SPECIJALNA EDUKACIJA I REHABILITACIJA
2026, Vol. 25, Br. 1, str. 49-66

UDK: 613.95-056.26
159.922.76-053.2
Originalan naučni rad
DOI: https://doi.org/10.5937/specedreh25-62343

Professionals' perspective on early intervention in Croatia: Comparing home- and center-based quality

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Introduction. Early intervention services play a crucial role in supporting children at risk of developmental difficulties and their families. In Croatia, early intervention can be delivered either in the family home or in specialized centers, yet little is known about how professionals perceive the quality of these service models. *Objectives*. This study examined professionals' perceptions of early intervention service quality, comparing home- and center-based provision, and explored whether perceptions varied according to professional experience, education, and frequency of service delivery. *Methods*. Sixty-seven professionals from across Croatia (91% female; median age = 32 years) participated. Median professional experience was 13 years, with 6 years in early intervention. Perceptions were assessed using an adapted Croatian version of the *Inventory of Quality in Early Intervention Centres*. Paired-samples *t*-tests compared home- and center-based ratings; regression analyses explored predictors of differences. *Results*. Overall quality ratings were significantly higher for home-based services (M = 3.9, SD = 0.54) than for center-based services (M = 3.6, SD = 0.30; p = .006, Cohen's dz = 0.36). The largest differences favored home provision in child and family engagement, collaboration with families, and parental competences (all $p < .001$). Professional experience and postgraduate specialization were not significant predictors, whereas frequency of home-based provision was (B = 0.154, p= .037). *Conclusion*. Professionals perceived home-based early intervention as higher in quality, particularly in fostering collaboration and family engagement. Greater exposure to home-based practice enhanced recognition of its benefits, underscoring the need to expand family-centered, home-based early intervention services within Croatia's social welfare system.

Keywords: early intervention, professional perceptions, service quality, family-centered practice

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Introduction

The birth of a child with developmental difficulties poses significant challenges for families, requiring parents to adapt to new roles and responsibilities and to seek appropriate services to support their child's growth and development (Lučić, 2019; Matthews et al., 2021; Milić Babić, 2010). The early years of life represent a particularly sensitive period across cognitive, motor, language, daily living, and socio-emotional domains, and timely interventions can mitigate developmental risks and improve long-term outcomes for both children and families (Spittle & Treyvaud, 2016). Early intervention (EI) is generally defined as a process of informing, advising, educating, and supporting young children at risk of developmental delay or already experiencing developmental difficulties, as well as their families (Ljubešić, 2008; Wrightslaw, 2008). Grounded in the concept of neuroplasticity, EI capitalizes on sensitive periods of brain development when targeted experiences can most effectively shape functional outcomes (Inguaggiato et al., 2017; Johnston, 2004; Mateos-Aparicio & Rodríguez-Moreno, 2019). Recent reviews from developmental neuroscience stress that EI programs capitalize on this time window of potential for change, aligning interventions with brain development to maximize outcomes for children at risk of or already experiencing developmental difficulties (Nelson et al., 2024). This perspective underscores the scientific rationale for prioritizing early and family-centered services, as they not only promote immediate developmental gains but also lay the foundation for long-term resilience and adaptive functioning (Hadders-Algra, 2021).

In Croatia, EI was formally introduced into the social welfare system in 2011 and is currently regulated by the Social Welfare Act (Zakon HR, 2022), which defines it as early developmental support. This service includes professional developmental support for the child and support for parents, delivered either in the family home (home-based support) or in institutional settings (center-based support), depending on the organization of local services, availability of professionals, and families' needs. In practice, many children receive a combination of home- and center-based services, although the intensity and frequency of home visits are often limited, commonly occurring once per week or less. Decisions regarding service setting are not based on standardized criteria but are influenced by regional resources, staffing capacity, and logistical factors. As a result, considerable variability exists across regions in terms of service availability, delivery models, and intensity of early intervention support (Validžić Požgaj, 2018; Vočanec et al., 2018).

International literature highlights the distinct advantages of different service settings. Home-based services, delivered in the child's natural environment, emphasize learning through daily routines, familiar interactions, and family participation, and are consistent with IDEA Part C recommendations (Bruder, 2010; Douglas et al., 2022; IDEA, 2018). Such approaches are often

associated with greater parent empowerment and opportunities for naturalistic learning. By contrast, center-based services provide structured environments, access to multidisciplinary expertise, and opportunities for controlled learning conditions and professional supervision, which may be particularly valuable for children with complex developmental needs (Dixon et al., 2017; Landy & Menna, 2006). Both approaches, therefore, offer unique benefits but also pose challenges in ensuring consistent support quality.

