

# **Survey Analysis Report: Existing Supports, Gaps and Effective Services for Families of Young Children with Disabilities – Parents' Perspective**

## ***Introduction***

As part of the project activities aimed at identifying existing support systems for families of young children with disabilities, a survey was conducted among parents of children with disabilities across the partner countries. The survey was designed to explore parents' experiences with available services, the support they receive from professionals and the community, and their perceived needs for additional assistance.

The survey sought to gather first-hand information about the accessibility, quality, and effectiveness of existing support services, as well as to identify gaps and unmet needs from the families' perspective. Particular attention was given to psycho-emotional support, family-centred practices, therapeutic services, and resources that contribute to the well-being of both children and their caregivers.

The findings presented in this report provide valuable insights into the realities faced by families of children with disabilities and contribute to a better understanding of the strengths and shortcomings of current support systems. The results will inform the development of subsequent project activities focused on family empowerment, parent-to-parent support, and the promotion of effective practices across partner countries.

## ***I. Methodology of the Parent Survey***

- Purpose of the survey
- Development of the questionnaire
- Translation and adaptation (Dutch, Italian, Romanian and Bulgarian)
- Target group and sample size
- Data collection procedure
- Survey themes
- Data analysis

### **The survey allowed us to:**

1. Learn about the particular services that parents have, beyond personal observation.
2. Gather reliable and objective information.
3. Identify previously unrecognized services.
4. Discuss the gaps between what is available and what is needed in terms of services.
5. Increase community support and participation. (Berkowitz, 1982)

### **Steps we followed in the design of the assessment survey**

1. Clarify purpose: Why are we doing the survey? What will we use the results for? – to identify the support that parents benefit from, on various levels of their experience
2. Identification of the specific themes, from literature and practice in the field
3. The design of specific items, that operationalize the specified themes.
4. The review of the instrument and elimination of redundant items, as well as the addition of other items in case the theme was insufficiently detailed. The feedback was integrated from all the partner countries.
5. Decide sample size and target group: 60 participants per partner country
6. Design survey questions: choose open-ended, closed-ended, or a mix; aligned with goals. Feedback was collected and integrated from all the partner countries.
7. Design an informed consent, so that parents are informed in a clear, open manner about the purpose of the survey, the use of the results.
8. Design the Google Form.
9. Administer survey.

10. Tabulate results: code open-ended responses into categories.
11. Interpret results: Identify main patterns, meanings, and potential actions.
12. Discuss findings in the light of the other activities in the project
13. Disseminate the results (Neuber et al., 1980)

Questionnaires were translated in Dutch, Italian, Romanian and Bulgarian.

Proposed measure was developed for (1) professionals and (2) parents.

Items were assessed using a Likert-type scale, from 1 (no service/ support/ help) to 3 (high level of service/support/help available)), complemented by open-ended questions that allowed parents to share additional experiences and needs.

**The topics we included** in the survey were

1. Services that target the unique challenges and emotional needs of parents of ChwD.  
Parents of children with developmental disabilities face stressors distinct from those of parents of typically developing children, including emotional reactions such as shock, grief, and anger at diagnosis.
  - Parenting and caregiving can be affected during adjustment periods and transitions (e.g., hospital to home, early intervention programs, preschool).
2. Services implementing a family-centered approach
  - Family-centered care is foundational in supporting parents, emphasizing relational and participatory practices.
  - Programs often involve creating Individualized Family Service Plans or Individualized Education Plans that assess family resources, priorities, and needs to enhance parenting capacity.
  - Available resources and community support
3. Various therapeutic services, interventions
  - Family Systems Programs, for reducing parental stress, depression, and improving coping strategies through training and therapies, to improve parental well-being and resilience.
  - Programs for parents, in order to train them to promote their child's developmental,

language, social, and play skills.

- Interactional programs, that help parents develop strategies to enhance positive social interactions, joint attention, and engagement with their child, especially for children with ASD.
  - Positive Behavior Support (PBS): Equip parents with strategies to manage challenging behaviors effectively, reducing stress and improving parent-child interactions. Programs include Stepping Stones, Incredible Years, and RUPP Autism Network Parent Training Program.
  - Provision of new types of therapies for stress reduction, emotional regulation, family well being.
4. Parental support for externalizing behavior: tantrums, defiance, aggression, hyperactivity, difficulty following instructions, and internalizing behavior: anxiety, phobias, sleep disorders, separation anxiety, and depression.(Gadsden, Ford, & Breiner, (2016).

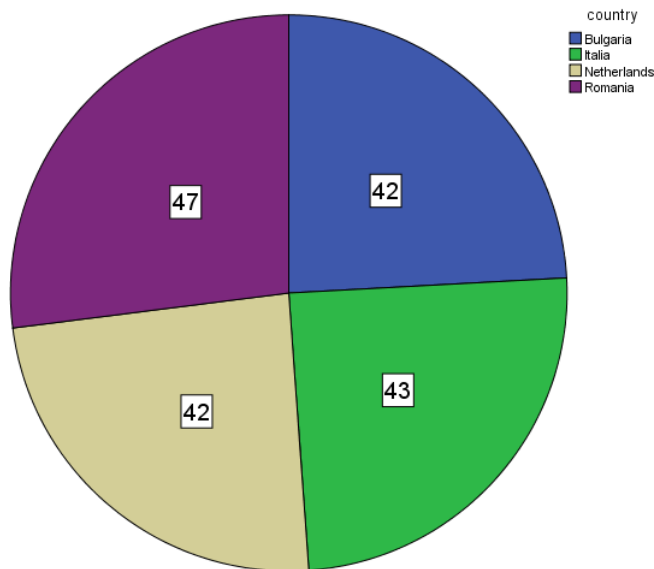
A final number of 37 items was decided in the comprehensive survey, with the purpose to offer a comprehensive picture of the ECD support services across the partner countries.

## ***II. Parents who responded to the survey - characteristics***

A large number of parents of children with disabilities (N=174) was selected from the partner countries. The sample is well balanced across the four countries, with Romania slightly larger. This balance supports cross-country comparisons without heavy weighting. The table and the chart show the proportions of participants from each country:

- Bulgaria: 42 (24.1%)
- Italy: 43 (24.7%)
- Netherlands: 42 (24.1%)
- Romania: 47 (27.0%)

		<b>country</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
	Bulgaria	42	24.1	24.1	24.1
	Italia	43	24.7	24.7	48.9
Valid	Netherlands	42	24.1	24.1	73.0
	Romania	47	27.0	27.0	100.0
	Total	174	100.0	100.0	

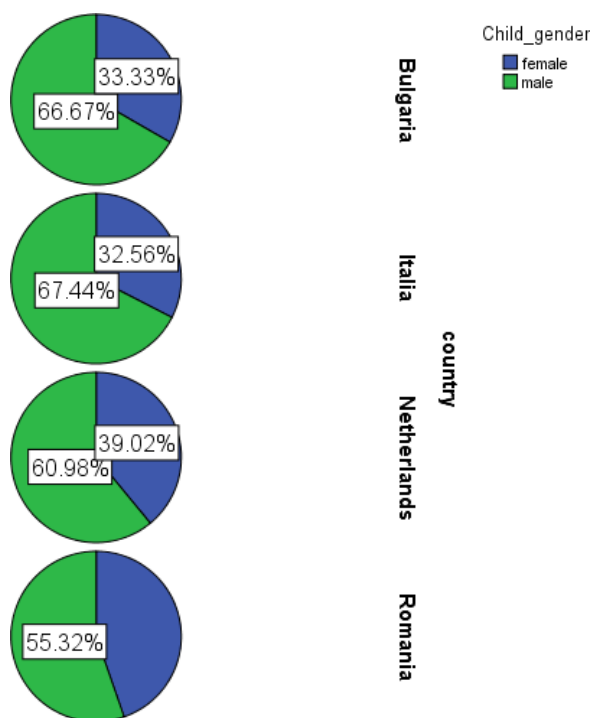


With respect to the child’s gender, the percentage of male participants was higher: 108 (≈62%) than Female 65 (≈38%), so boys are about 1.6 times as many as girls in the sample. This skew is common in ECD/special needs cohorts where certain developmental concerns are more frequently identified in boys.

The Chart clearly shows the larger male segment, roughly two-thirds of the pie.

