Early Childhood Support Services in Italy: What Works and What are the Needs

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Knowledge Sharing Partnership for Empowerment of Parents of Children with Disabilities through Mutual Learning

ABOUT US

The Paideia Foundation works to **provide practical help every day to children with disabilities and their families**.

Established in 1993 by the Giubergia and Argentero families of Turin, the Foundation is supported by the Ersel Group and the commitment of many donors.

Why *Paideia*? The term, in Greek, means childhood, growth, education, and training. Paideia was created to support the growth of children and those who care for them, promoting the development of projects and initiatives dedicated to families in need and participating in the construction of a more inclusive and responsible society.

So that no family feels alone and no child excluded.

MISSION AND VALUES

VISION

No family feels alone, no child excluded

MISSION

To offer a concrete help to children with disabilities and to their families

THE MODEL

Paideia's activities are inspired by the style and organizational processes of FCC (**Family Centered Care**) centers, which originated in Canada and subsequently developed in different geographical areas. Seeking to follow an FCC style essentially means designing, down to the smallest detail, **a "family-friendly" organization**, where there can be specific spaces for each member of the family, not just for the child with disabilities or developmental issues.Disability affects the whole family, including the extended family. It is therefore important **to take into account the emotions, thoughts, and needs of all family members**, starting with the parents (as parents, but also as individuals), siblings, grandparents, and those who live in close contact with them.

WHY TALK ABOUT THE "STATE OF THE ART" IN ITALY

Italy has a **healthcare system based on three fundamental principles**

- **Universality**
- **Equality**
- **Equity**

(Law 833/1978 - "Establishment of the National Health Service")

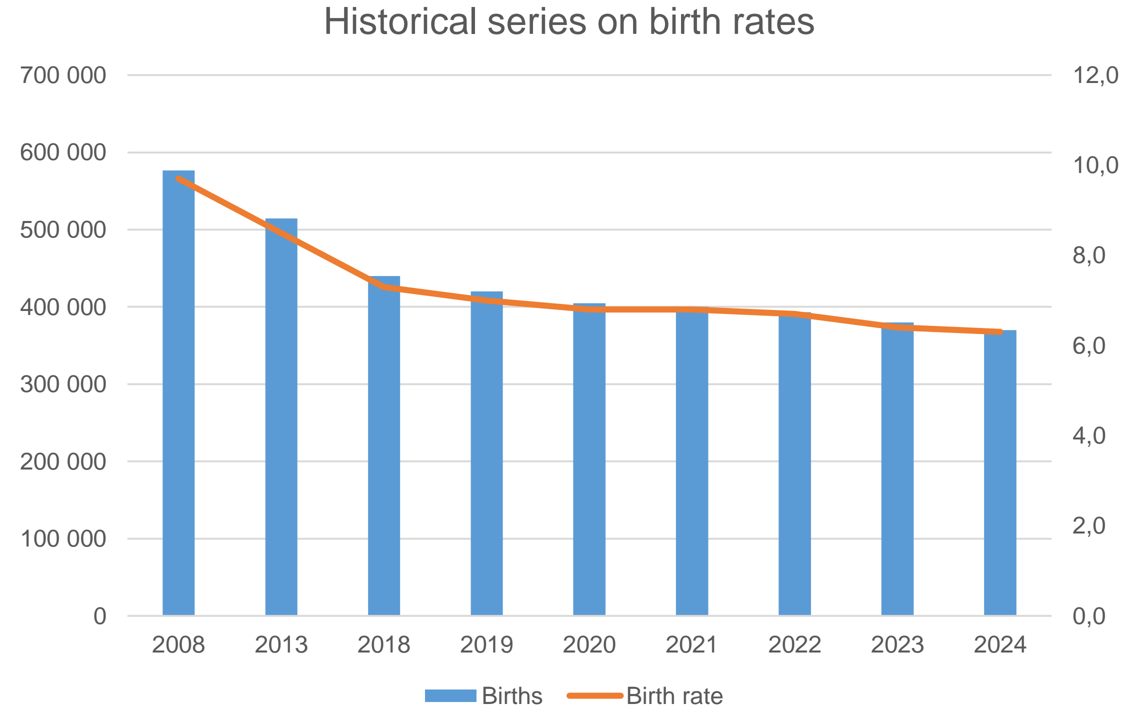
Over the years, the Italian Healthcare System

- has developed **advanced clinical models** for early childhood
- It is transitioning to a model of **continuity of care**, centered on the individual and the family (Ministerial Decree 77/2022, PNRR-Mission 6)