However, despite the growing body of international literature on family-centered and natural-environment practices, very little is known about how professionals themselves evaluate the quality of services across different settings. To our knowledge, no studies have systematically examined professionals' perspectives on home- versus center-based EI in Croatia, even though the system is marked by regional inequalities, staff shortages, and predominantly infrequent home visits. This gap is particularly important, as understanding professionals' views can inform improvements in service organization and policy to ensure equity and accessibility.

The quality and effectiveness of EI services depend not only on program structure or setting, but also on the competencies, attitudes, and experiences of the professionals delivering them. Skills such as effective communication, interdisciplinary collaboration, and the ability to empower parents are recognized as crucial in fostering positive developmental outcomes (Bouillet, 2010; Dunst et al., 2007; Moore, 2012; dos Santos et al., 2024). Recent research also indicates that professionals' perceptions of intervention quality can be shaped by their training background, exposure to different service models, and, especially, the length of their professional practice (Barton & Fettig, 2013; Damiano & Longo, 2021; Duraku et al., 2022). Yet, empirical evidence on these issues remains scarce, and most studies have focused primarily on parental experiences and child outcomes (Dunst & Espe-Sherwindt, 2016).

This gap is particularly evident in Central and Eastern European countries, where EI systems are still developing and often face limited resources, fragmented service delivery, and regional inequalities (Dobrova-Krol et al., 2019; Kosher & Gross-Manos, 2024). Exploring how professionals perceive the quality of services across different settings can therefore provide valuable insights into the strengths and shortcomings of current practices. Such knowledge is crucial not only for improving everyday professional practice but also for informing broader policy and ensuring that early intervention is equitable, accessible, and responsive to the needs of children and their families.

Aim

Building on this rationale, the present study examined how professionals in Croatia perceive the quality of EI services, with a particular focus on differences between home- and center-based provision. We also explored whether these perceptions vary according to professional background and practice characteristics, including professional experience, education (postgraduate specialization vs. university degree), and frequency of service provision. Taken together, these questions aimed to shed light on how professionals evaluate EI service quality across settings and whether their views are shaped by individual experience or systemic practice conditions.

Methods

Participants

The study sample consisted of professionals providing EI services in Croatia. Eligible participants were those who had experience delivering services both in family homes (home-based support) and in institutional settings (center-based support).

The professional profiles included special education teachers, speech and language therapists, psychologists, physiotherapists, and occupational therapists. The inclusion criterion was a minimum of six months of experience in early intervention.

Participants were recruited from institutions across Croatia that provide both home - and center - based EI, including the Centre for Rehabilitation Zagreb – Sloboština Branch, the Day Centre "Mali Dom Zagreb", the Centre for Education and Rehabilitation "Vinko Bek", the Polyclinic for Physical Medicine and Rehabilitation "Milena Stojčević Polovina", the Centre for Education and Rehabilitation "Slava Raškaj," Caritas of the Archdiocese of Zadar, the Centre for Education and Rehabilitation "Šubićevac," the Early Childhood Intervention Centre MURID, and the Centre for Neurodevelopmental Reflex Integration.

Measures

A standardized questionnaire, the Inventory of Quality in Early Intervention Centres (Romero-Galisteo et al., 2019), was used to assess professionals' perceptions of EI quality across service settings. The instrument was translated into Croatian and adapted, following standard forward–backward translation procedures and expert review. Items were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

The questionnaire covered seven dimensions of EI quality. It addressed the organizational characteristics of services, including weekly frequency, scheduling practices, and the flexibility to reschedule or replace sessions in case of cancellations. It further examined the quality of professional support, such as the appropriateness of

planned activities, monitoring of child progress, and the impact of travel on service delivery. Another focus was on child and family engagement, capturing the extent to which activities were feasible for parents, meaningful for children, and embedded in everyday routines, while also considering the involvement of other household members. Collaboration was assessed both in terms of cooperation with families and interdisciplinary teamwork, with emphasis on the clarity of information and coordination among professionals. In addition, the instrument explored professional competences, including knowledge, confidence in providing services, ability to adapt tasks to children's needs and family context, and initiative in planning. Perceptions of parent and caregiver competences were also included, reflecting how professionals viewed parents' ability to implement activities, communicate effectively, and use materials with their child. Finally, the questionnaire captured general satisfaction and future intentions, exploring professionals' overall attitudes toward EI, their willingness to recommend it, and their motivation to continue providing such services.