Child\_gender

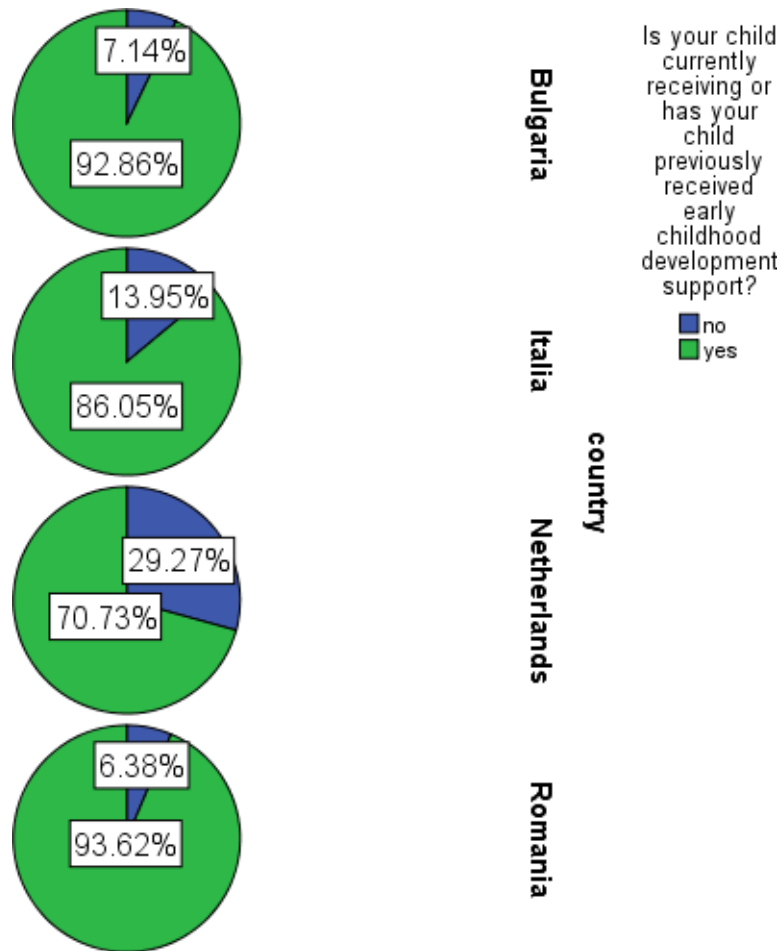
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid female	65	37.4	37.6	37.6
Valid male	108	62.1	62.4	100.0
Total	173	99.4	100.0	
Missing System	1	.6		
Total	174	100.0		



**Receipt of ECD support (current or past)**

**Is your child currently receiving or has your child previously received early childhood development support?**

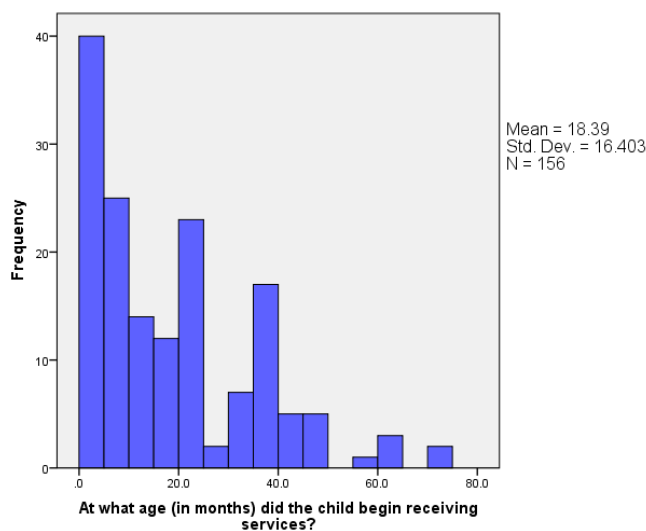
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid no	24	13.8	13.9	13.9
Valid yes	149	85.6	86.1	100.0
Total	173	99.4	100.0	
Missing System	1	.6		
Total	174	100.0		



Overall, the largest part of the children in our sample, 149 (≈86%) received early intervention services, while only 24 (≈14%) did not receive.

This is consistent with a survey conducted among service users or those connected to services.

Regarding the age of service start, there was a large variability among the respondents.

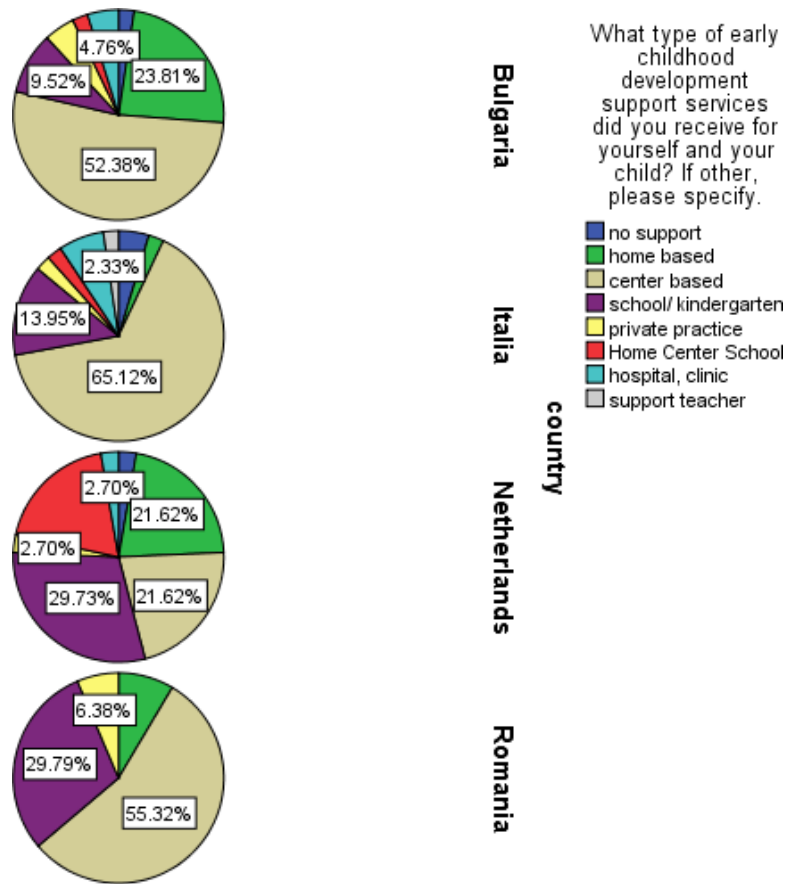


Average service start at around 18 months suggests generally early engagement, though the high SD ( $\approx 16$  months) indicates large variability, some children start near birth (0 months), others much later (up to 6 years). Early average onset ( $\approx 1.5$  years) is positive for ECD impact, but the spread implies inconsistent screening/referral timing. If policy aims for universal early screening by 12–18 months, roughly half the sample may still be starting later than ideal.

### Types of ECD support received

**What type of early childhood development support services did you receive for yourself and your child? If other, please specify.**

	Frequency	Percent	Valid Percent	Cumulative Percent
No support	4	2.3	2.4	2.4
home based	23	13.2	13.6	16.0
center based	84	48.3	49.7	65.7
school/ kindergarten	35	20.1	20.7	86.4
Valid private practice	7	4.0	4.1	90.5
Home Center School	9	5.2	5.3	95.9
hospital, clinic	6	3.4	3.6	99.4
support teacher	1	.6	.6	100.0
Total	169	97.1	100.0	
Missing System	5	2.9		
Total	174	100.0		