- BUT **significant regional inequalities** and fragmentation between services persist

KEY DATA ON PREGNANCY AND BIRTH (ITALY)
Numerical overview (2024)

- Live births: **369,944** (historic low)
- Birth rate: **6.3**
- Average age at childbirth: **32.6 years**
- Total fertility rate: **1.18**



ISTAT, *"Births and Fertility of the Resident Population - Year 2024", Press Release, 2025.*

WHAT IS MEANT BY FAMILY SUPPORT AT MATERNITY LEVEL

Need

Support

- **Information** and **support** during pregnancy and childbirth
- **attention** to psychosocial needs
- Increased **parenting skills**
- **early referral** to local services

- **Public policies,**
- **Social and health services,**
- **Welfare measures**

with the aim of protecting the health of the mother and child and supporting parenthood.

WHAT IS MEANT BY FAMILY SUPPORT AT MATERNITY LEVEL

Main areas of intervention:

- **Maternity and employment protection**: compulsory maternity and parental leave, job protection
- **Financial support**: maternity allowance, universal child allowance
- **Social and health services**: family counseling centers, obstetric and psychological assistance
- **Work-life balance**: flexible working, childcare services
- **Parenting support**: prevention, information, and guidance during the early years of a child's life

This system is based on **shared responsibility between the state, the National Health Service, employers, and families**.

PREGNANCY BOOKLET

The pregnancy booklet is an **informative tool** designed to support women and their families **throughout pregnancy, childbirth, and the postpartum period**.

Function:
- **To guide the expectant mother** through recommended visits, tests, and checkups
- **Promote prevention and maternal and child health**
- **Strengthen continuity of care** between clinics, hospitals, and the community
- **Encourage** women's **autonomy and awareness** during their care journey

The main contents include
- Calendar of **visits and tests** by trimester
- Information on **lifestyle, nutrition, and well-being**
- Information on **rights, protections, and available services** (health clinics, prenatal classes)
- Space for **personal notes** and pregnancy monitoring

The pregnancy diary is a key tool for **family support at the maternity level**, because it combines **information, prevention, and maternal empowerment**.

THE FIRST 1000 DAYS PROGRAM

The First 1000 Days Program is a set of **preventive and health promotion measures** aimed at **mothers, children, and families** from **conception to age 2**, a crucial phase for physical, cognitive, and emotional development.

Main objectives

- Protecting maternal and child health
- Reducing early inequalities
- Promoting healthy and harmonious development
- Supporting parenting skills

Key actions

- **Pregnancy and postpartum** care
- **Support for parenting** and early relationships
- **Prevention of psychosocial distress**
- Access to **local services** (health clinics, pediatricians, nurseries)

Investing in the first 1,000 days means **preventing future risks** and promoting well-being throughout life.

Italian Ministry of Health *- "Investing Early in Health: Actions and Strategies in the First Thousand Days of Life" - A policy guidance document for parents, healthcare professionals, and policymakers, aimed at protecting and promoting the health of children and future generations.*

FAMILY COUNSELING CENTERS: THE CORNERSTONE OF EARLY SUPPORT

A **family counseling center offers:**

- **Assistance during pregnancy and after childbirth** (check-ups, prenatal classes, breastfeeding support)
- **Psychological support** for women, couples, and families
- **Advice on parenting** and parent-child relationships
- **Sexual and reproductive health education**
- **Prevention and protection** in situations of vulnerability (family distress, violence, social difficulties)

Key features

- **Free or low cost**
- It is **accessible without a referral**
- Operates with a multidisciplinary team (doctors, midwives, psychologists, social workers)
- Extensive national network
- **High regional variability** in supply and organization

ISS *– Indagine nazionale sui consultori familiari 2018-2019 - Risultati generali, Rapporto ISTISAN 22/16 Pt.1*

WHO ARE THE CHILDREN "AT RISK" (0-3)?

Children aged 0 to 3 are considered *at risk* when they live in conditions that may **compromise their physical, cognitive, and emotional development** at a crucial stage of growth.

Main risk factors (0-3 years)

- **Biological and pre-perinatal risk**
  Prematurity, low birth weight, complications at birth
- **Family risk**
  Neglect, parenting difficulties, maternal psychological distress
- **Socio-economic risk**
  Poverty, social isolation, housing insecurity
- **Relational risk**
  Lack of care, inadequate emotional and educational stimulation
- **Risk of access to services**
  Poor use of counseling centers, pediatricians, nurseries, and educational services

In the first 1,000 days of life, **early intervention and family support** are crucial to preventing long-term negative outcomes.