Professionals were asked to complete the questionnaire twice, once with reference to home-based EI services and once with reference to center-based services, rating the same set of items separately for each service setting.

In addition, a socio-demographic questionnaire collected information about participants' gender, age, profession, level of education, total years of professional experience, years of experience in EI, and geographical distance to service delivery sites.

Data collection

Data collection took place between April 2023 and June 2024. Institutions across different regions of Croatia that provide EI both in family homes and in institutional settings were contacted and invited to participate. When an institution agreed to take part, professionals employed there who were directly involved in delivering EI services received an invitation to participate. Those who expressed interest were provided with detailed information about the study aims and procedures, and written informed consent was obtained prior to completing the questionnaire. Participation was voluntary, anonymity and confidentiality were ensured, and the study was approved by the Ethics Committee of the Faculty of Education and Rehabilitation Sciences, University of Zagreb (Approval No. 251-74/22-02-7/2).

Statistical analysis

Data were analyzed using IBM SPSS Statistics (version 20). Descriptive statistics (medians, ranges, and frequencies) were calculated to summarize the sociodemographic and work characteristics of the sample and overall scores on the questionnaire domains.

Given that the same professionals evaluated both home-based and center-based EI services, within-subject comparisons were performed. Paired-samples *t*-tests were used to examine differences in perceived quality between service settings across

questionnaire domains. Effect sizes were reported using Cohen's *dz*, interpreted according to Cohen's (1988) guidelines (small = .20, medium = .50, large = .80).

To address the role of professional experience, linear regression analyses were conducted.

The difference score between home- and center-based ratings served as the dependent variable, with total years of professional experience and years specifically in EI entered as continuous predictors.

Two secondary factors were examined in separate regression models. Education level was entered as a binary predictor (0 = university degree, 1 = postgraduate specialization in EI), while frequency of service provision was entered as a continuous variable (number of weekly home- or center-based sessions). Effect sizes for regression models were reported using the coefficient of determination (R^2), with values of .02, .13, and .26 interpreted as small, medium, and large effects, respectively (Cohen, 1988).

A priori power analysis indicated that, to detect a medium within-subject effect (dz = 0.50) in paired-samples t-tests with 80% power at α = .05, a minimum of 34 participants was required. For regression analyses, at least 62 participants were needed to detect a moderate correlation (r = .35) with 80% power at α = .05 (Faul et al., 2007).

Statistical significance was set at $p < .05$ (two-tailed).

Results

Sample characteristics

A total of 67 professionals participated in the study (Table 1). The sample was predominantly female (n = 61), with only a small number of male participants (n = 6). The median age of participants was 32 years.

Table 1

Sociodemographic and work characteristics of participating professionals

Variable		N (%) or Median (Range)
Gender	Female	61 (91%)
	Male	6 (9%)
Age (Years)		32 (25–40)
Profession	Special education teacher	41 (61%)
	Psychologist	7 (10%)
	Physiotherapist	11 (17%)
	Occupational therapist	8 (12%)
Education	University degree	55 (82%)
	Postgraduate socialization in early intervention	12 (18%)
Total years of experience		13 (1–25)

Variable		N (%) or Median (Range)
Years of experience in early intervention		6 (1–15)
Frequency of home-based provision Provision	<1/week	35 (53%)
	1/week	25 (37%)
	2–3/week	7 (10%)
Frequency of center-based provision	<1/week	22 (33%)
	1/week	38 (57%)
	2–3/week	7 (10%)

In terms of profession, most participants were special education teachers (61%), followed by physiotherapists (17%), occupational therapists (12%), and psychologists (10%). The majority held a university degree (82%), while 18% of professionals had completed a postgraduate specialization in EI.

Participants reported a median of 13 years of overall professional experience and 6 years of experience specifically in EI. Service provision patterns showed that home-based services were most often provided less than once per week (52%) or once per week (37%), whereas center-based services were most often delivered on a weekly basis (57%).