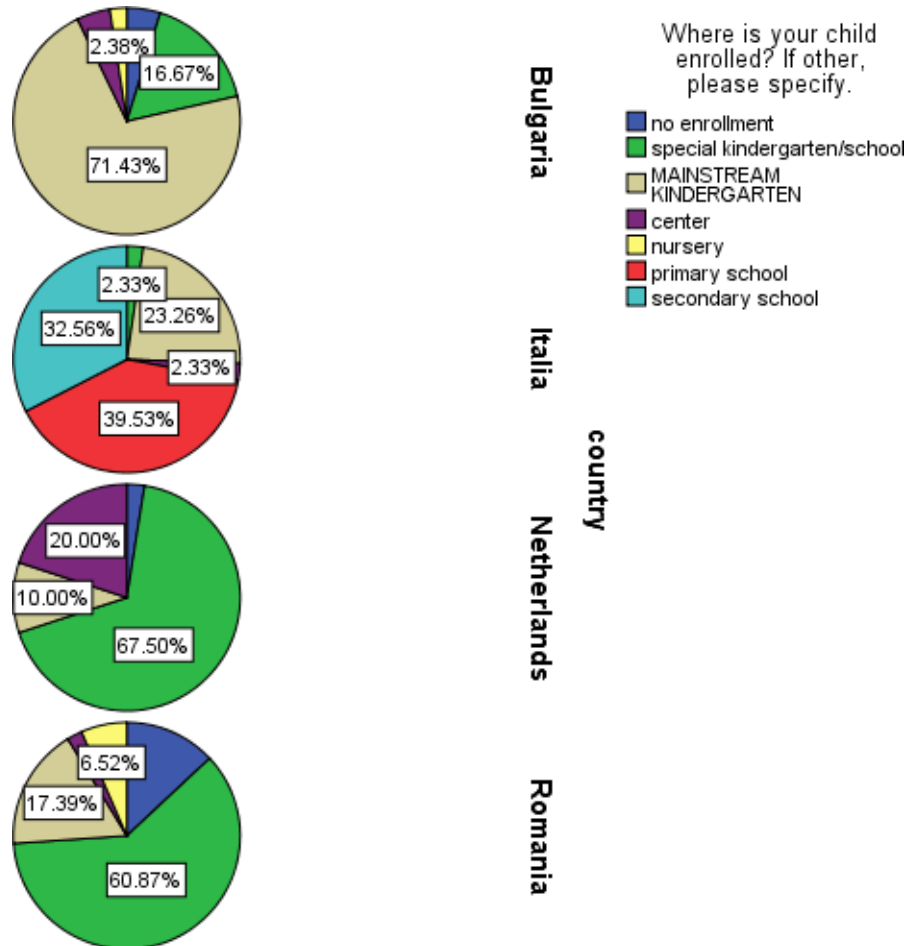


Overall, most children in the sample received Center-based services: 84 (~50%), School/kindergarten: 35 (~21%), Home-based: 23 (~14%), Home + Center + School (combined): 9 (~5%), Private practice: 7 (~4%), in a Hospital/clinic: 6 (~4%), from a Support teacher: 1 (<1%) and only a small number received no support: 4 (~2%). Center-based services are the main delivery mode, followed by services delivered within schools/kindergartens. A smaller share report home-based services or multi-setting combinations. Private and medical settings (hospital/clinic) play a limited but present role. Very few report no support, aligning with the earlier “Yes” majority for service use.

### Current enrollment setting

**Where is your child enrolled? If other, please specify.**

	Frequency	Percent	Valid Percent	Cumulative Percent
no enrollment	9	5.2	5.3	5.3
special kindergarten/school	63	36.2	36.8	42.1
Valid MAINSTREAM	52	29.9	30.4	72.5
KINDERGARTEN center	12	6.9	7.0	79.5
nursery	4	2.3	2.3	81.9
primary school	17	9.8	9.9	91.8
secondary school	14	8.0	8.2	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		



From the total number, most children are enrolled in Special kindergarten/school: 63 (~37%), and Mainstream kindergarten: 52 (~30%), while the rest are enrolled in Primary schools: 17 (~10%), Secondary schools: 14 (~8%), Centers: 12 (~7%), in Nursery: 4 (~2%) and a smaller number have No enrollment: 9 (~5%). Therefore, a substantial portion are in special education settings, with a similarly large group in mainstream kindergarten and smaller shares are in primary/secondary school, consistent with many children being in early childhood ages. A few are in centers or nursery, and a small minority are not enrolled, most probably due to the young age.

## Caregiver type

What type of caregiver are you:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid mother	115	66.1	88.5	88.5
Valid father	12	6.9	9.2	97.7
Valid other family member	3	1.7	2.3	100.0
Total	130	74.7	100.0	
Missing System	44	25.3		
Total	174	100.0		

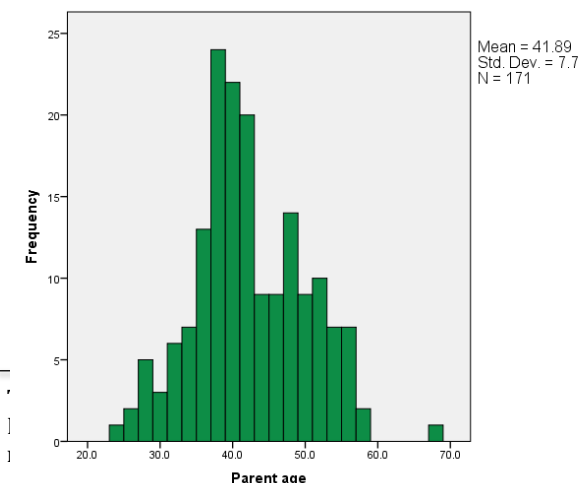
A large number of 44 respondents did not fill this item), while the ones who did fill it in reported that they are the Mother: 115 ( $\approx 89\%$  of valid), Father: 12 ( $\approx 9\%$  of valid) or other family member: 3 ( $\approx 2\%$  of valid)

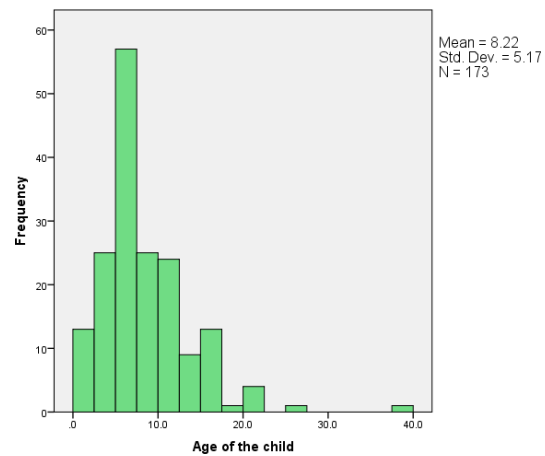
Mothers are the primary respondents by a wide margin, typical for pediatric and ECD surveys. The 25% missing rate suggests some nonresponse; conclusions should note potential bias if caregiver role correlates with experiences.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Your age	171	24.0	68.0	41.895	7.7003
Age of your child	173	.7	38.0	8.216	5.1699
Valid N (listwise)	154				

The age range of the caregivers who responded is wide, ranging from young parents to older ones.





The mean Caregiver age is  $\approx 41.9$  years ( $SD \approx 7.7$ ; range 24–68), the mean child age  $\approx 8.22$  years ( $SD \approx 5.17$ ; range  $\approx 0.7$ –38 years). Caregiver age centers in the early 40s, which fits parents of school-age children, while child age averages just over 8 years, but the range is wide. The maximum value “38.0” is likely in years (not months), indicating older children/young adults are included or a few outliers.

**Regarding the sample**, the country distribution is even, supporting cross-country analyses. Most children have experience with ECD services; center-based is the dominant mode. The caregivers who responded are predominantly mothers; consider their perspective when interpreting satisfaction and needs. Many children are enrolled in special education or mainstream kindergarten and the mean start of ECD services is at 18 months, which is encouraging, but largely variable. Once again, the need for standardizing earlier identification emerges, as it could reduce delays for late starters.

### Responses to the questionnaire

The questionnaire assessed parents' satisfaction with services related to their child's diagnosis and subsequent support across Bulgaria, Italy, Netherlands, and Romania. We will analyze each of the items of the questionnaire separately for each country, in order to identify the cultural specific, but we will also present the overall responses, in order to observe the general trend.

### III. Analysis of the results for each individual item

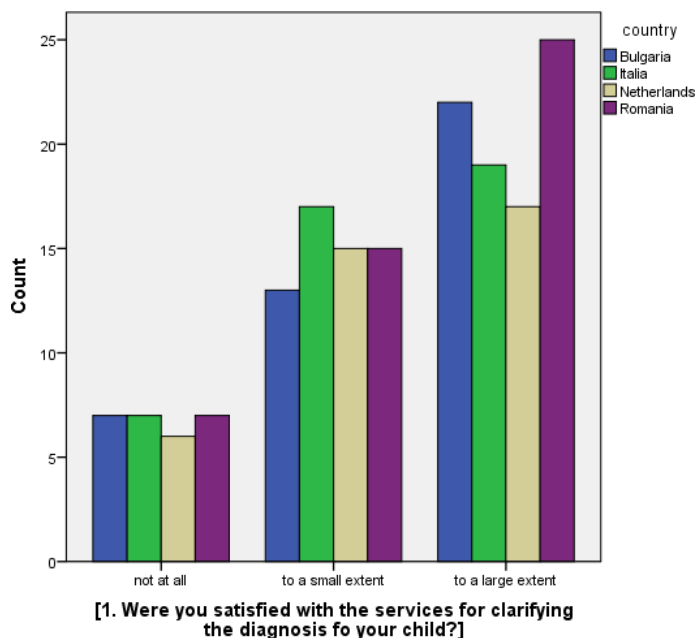
#### 1) Were you satisfied with the services for clarifying the diagnosis of your child?