CHILDREN AT CLINICAL RISK

This refers to biological and health conditions that can compromise **survival, health, and neuropsychomotor development**, especially if not detected early.

Main clinical risk factors

- **Prematurity** (birth < 37 weeks)
- **Low birth weight** (< 2,500 g)
- **Neonatal complications** (respiratory distress, infections)
- **Chronic or congenital diseases**
- **Early and repeated hospitalizations**

Some figures (Italy)

- Approximately **7% of live births** are **preterm**
- Babies born <28 weeks = very high risk (0.3% of live births)
- Approximately **6-7%** are born with **low birth weight**
- Very preterm births (<32 weeks) account for **1-1.5%**, but carry **the highest clinical risk**
- Children with clinical conditions at birth are **2-3 times more** likely to develop motor, cognitive, or sensory difficulties without early intervention

SIN-ISS *“Follow-up of the Preterm Infant”, 2023*

SOCIAL RISK IS OFTEN UNDERESTIMATED

Social risk for children **aged 0-3** relates to family and environmental conditions that can **compromise early** childhood **development**

Main social risk factors

- **Economic and material poverty**
- **Low educational attainment or unemployment of parents**
- **Parental fragility and social isolation**
- **Precarious housing conditions**
- **Limited access to health and education services**

Some figures (Italy)

- Approximately **1 in 4 children (25%)** under the age of 3 live at **risk of poverty or social exclusion**
- Over **10% of children aged 0-3** live in **absolute poverty**
- Only **about 28-30%** of children aged 0-2 have access to **early childhood education services**, with significant regional disparities
- Children born into families with **low socioeconomic status** are **twice as** likely to experience developmental delays if they do not receive early support

Social risk in the early years:

- ***amplifies clinical risk***
- reduces the effectiveness of care
- makes **early, universal interventions that are proportionate to need** essential

ISTAT, *"Living conditions of minors - Year 2024", 14 July 2025.*

NEONATAL FOLLOW-UP: WHAT REALLY WORKS IN ITALY

Structured program of check-ups after discharge from the NICU to:

- early identification of developmental difficulties
- initiate targeted and early interventions
- Widespread but with regional fragmentation up to **2-3 years** of age

Consolidated assessments on:

- Growth and nutrition
- Neuro-psychomotor development
- Sensory functions
- Behaviour
- Communication

SIN-ISS *"Follow-up of the Preterm Infant", 2023*

FOLLOW-UP 0-3: EMERGING CRITICAL ISSUES

Despite advances in neonatal care, **new and persistent clinical critical issues** are emerging in children aged 0-3 years, requiring an integrated and early approach.

Main critical issues

- **Increased survival of very preterm infants (<28 weeks):** higher prevalence of neurological, respiratory, and sensory outcomes

- **Risk of fragmentation of care:** discontinuity between NICU, follow-up, pediatrician, and local services
- **Late diagnosis of neurodevelopmental disorders:** early signs often detected after 24-36 months

- **Interaction between clinical risk and psychosocial risk:** greater vulnerability in fragile families

- **Regional inconsistency of services:** variable access to structured follow-up and early intervention

EDUCATIONAL SERVICES FOR CHILDREN AGED 0-3

Key figures (Italy)

- **30% of children aged 0-2** attended nurseries and early childhood education and care services in **2022/2023**
- Increasing compared to previous years but still **below EU/LEP targets** (33% by 2027).
- Only **2% of children aged 0-2** attend **integrative early childhood education services**.
- There were **over 14,000 early childhood education and care facilities** (public and private) in Italy in **2022/2023** (**+4.5%** compared to the previous year).
- The **supply of places** in nurseries and integrative services **does not meet demand**: **60% of facilities have waiting lists**.