Perceptions of service quality by setting

Professionals' ratings of EI quality across domains are presented in Table 2. In both home- and center-based services, the highest scores were observed for General satisfaction and Future intentions (home: $M = 4.4$; center: $M = 4.5$). The lowest ratings for home-based services were found in Service characteristics ($M = 3.4$), while for center-based services, the lowest scores were given to Child and family engagement, Collaboration with families and other professionals, and Parental competences (all $M = 3.2$).

Paired-samples *t*-tests revealed that perceptions of Child and family engagement, Collaboration with families and other professionals, and Parental competences were significantly higher in the home setting compared to the center (all $p < .001$). Effect sizes indicated medium to large differences ($dz = 0.48–0.66$). By contrast, no significant differences were found between settings for Service characteristics, Professional support, Professional competences, or General satisfaction (all $p > .05$). Importantly, the Overall quality rating was significantly higher for home-based services ($M = 3.9$, $SD = 0.54$) than for center-based services ($M = 3.6$, $SD = 0.30$; $t = 2.97$, $p = .006$), with a medium effect size (Cohen's $dz \approx 0.40$).

Table 2

Professionals' perception of early intervention service quality by setting

Domain	Home *M (SD)*	Center *M (SD)*	*T*	*P*	Cohen's *dz*
Service Characteristics	3.4 (0.63)	3.4 (0.52)	0.00	1.000	0.00
Professional support	3.8 (0.67)	3.6 (0.49)	1.05	.302	0.13
Child and family engagement	3.9 (0.65)	3.2 (0.61)	4.00	<.001	0.49
Collaboration with families and professionals	3.9 (0.77)	3.2 (0.74)	3.97	<.001	0.48
Professional competences	4.0 (0.61)	4.2 (0.33)	-1.38	.177	-0.17
Parental competences	4.1 (0.77)	3.2 (0.59)	5.43	<.001	0.66
General satisfaction and future intentions	4.4 (0.69)	4.5 (0.44)	-0.92	.363	-0.11
Overall perception	3.9 (0.54)	3.6 (0.30)	2.97	.006	0.36

Professional experience and perceptions of service quality

To examine whether years of experience influenced professionals' perceptions, regression analyses were conducted with difference scores (home – center ratings) as the dependent variables. As shown in Table 3, neither total years of practice ($B = .003$, $p = .809$) nor years of experience in EI ($B = –.006$, $p = .759$) were significant predictors.

Table 3

Linear regression predicting differences in perceived service quality (home – center) from years of professional experience

Predictor	*B*	*SE B*	*β*	*t*	*p*	R^2
Total years of practice	0.003	0.011	0.03	0.24	.809	.001
Years of experience in early intervention	–0.006	0.020	–0.04	–0.31	.759	.001

Education level and perceptions of service quality

To examine whether education level influenced professionals' perceptions, regression analyses were conducted with difference scores (home – center ratings) as the dependent variable. As shown in Table 4, education level (university degree vs. postgraduate specialization in EI) was not a significant predictor ($B = 0.034$, $p = .880$).

Table 4

Linear regression predicting differences in service quality (home – center) from education level

Predictor	*B*	*SE B*	*β*	*t*	*p*	R^2
Education (0 = University degree, 1 = Postgraduate specialization)	0.034	0.224	0.02	0.15	.880	.000

Frequency of service provision and perceptions of service quality

To examine whether the frequency of home- and center-based service provision influenced professionals' perceptions, regression analyses were conducted with difference scores (home – center ratings) as the dependent variable (Table 5). Results indicated that frequency of home-based provision was a significant predictor of perceived differences, with more frequent provision associated with stronger preferences for home-based services ($B = 0.154$, $SE = 0.072$, $t(65) = 2.12$, $p = .037$, $R^2 = .062$). By contrast, frequency of center-based provision was not a significant predictor ($B = 0.099$, $p = .483$).