##### [1. Were you satisfied with the services for clarifying the diagnosis of your child?]

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	27	15.5	15.9
	to a small extent	60	34.5	51.2
	to a large extent	83	47.7	100.0
Total	170	97.7	100.0	
Missing System	4	2.3		
Total	174	100.0		

##### [1. Were you satisfied with the services for clarifying the diagnosis fo your child?]

		country			
		Bulgaria	Italia	Netherlands	Romania
[1. Were you satisfied with the services for clarifying the diagnosis fo your child?]	not at all	7	7	6	7
	to a small extent	13	17	15	15
	to a large extent	22	19	17	25
Total		42	43	38	47



Overall, our results show that a significant percentage of the respondents were not at all satisfied, 27 respondents ( $\approx 16\%$ ). A part were satisfied to a small extent: 60 ( $\approx 35\%$ ), while most were satisfied to a large extent: 83 ( $\approx 49\%$ ).

Nearly half of the respondents report high satisfaction with diagnostic clarification, about one in six report no satisfaction at all, and about one in three only to a small extent. We can observe a net-positive trend, but with a sizable minority who did not feel adequately satisfied. By country, the pattern shown in the data is that Bulgaria and Romania each show a meaningful share “to a large extent,” with Bulgaria’s “large extent” count highest in its column set. Italy and the Netherlands both have spread across categories, with the Netherlands appearing somewhat more balanced. Satisfaction with diagnostic clarification is present in all countries but varies. Bulgaria and Romania appear relatively stronger on “to a large extent,” while Italy and Netherlands have more mixed responses. Country differences suggest local practice/policy variation in how clearly diagnoses are communicated.

## 2) Did you receive information on what to do following the diagnosis?

[2. Did you receive information on what to do following the diagnosis?]

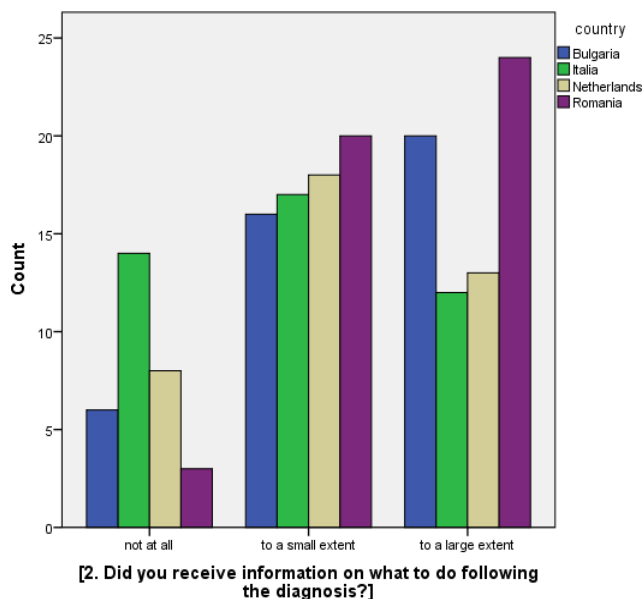
	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	not at all	31	17.8	18.1	18.1
	to a small extent	71	40.8	41.5	59.6
	to a large extent	69	39.7	40.4	100.0
Total		171	98.3	100.0	
Missing	System	3	1.7		
Total		174	100.0		

**[2. Did you receive information on what to do following the diagnosis?]**

Count

		country			
		Bulgaria	Italia	Netherlands	Romania
[2. Did you receive information on what to do following the diagnosis?]	not at all	6	14	8	3
	to a small extent	16	17	18	20
	to a large extent	20	12	13	24
Total		42	43	39	47



Overall, the distribution shows that a part of the respondents did not receive any information, Not at all: 31 (~18%), others received to a small extent: 71 (~41%) or to a large extent: 69 (~40%).

Information provision after diagnosis is split: about 40% feel well informed, but a similar share only to a small extent, and nearly 1 in 5 not at all. Compared with item 1, satisfaction with next-step information is slightly lower and more polarized.

Romania has the fewest “not at all” and the most “to a large extent,” indicating comparatively

stronger post-diagnosis guidance. Italy shows relatively more “to a small extent,” implying partial but insufficient guidance. Bulgaria and Netherlands sit between: both have some “not at all,” with balanced small/large extent. There’s room across all countries to strengthen clear, actionable next-step information.

### 3) Were you referred to a center or service for early childhood development (ECD) support?

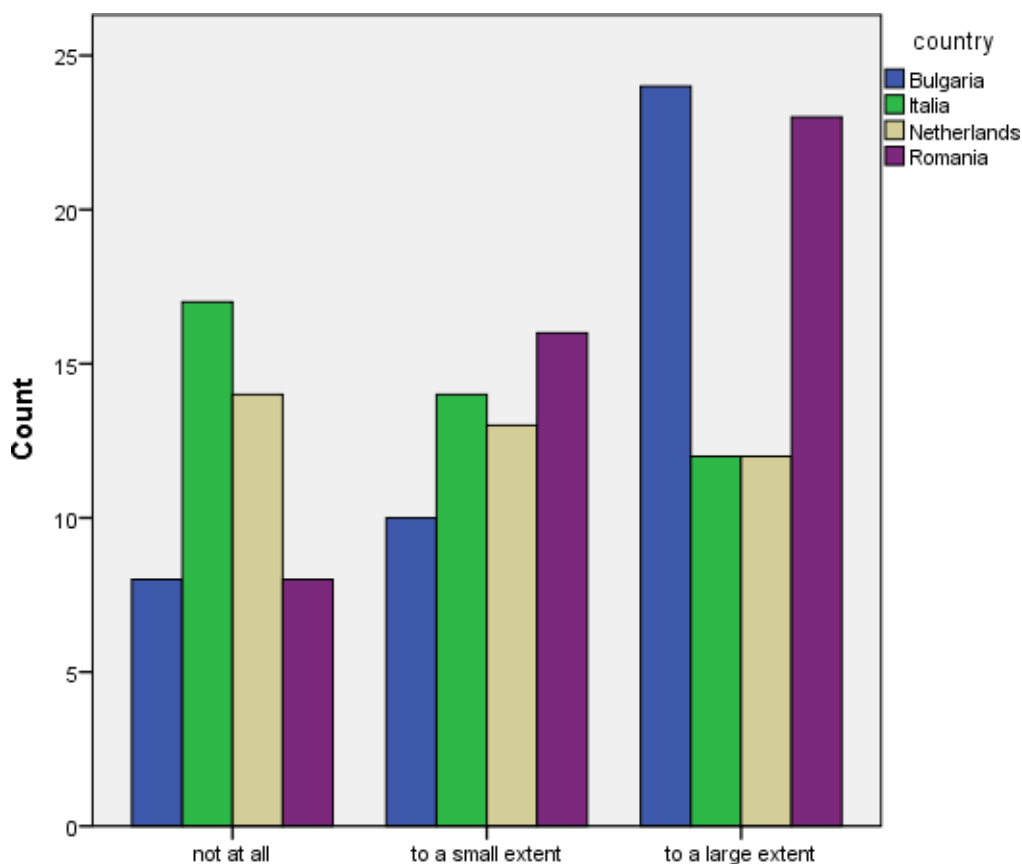
#### [3. Were you referred to a center or service for early childhood development support?]

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	47	27.0	27.5
	to a small extent	53	30.5	31.0
	to a large extent	71	40.8	41.5
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

#### [3. Were you referred to a center or service for early childhood development support?]

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[3. Were you referred to a not at all center or service for early childhood development support?]	8	17	14	8
to a small extent	10	14	13	16
to a large extent	24	12	12	23
Total	42	43	39	47



**[3. Were you referred to a center or service for early childhood development support?]**

The distribution shows that a percentage of the parents were not at all guided towards a center or service 47 (≈28%), while others were guided to a small extent: 53 (≈31%) and most to a large extent: 71 (≈41%). About 4 in 10 parents report strong referral to ECD support; about 3 in 10 had only limited referral; and over a quarter had none. This result is broadly positive, but indicates gaps in consistent referral pathways.

By country, we noticed that in Bulgaria 24 parents reported large guidance, 10 small, 8 not at all, showing relatively strong referral, in Italy 12 large guidance, 14 small, 17 not at all, showing more fragmentation, with many no/limited referrals. In the Netherlands, 12 parents reported large guidance, 13 small, and 14 not at all, a balanced result, but with a notable “not at all” sample. In Romania, 23 parents reported large guidance, 16 small, 8 not at all, showing strong referral profile, similar to Bulgaria). Among the parents included, Romania and Bulgaria show more consistent referral to ECD services. Italy and the Netherlands have more respondents who didn’t receive referrals, suggesting system or access barriers.

