most free, and I would know how to repeat the activities there." (Parent 2).

"Everything is different at home. It would be valuable to see how the child behaves in their everyday setting." (Professional 4).

On the other hand, parents also appreciated the structured setting of the centre, emphasizing its social and preparatory benefits.

"We come to the centre because the child sees other kids and meets new people. That's also important." (Parent 3).

"The centre helps prepare for kindergarten. The child learns to sit, listen, and be part of a group." (Professional 4).

Professionals frequently observed emotional signs – both positive and negative – during sessions, which they interpreted as indicators of contextual comfort or overload.

"Sometimes the child just shuts down or starts crying, and then we have to stop." (Professional 2).

"There are moments when they don't want to come into the room. You can feel it's too much." (Professional 1).

"At home, the child was calmer and more engaged. The whole mood was different." (Parent 3).

This theme illustrates the crucial role of the environment in shaping not only learning transfer but also emotional readiness and behavioural expression. While structural limitations currently restrict naturalistic service delivery in Latvia, both families and professionals recognize its potential for improving intervention outcomes. The findings also underscore a broader systemic need for more ecologically valid, routine-based and ideally transdisciplinary service models that flexibly integrate into children's and families' everyday lives.

**Table 4**

*Comparison of Public (Hospital-Based) and Community (Portage) Early Childhood Intervention (ECI) Models in Latvia*

| Theme | Public Service Provider (Hospital-Based Model) | Community / NGO Provider (Portage Model) |
|---|---|---|
| Family involvement in therapy | Parents often not involved; stay outside the therapy room. The approach remains child- and specialist- centred. "I invite the parent only at the end of the session." (*Professional 1*) | Parents always present in sessions; they observe, ask questions, and practice strategies. "I'm with the specialist the whole time… I learn how to do it at home." (*Parent 2*) |

| Theme | Public Service Provider (Hospital-Based Model) | Community / NGO Provider (Portage Model) |
|---|---|---|
| Communication with parents | Fragmented communication, usually limited to 5–10 minutes after sessions. "I explain quickly what to repeat at home." (*Professional 2*) | Continuous two-way dialogue; constant explanation, modelling, and emotional support. "She explains what we're doing, and I can ask questions." (*Parent 3*) |
| Transdisciplinary collaboration | Several specialists work separately, limited information exchange, rare joint planning. "Everyone just does their own part." (*Professional 2*) | One practitioner with broad competencies supports the child and family; it ensures continuity, but it lacks formal cross-disciplinary consultations. So-called approach "I do everything – speech, behaviour and routines." is applied (*Professional 4*). |
| Intervention | Conducted in special therapy rooms (hospitals, care centres); natural home environments are not used. "We use our materials in the centre; we don't go into homes." (*Professional 1*) | Also centre-based, but family context considered. Home visits formerly part of service, now discontinued. "It would be better if they came to our home." (*Parent 2*) |
| Service accessibility | Long waiting lists (~ 1 year); entry requires medical diagnosis. Institutionally regulated by health professionals. | Immediate access is provided. No waiting lists; regulated by municipalities or NGOs. |
| Flexibility in therapy duration | Limited duration (often 3 months); fixed program length. | No set time limit – continues as long as the family needs support. |

## Discussion

This study aimed to explore how ECI is experienced and structured in Latvia, with particular attention to family engagement, interdisciplinary collaboration, and the use of natural environments. The thematic analysis revealed several challenges and promising practices that reflect both alignment and divergence from internationally recognized principles of family-centred, transdisciplinary, and ecologically grounded intervention models.

### *The Paradox of Parent Engagement: Participation or Delegation?*

On the basis of findings, a substantial gap was established between the rhetoric of family-centred practice and its implementation in their daily routines. Although international research highlights the benefits of parent involvement in intervention

planning, goal-setting, and joint problem-solving (Bruder, 2000; 'Family-Centred Practices in Early Childhood Intervention', 2016), in Latvia, parents were frequently positioned as passive recipients of instructions rather than equal partners. This underlines and further stresses prior findings that family-centred approach is often conceptualized narrowly – as cooperation or communication – rather than genuine empowerment (C. Dunst, 2021).

The Portage model, where parents are included throughout sessions and receive direct coaching, corresponds to recommended practices. This aligns with research suggesting that ongoing, embedded guidance enhances parent competence and long-term outcomes (C. J. Dunst & Trivette, 2009). However, even in such supportive environments, parental engagement was not guaranteed. Professionals have emphasized the situations when the parent's participation was influenced by following factors: parental fatigue, limited time resources, or emotional overload. These challenges underline the importance of offering flexible and tailored support, acknowledging that families differ in their capacity and readiness to be actively involved in intervention processes.

### *Transdisciplinarity in Theory, Fragmentation in Practice*

The second theme points to structural and organizational tensions in interdisciplinary collaboration. Although both hospital-based and Portage services involve multiple areas of developmental support, their delivery models differ significantly. In hospital settings, the existence of several specialists did not automatically translate into integrated planning. Professionals described parallel work with limited information exchange, echoing literature that warns against "multidisciplinarity without integration" (King et al., 2009; Choi & Pak, 2006).