Table 5

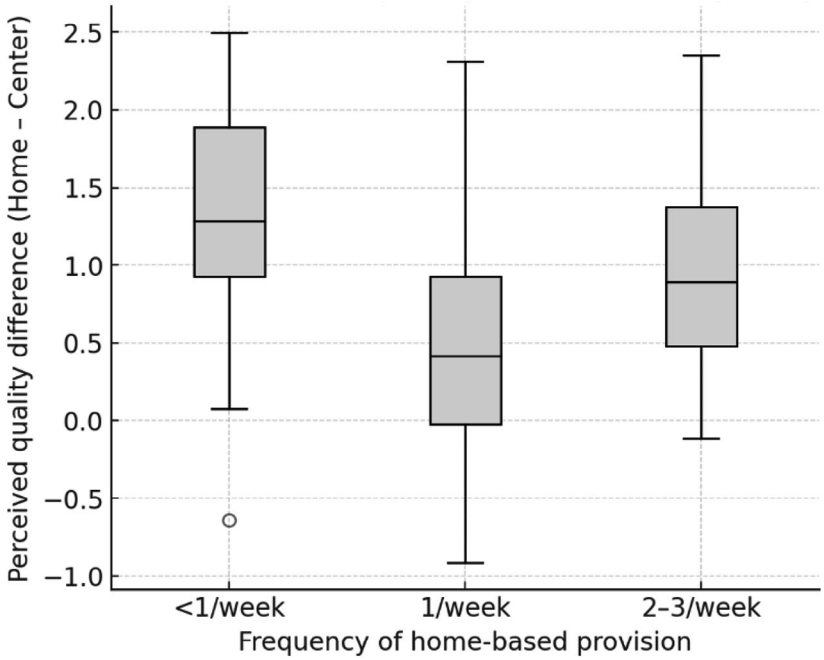
Linear regression predicting differences in perceived service quality (home – center) from frequency of service provision

Predictor	*B*	*SE B*	*B*	*T*	*P*	R^2
Home-based frequency	0.154	0.072	0.25	2.12	.037	.062
Center-based frequency	0.099	0.140	0.08	0.71	.483	.008

As shown in Figure 1, professionals who provided home-based services 2–3 times per week reported the largest mean differences in favor of home-based models (M = 1.06, SD = 0.68), compared to those who provided services once per week ($M = 0.71$, $SD = 0.82$). Those providing services less than once per week also reported relatively large differences ($M = 1.02$, $SD = 0.65$). While frequency of provision was thus a significant predictor of perceptions, the explained variance was modest ($R^2 = .062$).

Figure 1

Perceived quality difference by frequency of home-based provision



Boxplot illustrating differences in perceived service quality (home – center ratings) by frequency of home-based provision (<1/week, 1/week, 2–3/ week). Higher values indicate stronger preferences for home-based services.

Discussion

This study examined how professionals in Croatia perceive the quality of EI services delivered in home- and center-based settings. The findings revealed that overall quality was rated significantly higher in the home setting, with particularly pronounced advantages in domains of child and family engagement, collaboration with families and other professionals, and parental competences. By contrast, no significant differences were observed for service characteristics, professional support, professional competences, or general satisfaction. The frequency with which professionals provided home-based services emerged as a significant predictor of their perceptions, while neither years of professional practice nor completion of postgraduate specialization in EI influenced perceived differences.

The higher ratings for home-based services align with emerging international evidence emphasizing the advantages of delivering EI within children's natural environments. Current findings suggest that when

intervention is embedded in family routines and home contexts, parents not only engage more actively, but their participation also improves learning outcomes and generalization. For example, Montaño-Merchán et al. (2025) report that family-centred, routine-based models implemented in Spain reinforce parental empowerment, shared decision-making, and functional learning. Similarly, Guo (2024) found that home-based parental involvement is positively associated with children's language competencies, while Barnett (2020) demonstrated that greater parental engagement at home enhances school readiness. These contemporary findings bolster earlier studies (Carter et al., 2011; Roggman et al., 2009; Swanson et al., 2011) and reinforce the interpretive value of our data, which indicate that professionals perceive greater parental competence and collaboration in home contexts.

At the same time, the absence of significant differences in domains such as professional competences and general satisfaction underscores the centrality of professional expertise and program quality regardless of location. Dunst (2017) and Moore (2012) argued that intervention outcomes are shaped not only by setting but also by the competencies and attitudes of practitioners. In the Croatian context, this aligns with findings by Šarčević Ivić-Hofman et al. (2024), who show that professionals' self-assessed knowledge about working with children with developmental disabilities strongly predicts their job satisfaction and perceived quality of support.