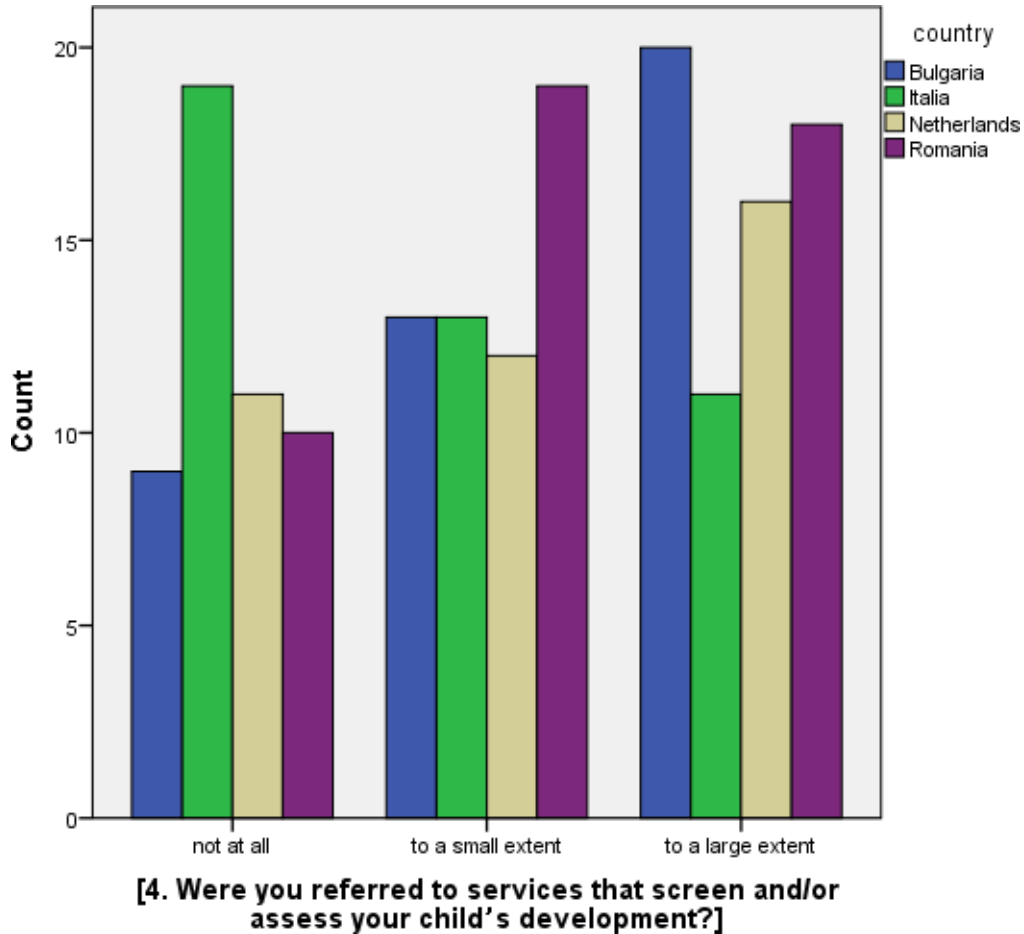
#### 4) Were you referred to services that screen and/or assess your child's development?

##### [4. Were you referred to services that screen and/or assess your child's development?]

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	49	28.2	28.7
	to a small extent	57	32.8	62.0
	to a large extent	65	37.4	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

##### [4. Were you referred to services that screen and/or assess your child's development?]

	country			
	Bulgaria	Italia	Netherlands	Romania
[4. Were you referred to services that screen and/or assess your child's development?] not at all	9	19	11	10
to a small extent	13	13	12	19
to a large extent	20	11	16	18
Total	42	43	39	47



Overall, quite a large number of the parents reported that they were not at all referred to screening or assessment services: 49 (≈29%), a number were referred to a small extent: 57

(≈33%), and a number to a large extent: 65 (≈38%). Similar to item 3, but slightly less strong at the high end: just under 4 in 10 strongly affirmed referral to screening/assessment. Nearly 3 in 10 received no referral, a meaningful gap given the importance of timely developmental screening. By country (counts), Bulgarian parents were referred to screening and assessment: 20 large, 13 small, 9 not at all, favorable responses. Italian parents responded: 11 large, 13 small, 19 not at all, a larger number of “not at all” responses. Parents in the Netherlands included in the sample, responded 16 large, 12 small, 11 not at all, a relatively balanced response distribution, leaning positive. In the Romanian sample, there were 18 responses with large, 19 with small, and 10 with not at all, meaning that many get at least some referral, as there was a mix of small/large responses. Bulgaria and Netherlands present comparatively stronger screening/assessment referral than Italy, Romania’s high “to a small extent” suggests referral occurs but may lack completeness or follow-through.

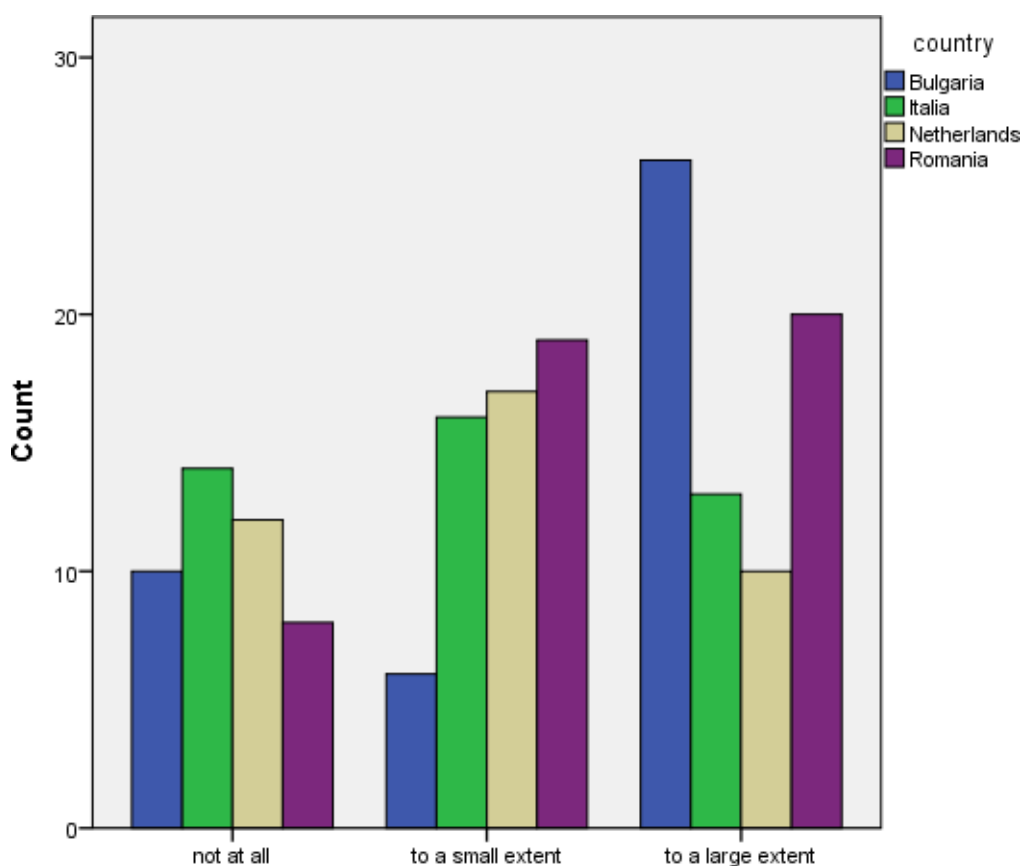
**5) Did you receive information about what therapies and support you could get for your child?**

**[5. Did you receive information about what therapies and support you could get for your child?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	44	25.3	25.7	25.7
Valid to a small extent	58	33.3	33.9	59.6
Valid to a large extent	69	39.7	40.4	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[5. Did you receive information about what therapies and support you could get for your child?]**

		country			
		Bulgaria	Italia	Netherlands	Romania
[5. Did you receive information about what therapies and support you could get for your child?]	not at all	10	14	12	8
	to a small extent	6	16	17	19
	to a large extent	26	13	10	20
Total		42	43	39	47



**[5. Did you receive information about what therapies and support you could get for your child?]**

Of the total number of responses, the distribution is in favor of the large extent reports: the responses not at all were 44 (~26%), to a small extent: 58 (~34%), and to a large extent: 69 (~40%). Very similar to item 4, 2 in 5 parents feel well informed; 1 in 4 not at all; 1 in 3 only partially. The system informs many families but leaves a substantial minority without clear therapy/support options.

Bulgaria had the strongest performance: 26 parents reported large extent in which they were informed about therapies and support for the child, 6 small, 10 not at all. Italy has a distribution of 13 large responses, 16 small, 14 not at all, showing mixed results; many parents are only partially informed. The Netherlands had 10 large responses, 17 small, 12 not at all, distribution is skewed to partial information. In Romania, responses were 20 large, 19 small, 8 not at all, showing relatively positive results, but some partial information. Overall, our results show that information depth and clarity can improve.