Transdisciplinary collaboration, characterized by shared goals, role release, and ongoing communication, is widely promoted as the gold standard in ECI (Bruder, 2000). However, the Latvian context revealed obstacles such as a lack of time, absence of team meetings, and institutional cultures that favour compartmentalized practice. In contrast, the Portage model, though centred on a single specialist, achieved a form of practical integration through consistency and trust. Yet, the burden placed on one provider to cover diverse needs raised concerns about sustainability and professional boundaries.

These tensions suggest that the structural form (multi- vs. single- provider) matters less than the underlying philosophy and mechanisms for collaboration. Both models can support or hinder transdisciplinary principles depending on how communication, planning, and shared reflection are institutionalized.

### *Setting Matters: Between Therapeutic Order and Everyday Relevance*

The final theme concerns the physical and social environments of intervention. Consistent with Bronfenbrenner's ecological model and Dunst's principles of naturalistic

intervention, international guidelines emphasize the importance of embedding services within children's everyday routines and contexts. However, this study covers situation when the institutional services and Portage-principle services are provided in an established therapy room using prepared materials. This disconnect limited ability of the parents to apply practices at home and challenged the generalization of children's skills, and these concerns have already been observed and documented in previous studies (Campbell & Sawyer, 2007).

Although professionals acknowledged the value of working in natural environments, it is concluded that there are certain challenges that pose additional restrictions on home-based service provision. Namely, such challenges are logistics for the family, limited resources, or service provision regulations. Parents have expressed mixed feelings regarding such approach. Some of them have recognized advantages in home-based contextual learning, while others appreciated the structure, materials, and peer contact offered by centre-based sessions. These findings correspond to the conclusions made earlier, suggesting that flexibility, instead of the use of strict location, is key, and that the value of an environment lies in how it supports routines, relationships, and participation (Keilty, 2016).

### *Situating Latvia in the International Landscape*

The Latvian ECI system shall be considered a hybrid of inherited clinical traditions and emerging family-oriented model. Undeniably, there is a policy support for inclusive and child-centred approaches (e.g., as mentioned above Latvia's National Development Plan 2021–2027), and professional training programs that provide increasing family-centred support. On the other hand, one cannot exclude the constraining effect of structural limitations such as workforce capacity, fragmentation between health and social sectors, and uneven access to services in regions of Latvia.

In light of international comparative studies (Moore, 2012; Guralnick, 2011) Latvia's experiences confirm similar challenges in smaller or transitional systems, when innovations are forced to coexist with previously applied old practices. The findings from this study offer empirical insight into how core ECI principles are adapted, negotiated, or constrained within a specific national context. They point out the importance of locally adapted building up of the capacity, professional supervision, and mechanisms that facilitate systematic collaboration between the involved persons.

## Conclusions and Implications

This study offers an overview of ECI practice currently applied in Latvia by exploring the experiences of professionals and parents. On the basis of eight interviews, analyses have confirmed that regardless of current efforts implementing a family-centred

approach and inclusive services, the implementation of such an approach still remains fragmented and it is heavily influenced by historically applied approaches, limited resources and evolving professional approach.

One of the central conclusions concerns the paradox of parental involvement. While policy documents and international frameworks defend and point out parents as key partners in ECI, many Latvian services still rely on former models, in which parents were merely invited at the end of sessions to receive instructions. The parents are not involved in the process on a regular basis. This repeats critiques included in international research indicating that cooperation alone is not sufficient; and family-centred approach, in essence, demands shared responsibility, mutual respect, and meaningful participation. However, findings also showed that in cases when structured support was available, the parents felt more confident and engaged. These insights emphasize that parental involvement cannot be presumed by stating such involvement in the policy documents or service provision documents. It must be supported and adapted in the course of the provision of support services to families.

Secondly, the findings pointed out challenges in transdisciplinary collaboration. In institutional environment collaboration with professionals is often limited due to coordination rather than planning, although professionals of different sphere are involved in support of the child. The absence of joint reflection, shared documentation, and team meetings facilitates fragmented support. In contrast, the Portage model's single-specialist approach offers relative consistency and clarity for families; however, there are considerable risks to decrease the diversity of involved expertise. These contrasting models highlight that transdisciplinary practice is not solely a structural matter, but rather organizational commitment to shared and combined goals and learning across different disciplines.

A third key insight concerns the environmental context of intervention. It is concluded that effect of the services is limited if provided in therapy rooms, even if standard and specifically developed materials are used. Families struggle to transfer strategies into their daily routines, and children may not generalize learned skills. Although some professionals have confirmed their desire to work in environments more natural for the families, current service models in Latvia do not support such flexibility. Nevertheless, it has been suggested in the interviews that even within centre-based interventions, more attention could be paid to tasks and routines characterizing the daily life of the family and engaging parents as co-facilitators.