Contrary to expectations, neither years of practice nor postgraduate specialization predicted differences in perceptions. This finding suggests that perceptions of service quality may be less a function of seniority or formal qualifications and more strongly shaped by situational and relational aspects of service delivery. One possible explanation is that Croatian professionals, regardless of experience, are exposed to similar systemic constraints—such as limited staffing, variable regional availability, and weekly service schedules—that shape their perceptions in comparable ways (Matijaš et al., 2019; UNICEF, 2020). The relatively small number of professionals with postgraduate specialization in EI may also have limited the ability to detect differences, but the null findings nonetheless highlight the importance of contextual rather than individual determinants.

To date, no studies in Croatia have directly examined how professionals perceive the quality of EI depending on whether services are delivered at home or in centers. This represents a notable gap, given that the Croatian system of early developmental support has been characterized by shortages of trained staff, marked regional inequalities, and the predominance of relatively infrequent (often weekly or less) home visits (Matijaš et al., 2019; UNICEF, 2020). The present findings, therefore, provide novel evidence that professionals' perceptions are shaped as much by these systemic barriers as by their individual experience or training. These findings are also consistent with

international evidence indicating that barriers perceived by professionals, such as limited resources, lack of time, and institutional constraints, are among the key challenges to implementing family-centered EI services (Pacheco-Molero et al., 2025).

Frequency of service provision was significantly associated with perceptions: professionals who delivered home-based services more frequently reported stronger differences in favor of the home model. This suggests that repeated exposure to home-based practice may reinforce recognition of its advantages, allowing professionals to observe how embedding interventions in everyday routines supports parent–child interaction and developmental progress. At the same time, the modest effect size ($R^2 = .062$) indicates that frequency explains only part of the variance, underlining the role of broader systemic and contextual influences.

Several additional factors may have contributed to professionals' more favorable perceptions of home-based EI. First, increased motivation and professional satisfaction associated with working in natural environments may influence perceptions of quality, particularly among professionals who value family-centered practice. Second, a novelty effect cannot be ruled out, as home-based services are still less frequent in Croatia and may therefore be perceived as more meaningful or professionally rewarding.

Furthermore, group and organizational dynamics within institutions may shape shared professional norms and expectations, potentially influencing how different service models are evaluated. Finally, socially desirable responding and self-report bias may have contributed to more positive ratings of domains closely aligned with contemporary professional values, such as collaboration with families and parental empowerment.

These findings must also be considered within the broader Croatian service context. Since its formal introduction into the social welfare system in 2011, EI in Croatia has been characterized by regional variability, insufficient multidisciplinary coordination, and resource limitations. Families often face long waiting times and limited intensity of services, while professionals must balance heavy caseloads and travel demands (UNICEF, 2020). In this context, home-based provision may be viewed by professionals as a particularly valuable mode of service delivery, as it reduces burdens on families, fosters naturalistic learning, and supports collaborative partnerships, even when systemic constraints limit the overall availability of services.

Practical implications for policy and practice

The findings carry important implications for strengthening EI services in Croatia. First, investment in supporting more regular home visits is crucial, given the strong association between frequency of provision and perceptions of quality. This may be facilitated through improved organization of mobile

teams, workload planning, and service scheduling, enabling families to receive more consistent support within their natural environments.

Second, the absence of differences by professional experience or education level points to the importance of systemic rather than individual determinants of service quality. Training and supervision programs that focus on coaching, collaboration with parents, and embedding intervention strategies in daily family routines could strengthen practice across the workforce (Barton & Fettig, 2013; Spittle & Treyvaud, 2016).

Finally, while home-based services offer unique opportunities for parent empowerment and child engagement, center-based provision also remains an essential component of EI systems. Center-based settings facilitate multidisciplinary assessments, access to specialized equipment, and structured therapeutic conditions, which are particularly valuable for children with more complex developmental needs. A balanced and flexible service model that leverages the strengths of both approaches is most likely to meet the diverse needs of children and families (Bruder, 2010).

From a policy perspective, these findings are directly relevant to the ongoing development of EI services in Croatia. National strategic documents and analyses have repeatedly emphasized the need to strengthen family-centered, accessible, and equitable EI services, while addressing regional disparities and limited service intensity (UNICEF, 2020; Vočanec et al., 2018). The present results provide empirical support for these policy priorities, highlighting professionals' recognition of the added value of home-based provision and the importance of increasing service frequency within the existing EI system.