**6) Was the support provided in a timely manner?**

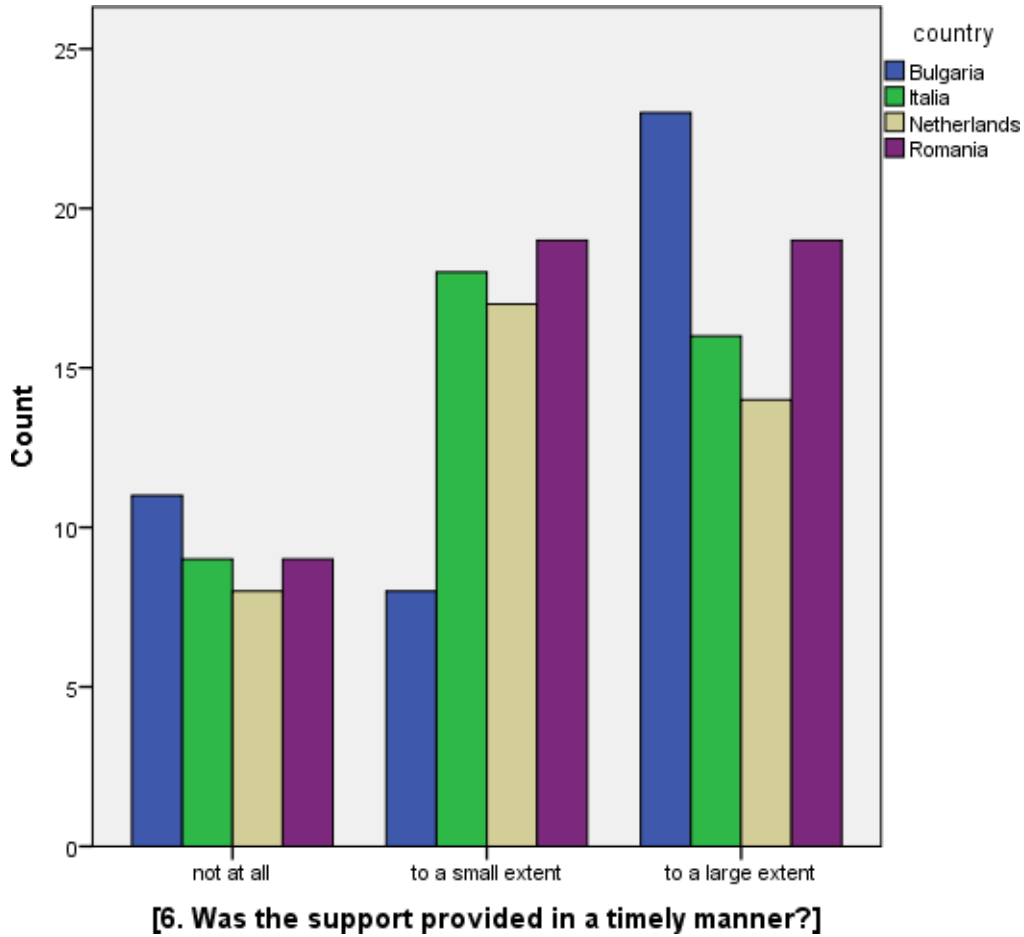
**[6. Was the support provided in a timely manner?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	37	21.3	21.6
	to a small extent	62	35.6	57.9
	to a large extent	72	41.4	100.0
Total	171	98.3	100.0	
Missing	System	3	1.7	
Total		174	100.0	

**[6. Was the support provided in a timely manner?]**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[6. Was the support provided in a timely manner?]				
not at all	11	9	8	9
to a small extent	8	18	17	19
to a large extent	23	16	14	19
Total	42	43	39	47



Overall, the distribution of results shows that some parents appreciated that support was not at all provided in a timely manner: 37 ( $\approx 22\%$ ), some to a small extent timely: 62 ( $\approx 36\%$ ) and most to a large extent: 72 ( $\approx 42\%$ ). Timeliness resembles prior patterns: about 4 in 10 are satisfied; the rest experience delays or limited timeliness. One in five felt support was not timely at all, which represents a significant service delivery concern.

The analysis by country reveals that Bulgaria has 23 parents that appreciated support as largely timely provided, 8 small, 11 not at all, meaning a relatively good timeliness. In Italy, 16 parents appreciated support largely timely, 18 to a small extent, 9 not at all, a partial timeliness overall in this sample. Parents in the Netherlands appreciated that support was timely to a large extent: 14, to a small extent 17, and not at all timely 8, a distribution that is skewed to partial; with fewer “not at all” responses. In Romania, 19 parents responded that they received timely support in a large extent, 19 a small extent, 9 not at all, a result that is balanced, but with many partials.

Bulgaria leads on perceived timeliness of support, while Italy, Netherlands, and Romania often deliver but with delays/partial timeliness. Queue lengths, capacity, or coordination may underlie the partial/no timeliness ratings.

## **7. What types of services and support did you receive after your child’s birth and during their early childhood?**

In **Bulgaria**, the parents’ responses show several trends:

- Some received no or late support: None received; “Not at all”; none until age 2–5; typical development until age 2, then none; only after 2–2.5 years; N/A.
- Public/NGO early intervention centers: Karin Dom (early intervention, rehabilitation, speech therapy, hydrotherapy; home visits), early childhood intervention program in Ruse, day centre for children with disabilities (up to age 6).
- Therapies (core): speech-language therapy; psychologist; occupational therapy; physiotherapy/kinesitherapy; rehabilitation.
- Specialized modalities/other therapies: music therapy; hydrotherapy; resource/special education teacher; exosomatic therapy abroad; hyperbaric chamber; TMS; energy therapy.
- Medical specialists/services: neonatologist; neurologist; monitoring of general health.
- Private or parent-initiated pathways: private therapists (SLT for deaf children, psychologist in private practice); parent searched independently; learned via named specialist (Elena Todorova).

- Social/financial support: financial assistance for twins; personal assistant appointment.

In **Italy**, some of the categories of services mentioned by the parents were:

- No support / gaps: none; had to find everything on own; insufficient public pathway (ASL/NPI could not take charge due to age >3); support ended after 2 years.
- Public health and rehabilitation (ASL/NPI/hospital): neuropsychiatry (NPI/children's neuropsychiatry); physiotherapy/physiokinesitherapy (FKT); psychomotricity; speech therapy (logopedia); rehabilitation centres; periodic day-hospital checks; home care (ADI); paediatric follow-up; ICU/NICU follow-up.
- Private sector and associations: private NPI/logopedia/psychomotricity; private supervisor; parent associations (e.g., Cornelia de Lange association); private structures coordinating therapy and bureaucracy; private nursery.
- School/education supports: school support activated immediately; territorial education service (from kindergarten onward); support for elementary schools; home educational support (e.g., "ban Lombardia").
- Family and parent-focused services: parent training (e.g., 8 sessions); psychologist for family periodically.
- Complementary/alternative and enrichment therapies: yoga, dog-assisted therapy, music therapy, art therapy; enablement to manage disease at home.
- Care coordination/transition: pathways from hospital to ASL to centres; some cases with strong guidance, others with parents navigating bureaucracy alone.

In the **Netherlands**, some of the categories of services were:

- No, late support, diagnostic delays: none/no help; not at first; no diagnosis initially or still no formal diagnosis; help only started from preschool/group 3; parents proactive due to delays.
- Primary care and municipal services: consultation office (youth health); general practitioner (GP); municipality/district team; WMO resources (standing/sitting aids, wheelchair, splints, orthopaedic shoes); home care; guidance at home.
- Medical and hospital-based care: paediatrician; hospitals/children's hospital; specialty clinics (e.g., Down clinic); rehabilitation centre; children's hospice; day centre; ongoing specialist follow-up.
- Therapies (core): physiotherapy (including manual and home physio); occupational

therapy (ergo); speech therapy; play therapy; EMDR.

- Early childhood programs/groups: preschool/toddler treatment groups (e.g., Rijndam); plus group; children's day centre.
- Social/family supports: family counselling; home guidance; PGB (personal budget) requested.
- Parent-initiated pathways: own initiative/research to activate physio/speech/plus group; contact doctors when little changed; started via district team.
- Mixed/other: Okt/OKiD mentions (implied services, one negative experience); lactation specialist; ENT (KNO) ear tubes; osteopathy.