Subsequently, these findings emphasize a certain imbalance in Latvian ECI between policy goals aimed toward family-centred and inclusive services and the reality of practice of professionals in institutions. While individual professionals demonstrate commitment and creativity, there are systemic barriers, time limitations, staff shortages, and strict service provision formats, and those factors considerably limits the introduction of the best practices.

The outcomes of this study point out necessity for further transformation of service design, support to professionals and adjustments in the policy. First, a revaluation of professional development is required. Training programs for professionals should not only concentrate on therapeutic methods but must take into account and take steps to integrate adult learning principles in work with supported families. Professionals need to be equipped to support parents and not just provide professional support on the basis of specific clinical case.

In addition, transdisciplinary practice must be supported by using available infrastructure. Regular interdisciplinary meetings, shared documentation systems, and reserved time for collaborative planning are essential. Transdisciplinarity does not arise spontaneously from team composition – it must be carried out via practice and intentional tasks to the support team.

Another important area for development is considered environmental adaptation. During the period when home visits are not systematically feasible, hybrid approaches could significantly increase the improvement of skills for the parents. Such practices might include occasional in-home assessments, planning of routine tasks and challenges via videoconference tools or coaching sessions at home. Such practises, however, require the service providers to reconsider the use of available space and timing and principles of relations with the parents.

Furthermore, the design of support programs should include supporting parents not only as co-therapists, but as individuals managing the emotional burden, multiple roles, and uncertainty that is following the specific condition of the child in family. Taking that into account, psychoeducational sessions or family support groups workshops could be introduced to further contribute to well-being of the involved parents.

At the policy level, it is necessary to revise national frameworks and funding models to reflect the complexity of meaningful ECI. Standards for parental involvement and support of the transdisciplinary team of professionals should also be included in service guidelines. In accordance with Latvia's National Development Plan there are commitments to emphasize inclusive education, therefore, there is a possibility to work towards changes in structural design.

This study also raises questions about disbalance in application of different service models. Families with access to the Portage model described greater continuity and understanding of the service, while others encountered disjointed support across specialists. A national discussion may be needed regarding the provision of more flexible and adaptive intervention systems, especially considering that there are regions where centralized, hospital-based services dominate.

While these implications focus on the Latvian context, they speak to broader global debates on how small systems with limited resources can still build responsive, family-centred ECI models. The findings underscore that even within constrained structures, practice design matters and so does vision.

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# Kliūtys įtraukiajai ankstyvajai vaikystės intervencijai Latvijoje: specialistų ir šeimų įžvalgos

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## Santrauka

Šiame kokybiniame tyrime nagrinėjama, kaip Latvijoje įgyvendinami pagrindiniai ankstyvosios vaikystės intervencijos (angl. ECI) principai – prasmingas šeimos įsitraukimas, tarpdisciplininis bendradarbiavimas ir parama natūralioje vaiko aplinkoje. Išanalizavus aštuonis interviu su ECI specialistais ir tėvais, išryškėjo trys probleminės temos. Pirma, daugelis tėvų jautė, kad jų vaidmuo yra pasyvus. Taip jie apibūdino savo patirtis, nes nebuvo aktyvūs sprendimų priėmimo partneriai, o tik gaudavo nurodymus. Tai prieštaravo „Portage" ankstyvosios intervencijos modeliui, kuris skatino didesnį tėvų įgalinimą. Antra, skyrėsi bendradarbiavimas. „Portage" (angl. *Portage Early Education Program*) paslaugose taikomas vieno specialisto modelis užtikrino tęstinumą, bet kėlė aukštus reikalavimus specialistams. Tuo metu ligoninėse teikiamos paslaugos apėmė kelių specialistų įsitraukimą, tačiau dažnai stokojo koordinuoto planavimo ir komunikacijos, todėl šeimoms kildavo sumaištis ir veiklų kartojimasis. Trečia, dauguma paslaugų buvo teikiamos centruose, todėl buvo ribojamas strategijų taikymas namuose ir taip mažėjo galimybės apibendrinti įgūdžius kasdienėse situacijose. Nors natūrali aplinka buvo laikoma naudinga, struktūrinės kliūtys dažnai trukdė jas integruoti. Apibendrinant tyrimą daroma išvada, kad Latvijos ankstyvojo ugdymo sistema – tradicinių ir į reformas orientuotų modelių hibridas – susiduria su iššūkiais, kurie sietini su institucine inercija, personalo trūkumu ir ribotu laiku. Rekomendacijos apima į tėvus orientuoto profesinio tobulėjimo stiprinimą, koordinuoto komandinio darbo infrastruktūros kūrimą, paslaugų pritaikymą prie kasdienybės ir nacionalinės politikos derinimą su įtraukiais, į šeimą orientuotais ankstyvojo ugdymo principais.

**Esminiai žodžiai:** *ankstyvoji intervencija vaikystėje, šeimos įtraukimas, transdisciplinišku-mas, natūrali aplinka.*

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