***ISTAT**, “Report on Early Childhood Education and Care Services in Italy – Year 2023–2024”, 2025*

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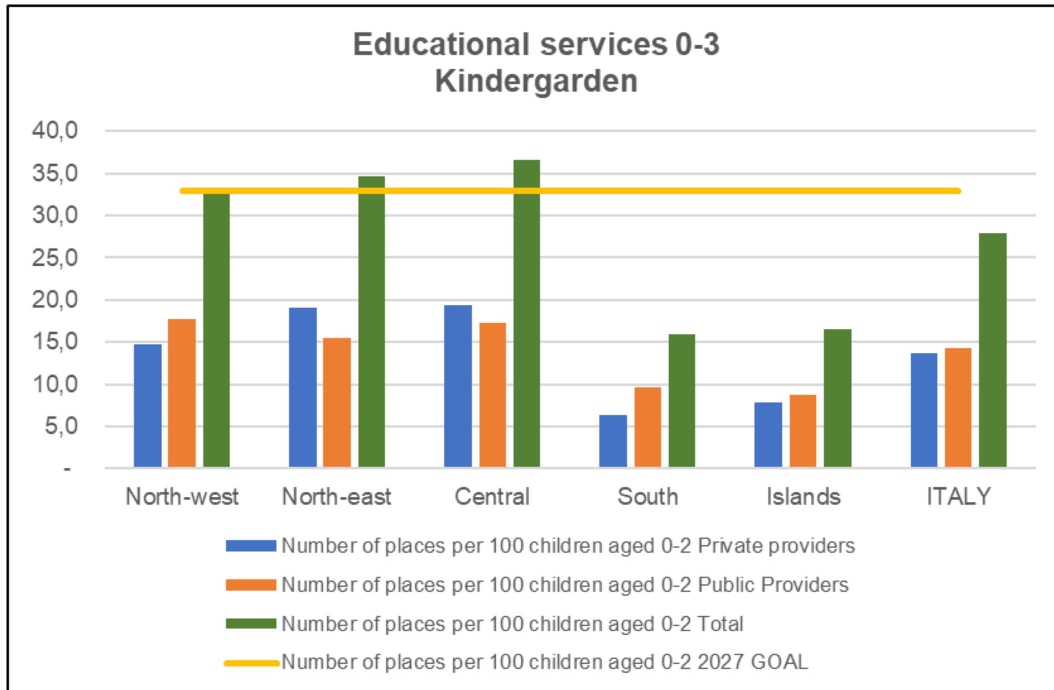
EDUCATIONAL SERVICES FOR CHILDREN AGED 0-3

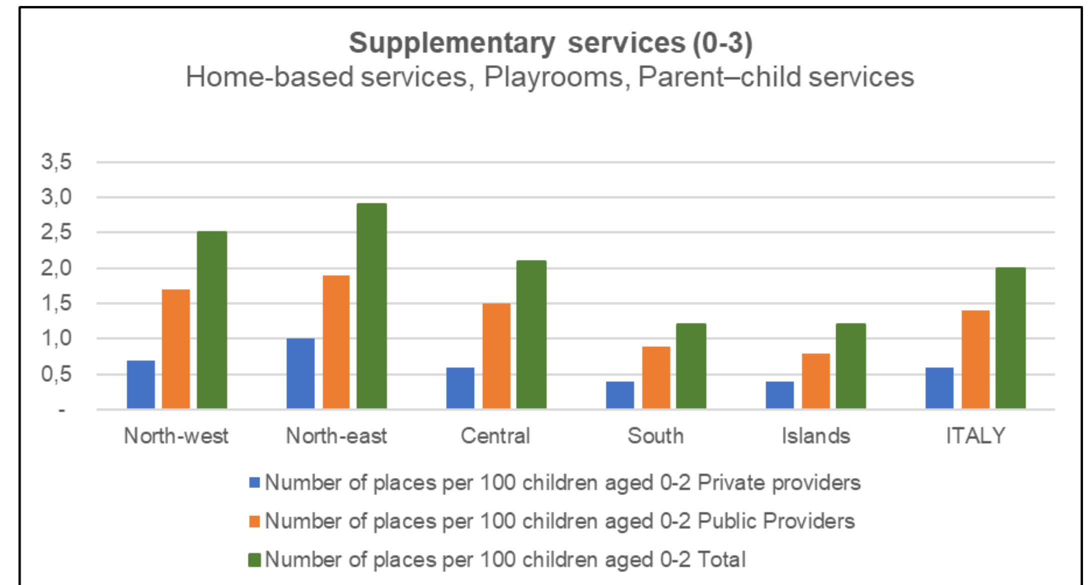


Territorial inequalities

strong regional disparities and differences between urban and inner areas, with **significantly lower provision in Southern Italy and inland areas**.

Below European standards

Italy remains below **EU/LEP targets** in terms of both **coverage and participation** of children aged 0-3..



__ISTAT__, "Report on Early Childhood Education and Care Services in Italy – Year 2023–2024", 2025

EDUCATIONAL SERVICES FOR CHILDREN AGED 0-3 IN PIEDMONT

- As of **December 31**, **2024**, there are **1,092** public and private **early childhood education services** (0-3 years) in Piedmont, distributed across **396 municipalities**.