Bulgaria shows a bimodal pattern: many report "none/late service access" while many others report rich, multi-disciplinary NGO-led ECI (Karin Dom). Core therapies (SLT/rehab/OT) are prominent. Italy has broad access to SLT/physio/psychomotricity but heavy reliance on private sector and parent navigation when public thresholds and age limits bind. School supports appear reasonably active. The Netherlands shows strong primary care/municipal touchpoints (consultation office/GP/municipality) and equipment/budget supports (WMO/PGB), but many report no or late help and parent-driven activation. Therapies are common once engaged.

## 8. How did you learn about the early childhood development support service you are enrolled in?

Parents from **Bulgaria** reported several sources where they found out about the services, grouped under several categories:

- Healthcare professionals: paediatrician; paediatric neurologist; audiologist; neonatology/maternity ward.
- Other parents/peers: other parents/moms; relatives/friends/acquaintances; word of mouth.
- Specific centers/NGOs: Karin Dom; Yanika Children's Center (Sofia); named staff (e.g., Veronika Valcheva, Elena Todorova) as referrals.
- Education sector: preschool staff referrals.
- Online/website: internet searches; centre's website.
- Administrative/benefits: after obtaining TELK (disability certificate).
- Self-initiated: "We looked for information ourselves"; by chance.

- Not enrolled / no referral: “We weren’t”; “I’m not registered anywhere.”

In Bulgaria, families often discover services through informal networks—other parents, acquaintances, or centre websites—with NGOs like Karin Dom acting as pivotal entry points and service hubs. Once connected, children typically receive multidisciplinary early intervention (speech-language therapy, occupational therapy, physiotherapy/rehabilitation, psychology), sometimes complemented by enrichment or alternative therapies, and support from resource teachers or day centres. Structured results show generally positive views of professional competence, cooperation, and many core service aspects, but a notable share still report late or no early support, reflecting uneven identification and referral in the first years. Priorities include standardizing clinical and preschool referrals from birth onward, formalizing discharge handoffs, and leveraging parent networks more systematically to reduce chance-based access.

Parents from **Italy** mentioned services falling into several categories:

- Healthcare professionals and services: hospital/consultancy in hospital; neuropsychiatrist (NPI/child neuropsychiatry); neurologist; doctors; paediatric services; ICU/NICU follow-up.
- Primary/community services: consultation office (consultorio/GGD-equivalent in the text set); ASL/territorial services; UONPIA; referrals by territorial services; Kabouter House; OKT (country-specific acronyms).
- Education sector: school/teacher referral; special education pathway; support teacher.
- Other parents/associations: other parents/mothers; patient/family associations (e.g., Cornelia de Lange, PACS1); friends.
- Online/own search: web/internet; personal search; email contact; personal and IT network.
- Private sector: private neuropsychiatrist/centres; being pointed by private SLT to centres of excellence.
- Administrative/coordination: council/ASL guidance; “rolled into it from birth” (ongoing system pathway); GP-requested routes (e.g., EMDR via consultation office doctor).
- Not enrolled / gaps: not enrolled; discovered needs late; had to fight on their own.

In Italy, access commonly begins via hospitals and neuropsychiatry (NPI/ASL), but bottlenecks and age thresholds often push families to private providers and heavy self-advocacy; schools and associations also help families navigate options. Core therapies—speech therapy,

physiotherapy/FKT, and distinctively psychomotricity are widespread once engaged, with educational supports (support teachers, territorial education) frequently activated.

Parents from **the Netherlands** mentioned services falling into several categories:

- Healthcare professionals and services: consultation office (youth health); general practitioner; hospitals/children's hospital; specialists (ENT/Down clinic); rehabilitation centre; children's hospice; home care organizations.
- Municipal/administrative: municipality/district team; WMO (aids/equipment); PGB (personal budget).
- Education sector: preschool/toddler groups; plus group; referrals via school/teacher; children's day centre.
- Other parents/peers: friends/acquaintances; word of mouth; other mothers.
- Online/own search: internet/web; personal research/initiative.
- Private sector: private centres/therapists (e.g., manual physio, osteopathy).
- Specialist associations/NGOs: foundations/associations noted in some entries (when mentioned).
- Not enrolled / diagnostic delay: not enrolled; no diagnosis initially; help only later (e.g., from group 3).

In the Netherlands, the primary and municipal system is visible—consultation offices, GPs, district teams, and supports like WMO equipment and PGB budgets—yet many families still report late activation or diagnostic uncertainty, often initiating pathways themselves. When services are in place, children access physiotherapy, OT, SLT, and rehabilitation, with home-based supports and preschool/toddler treatment groups contributing to participation.

Parents from **Romania** mentioned services falling into several categories:

- Healthcare professionals and services: neurologist/child neurologist (frequent named referrals, e.g., Dr. Laura Mărginean, Dr. Vintan); psychiatrist/psychotherapist; surgeon; hospital; paediatric neurology.
- Public social/child services: DGASPC (social assistance and child protection).
- Education sector: kindergarten referral; institutional workplace (parent works in providing institution).
- Other parents/peers: other parents/mothers; neighbour with special-needs child; parent groups (e.g., Down Syndrome group).

- Online: internet/online sources.
- Private sector: private speech therapist as referrer; therapists in private practice.
- Associations/NGOs: indirect via networks.
- General medical referral: "From doctors".

In Romania, clinician-led referrals dominate access, especially child neurologists and hospital teams, augmented by social services (DGASPC), kindergartens, and parent networks, which helps families connect reliably to services.

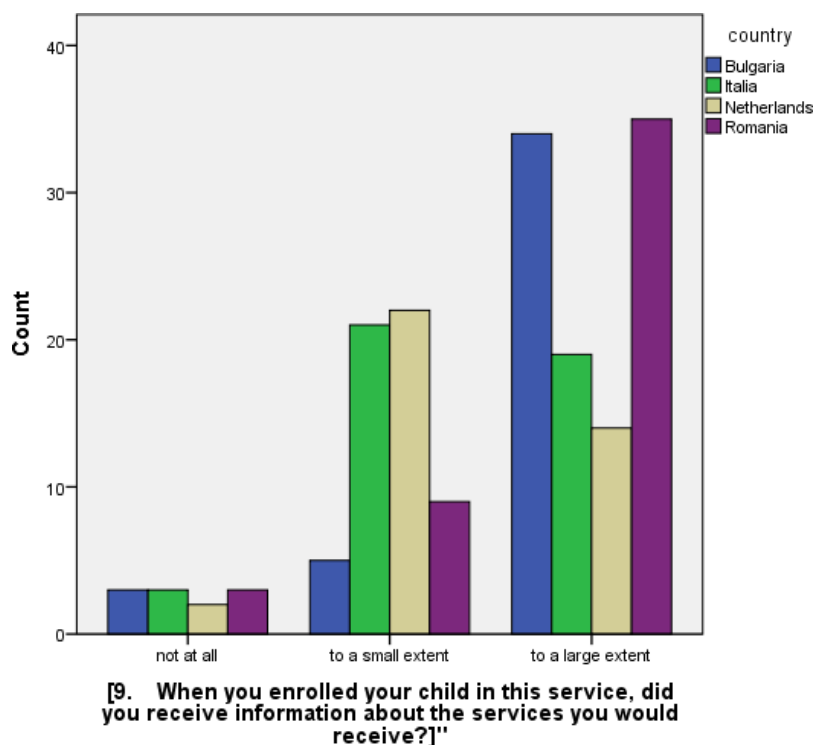
**9) When you enrolled your child in this service, did you receive information about the services you would receive?**

**[9. When you enrolled your child in this service, did you receive information**

		about the services you would receive?]"			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	11	6.3	6.5	6.5
	to a small extent	57	32.8	33.5	40.0
	to a large extent	102	58.6	60.0	100.0
Total		170	97.7	100.0	
Missing	System	4	2.3		
Total		174	100.0		

**[9. When you enrolled your child in this service, did you receive information about the services you would receive?]"**

		country			
		Bulgaria	Italia	Netherlands	Romania
[9. When you enrolled your child in this service, did you receive information about the services you would receive?]"	not at all	3	3	2	3
	to a small extent	5	21	22	9
	to a large extent	34	19	14	35
Total		42	43	38	47



Overall, the distribution shows very few not at all responses 11 (~6–7% of the total), to a small extent: 57 (~33–34%), and most to a large extent: 102 (~60%). Enrolment stage information is a relative strong point: 3 in 5 say they received clear information at intake and only a small fraction received none, while about a third got partial information.

By country, the results show in Bulgaria that most respondents received information at enrolment: 34 to a large extent, 5 small, 3 not at all, a very strong balance towards the large extent. In Italy, 19 parents responded to a large extent, 21 small, 3 not at all, so we notice many partials. In the Netherlands, 14 responded to a large extent, 22 small, 2 not at all, showing the heavy tendency toward partial and few “large extent.” In Romania, 35 parents appreciated they received information to a large extent, 9 small, 3 not at all. From the appreciations of the parents included, Bulgaria and Romania provide clearer intake information. Italy and especially the Netherlands tend to provide partial information at enrolment, though outright “none” is rare.