Limitations and future directions

The reliance on self-report measures represents an important limitation of this study and may have introduced social desirability and self-presentation biases. Professionals may have rated service quality more positively due to their dual role as both evaluators and providers of EI services, particularly in domains related to parental competences and collaboration (Podsakoff et al., 2003). Consequently, perceptions of higher quality in home-based services should be interpreted with caution.

The cross-sectional design further limits causal inference. In addition, the relatively small number of professionals with postgraduate specialization in EI reduced statistical power for detecting differences related to education level.

Moreover, as special education teachers constituted the majority of the sample, the findings primarily reflect their professional perspectives, which may limit the generalizability to other EI professionals, such as speech and language therapists, psychologists, or physiotherapists. Regional variability in service availability, staffing, and organizational models may also have influenced professionals' perceptions of service quality. Systemic constraints,

including limited resources, travel demands, and infrequent service schedules, may therefore shape perceptions independently of actual service effectiveness, further limiting the generalizability across different regional contexts.

Future research should integrate observational measures of service fidelity, examine associations between professional perceptions and child or family outcomes, and employ mixed-methods designs to capture how professionals interpret and negotiate the challenges of delivering EI in different contexts.

Conclusion

This study showed that professionals in Croatia perceive the quality of EI services more positively when delivered in the home, particularly in terms of child and family engagement, collaboration with families, and parental competences. These findings highlight the added value of family-centered, natural-environment practices. At the same time, the influence of education and professional experience was negligible, while the frequency of service provision modestly shaped professionals' perceptions.

From a practical perspective, the results underscore the need to expand opportunities for regular home-based support. For policy, this highlights the importance of reducing regional variability and ensuring sustainable workforce development in family-centered practices. Taken together, the findings point to the need for a more equitable and balanced EI system in Croatia, one that integrates both home- and center-based services to ensure that all children and families can access appropriate, high-quality support.

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Perspektiva stručnjaka o ranoj intervenciji u Hrvatskoj: Uporedni kvalitet usluge u domu porodice i u ustanovi

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Uvod: Usluga rane intervencije ima ključnu ulogu u podršci deci sa razvojnim rizicima i njihovim porodicama. U Hrvatskoj se RI može pružati u porodičnom domu ili u specijalizovanim ustanovama, ali malo se zna o tome kako stručnjaci procenjuju kvalitet ovih modela usluga. *Cilj*: Cilj istraživanja bio je da se ispitaju percepcije stručnjaka o kvalitetu usluge rane intervencije, uz poređenje modela koji se realizuju u domu porodice ili u ustanovi, kao i da se utvrdi da li se te percepcije razlikuju u odnosu na profesionalno iskustvo, obrazovanje i učestalost pružanja usluga. *Metode*: U istraživanju je učestvovalo 67 stručnjaka iz različitih delova Hrvatske (91% žena; medijana starosti = 32 godine). Medijana profesionalnog iskustva bila je 13 godina, od čega šest u oblasti rane intervencije. Percepcije su procenjivane pomoću adaptirane hrvatske verzije *Inventara kvalitete centara za ranu intervenciju*. Razlike između modela analizirane su pomoću *t*-testa za zavisne uzorke, a regresionim analizama ispitani su prediktori razlika. *Rezultati*: Ukupne ocene kvaliteta bile su značajno više za uslugu u domu porodice (M = 3.9, SD = 0.54) nego za uslugu u ustanovi (M = 3.6, SD = 0.30; p = .006, Cohen's *dz*

= 0.36). Najveće razlike u korist modela u domu odnosile su se na uključivanje deteta i porodice, saradnju sa roditeljima i roditeljske kompetencije (sve $p < .001$). Iskustvo i postdiplomska specijalizacija nisu bili značajni prediktori, dok je učestalost rada u domu bila značajna ($B = 0.154$, $p = .037$). *Zaključak*: Stručnjaci su kvalitet rane intervencije procenjivali višim kada se usluge pružaju u domu porodice, naročito u oblastima saradnje i angažovanja porodice. Češće iskustvo u radu u porodičnom okruženju doprinosi boljem prepoznavanju prednosti ovog pristupa, što ukazuje na potrebu za širenjem porodično orijentisanih, kućno zasnovanih usluga rane intervencije u Hrvatskoj.

Ključne reči: rana intervencija, percepcije stručnjaka, kvalitet usluge, porodično usmeren pristup

PRIMLJENO: 22.10.2025.
REVIDIRANO: 27.01.2026.
PRIHVAĆENO: 16.03.2026.