- The **total authorized capacity** is **27,595 places**. (Piedmont Region)

- According to regional analyses, in Piedmont **there are approximately 30.1 places for children aged 0-3 per 100 resident children**, a figure **very close to the national average**, but with **significant differences** between provinces and municipalities.

  In some areas (e.g., Biella), there are more than **39 places per 100 children**; in others (e.g., Verbano-Cusio-Ossola, Cuneo), the figure drops to **20 places per 100 children.**

- Piedmont's educational services follow national regulatory principles that define **nurseries and services for children aged 0-3 as inclusive educational services**, open to all children, including those with **disabilities**, with organizational and spatial adaptations that respect individual needs.

- The **Piedmont Region** has adopted **Regional Law No. 30/2023,** which regulates the integrated education and instruction system from birth to age 6, strengthening:
  - ✔ educational quality
  - ✔ accessibility and flexibility of services
  - ✔ the structure of the territorial system for children aged 0-3 (including spring sections, micro-nurseries, and supplementary services with defined structural and organizational requirements)

NURSERIES AND INCLUSION: A POSSIBLE PRACTICE

In **municipal early childhood services (0-3 years)**, **child disability** is one of the **priority criteria for admission**.

This reflects the intention to **promote the inclusion of children with special needs** within the public early childhood education offer.

According to regional surveys, the **percentage of children with disabilities attending early childhood education services (0-5 years)** is around **3%** of the total enrolled population.

Inclusion challenges

- **Difficult identification:** in the 0-3 age group, early diagnosis and formal certification of disability can be complex, affecting both statistical reporting and access to services.
- **Territorial disparities:** access for children with disabilities depends on the **local availability of inclusive public services** and on **resources at the territorial level**.

***Regione Piemonte**, "La rete dei servizi per la prima infanzia piemontese", data broken down by province, Data update as of 31 December 2023.*

WHY FOLLOW-UP MUST CONTINUE FOR UP TO 6/7 YEARS

The **4-7 age** range represents a **critical developmental window**, in which difficulties that are not fully evident in the early years of life may **emerge or become established**, especially in children born prematurely or with biological risk factors.

Severe early disabilities tend to stabilize, while **mild and moderate neurodevelopmental difficulties** with a high functional impact increase.

Areas most affected:

- cognitive and executive functions
- language and communication
- behavioral and emotional regulation
- motor coordination

The focus shifts from *survival and early development* to **functioning, participation, and inclusion**.

MEDICAL AND NEUROEVOLUTIVE SERVICES (4-7 YEARS)

After age 3, clinical follow-up should evolve into **structured neurodevelopmental monitoring**, focused on **functional outcomes and the child's participation**.

Multidisciplinary follow-up until at least **6-7 years** of age in cases of confirmed risk is activated

- Care taken over by **Child Neuropsychiatry**
- **Certification procedures**

Care is provided locally, based on the child's address of residence, and involves the following:

- Child neuropsychiatry Formulation **of clinical diagnosis** and **therapeutic-rehabilitative** plan
- Developmental psychology
- Speech therapy
- Developmental neuropsychomotor therapy, physical therapy, and occupational therapy

At 5–6 years of age:

- **40-50%** of children born extremely prematurely have at least one neurodevelopmental difficulty
- **25-30%** require educational support
- Over **50%** have received rehabilitation interventions

Discontinuation of follow-up after early childhood carries a **high risk of failure to identify problems early**.

SIN-ISS *“Follow-up of the Preterm Infant”, 2023*

CERTIFICATION PROCEDURES (4-7 YEARS)

Assessment of disability

1. Submission of disability application
2. Medical-legal assessment by the competent commissions
3. Assessment of disability status for the purposes of:
    - health
    - educational
    - schooling
4. Issuance of **disability certification**

Effects of certification

- Access to school support
- Activation of measures for inclusion
- Protection of educational rights
- Access to healthcare and prosthetic services
- Exemption from prescription charges

Certification is a necessary condition for many formal support measures !!!

SOCIAL SERVICES AND FAMILY SUPPORT (4-7 YEARS)

As the child gets older, the interaction between **clinical condition and social determinants** becomes increasingly relevant.
Activation **is not automatic** and does not follow a standardized national path.

Main needs

- Ongoing psychological support for caregivers
- Early identification of **social vulnerabilities**
- Support during educational transitions (preschool → primary school)
- Integration between:
  - health services
  - social services
  - the education system

Common critical issues

- Social care often delayed or unstructured
- High territorial variability
- Limited continuity between health and social services

Without support, **clinical risk can turn into social disadvantage**.

EDUCATIONAL SERVICES AND INTERFACE WITH SCHOOL (4-7 YEARS)

Preschool and the early years of primary school are **strategic contexts** for observing and identifying emerging difficulties:

- Motor coordination disorders: **15-20%**
- Attention and behavioral difficulties: **10-15%**
- Significant cognitive or linguistic difficulties: **15-20%**
- Approximately **1 in 4 children** born very prematurely need educational support

Critical issues in the system

- Poor structured communication between healthcare and schools
- Late activation of personalized support measures
- More reactive than preventive approaches

Schools are often the first to identify the need, but **they are not always supported by an integrated network of services**.

EDUCATIONAL AND SCHOOL PROCEDURES (4-7 YEARS)

1. **In the school setting**
   - ❑ Systematic educational observation

1. **When difficulties are identified:**
   - ❑ discussion with the family
   - ❑ referral to healthcare services

1. **In the case of certification:**
   - ❑ development of the **Individualised Education Plan (IEP)**
   - ❑ assignment of a **special education support teacher**

1. **Implementation** of the educational adaptations outlined in the **IEP**

1. **Quarterly monitoring** with the family and the Operational Working Group **(GLO)**

Ministero dell'Istruzione e del Merito - Ministerial Decree No. 153 of 1 August 2023

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CONCLUSIONS: STRENGTHS

Early medical care & survival

- High quality of neonatal care
- Significant improvement in the survival of preterm infants

Early follow-up (0-3 years)

- Presence of structured healthcare follow-up pathways
- Good ability to detect serious early disabilities

Formal school inclusion

- Right to inclusion guaranteed for children with certified disabilities
- Presence of formal tools (support teacher, PEI)

Access to public health services regardless of income

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CONCLUSIONS: AREAS FOR IMPROVEMENT

Continuity of programs 3-7 years
Follow-up recommended up to 6/7 years but **not guaranteed everywhere**

Interception of "mild-moderate" difficulties
Language, executive functions, behavior often identified **only upon entry to school**

Integration between services
Health-school-social collaboration planned **depends on local contexts and individual practices**

Support for families Present, but not systematic
Mostly oriented towards more complex cases

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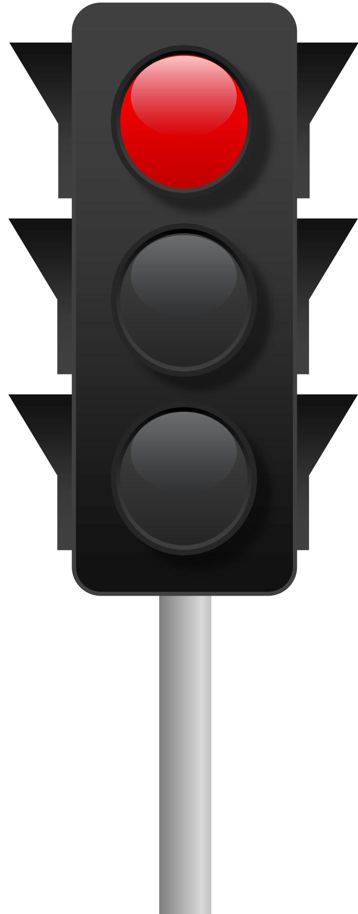
CONCLUSIONS: CRITICAL ISSUES AND PRIORITIES



Fragmentation of the system
Absence of a single, continuous pathway from 0 to 7 years of age
Critical transitions

Insufficient prevention
Approach still **reactive and certification-based**
Intervention often delayed

Regional inequalities
Variable access to: specialist visits, rehabilitation, social services
Most vulnerable families penalized

"Invisible" children
Children without certified disabilities but with real developmental needs
Risk of early exclusion and subsequent educational difficulties

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CONCLUSIONS

Children aged 0-7 born with disabilities or developmental risks need **integrated, continuous systems focused on the child and family**, oriented towards inclusion and participation.

The first 7 years are crucial for reducing the impact of disability on the entire family system
The Italian system is **clinically advanced and services exist**
The real challenge is **integration** they often have to 'hold the system together'

Support for parents cannot be left to individual initiative. At Fondazione Paideia, we promote the following on a daily basis:

- parental empowerment
- peer support
- joint training for parents and professionals

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