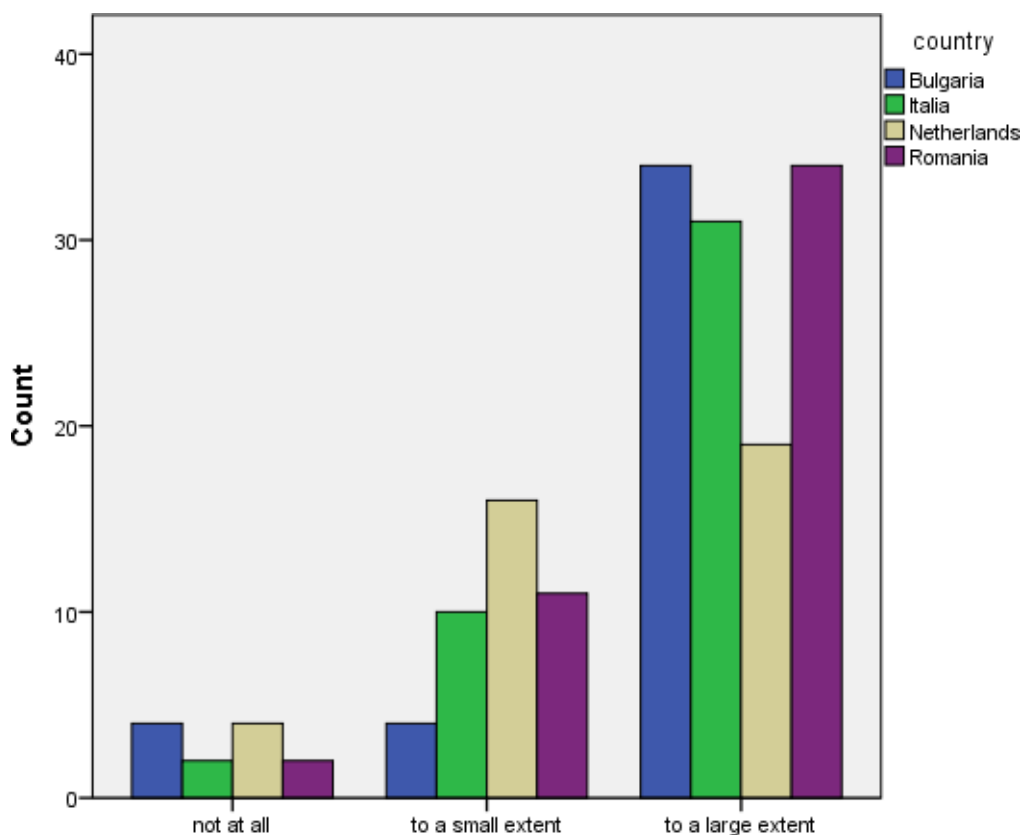
**10) Do you think the professionals working with you and your child are competent (know how to help and communicate well)?**

**[10. Do you think the professionals working with you and your child are competent (they know how to help and communicate well with you and your child)?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	12	6.9	7.0
	to a small extent	41	23.6	31.0
	to a large extent	118	67.8	69.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[10. Do you think the professionals working with you and your child are competent (they know how to help and communicate well with you and your child)?]**

		country			
		Bulgaria	Italia	Netherlands	Romania
[10. Do you think the professionals working with you and your child are competent (they know how to help and communicate well with you and your child)?]	not at all	4	2	4	2
	to a small extent	4	10	16	11
	to a large extent	34	31	19	34
Total		42	43	39	47



**[10. Do you think the professionals working with you and your child are competent (they know how to help and communicate well with you and your child)?]**

Overall the distribution shows that very few parents responded not at all competent when considering the professionals working with them and their children: 12 (~7%), a small number to a small extent: 41 (~24%) and the majority to a large extent competent: 118 (~69%). We can infer a strong perceived competence and communication of professionals, over two-thirds of parents are very positive in this subject. A small minority perceive low competence and about a quarter see only partial competence. This is the strongest positive result across the questions so far. The counts by country show in Bulgaria 34 responded to a large extent, 4 small, 4 not at all, a very positive result. In Italy, 31 responded to a large extent, 10 small, 2 not at all, also a positive skew. In the Netherlands, 19 responded to a large extent, 16 small, 4 not at all, showing more partial competence than others. In Romania, 34 responded to a large extent, 11 small, 2 not at all, a very positive trend. Parents included in the survey from all partner countries view professionals favourably, with Bulgaria and Romania particularly strong. The Netherlands shows more respondents rating competence “to a small extent,” suggesting variability in communication or

confidence conveyed.

So far, the results show that professional competence/communication is widely praised by the parents. At enrollment, most families receive clear information about planned services, many do receive referrals and therapy/support information and a plurality feel services are timely. Some identified gaps are referrals and therapy information, post-diagnosis actionable guidance, many families are only partially informed, and timeliness of access to support services.

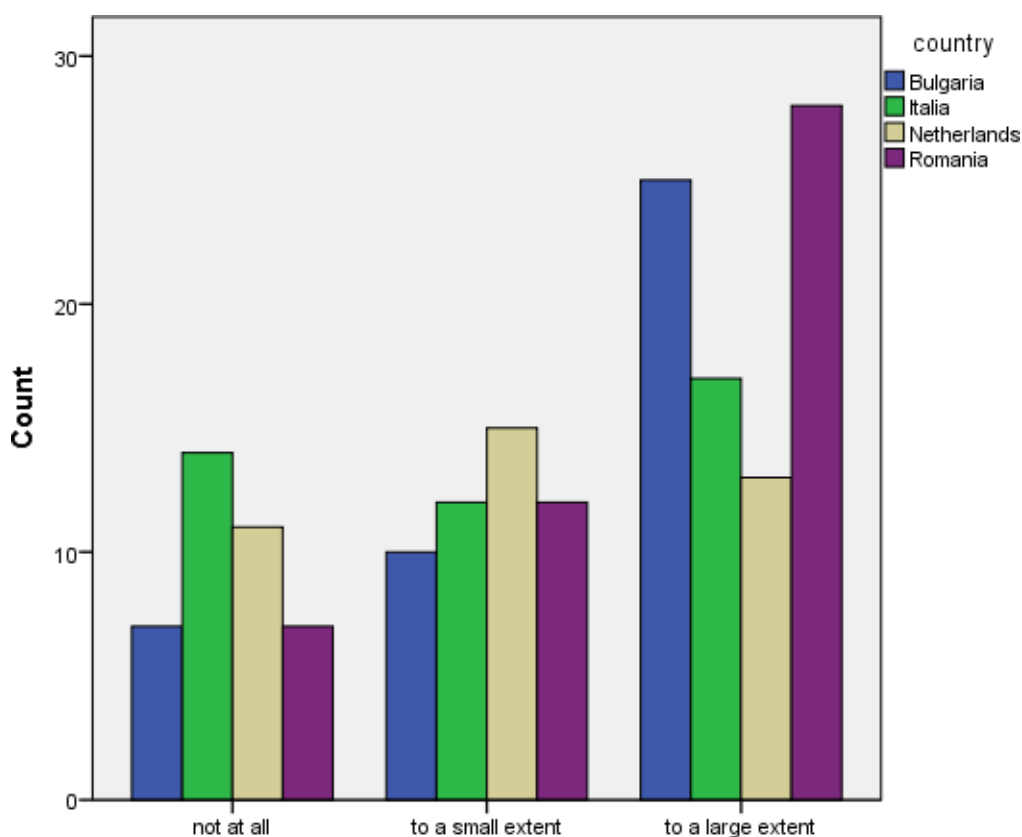
**11) Did you receive clear information about therapeutic and educational options after leaving the service?**

**[11. Did you receive clear information about therapeutic and educational options after leaving the service?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	39	22.4	22.8	22.8
Valid to a small extent	49	28.2	28.7	51.5
Valid to a large extent	83	47.7	48.5	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[11. Did you receive clear information about therapeutic and educational options after leaving the service?]"**

	country			
	Bulgaria	Italia	Netherlands	Romania
[11. Did you receive clear information about therapeutic and educational options after leaving the service?]" not at all	7	14	11	7
to a small extent	10	12	15	12
to a large extent	25	17	13	28
Total	42	43	39	47



**[11. Did you receive clear information about therapeutic and educational options after leaving the service?]**"

Overall, some responses were not at all clear information after leaving the service: 39 (~23%), to a small extent: 49 (~29%), to a large extent: 83 (~49%). We notice that post-discharge information is generally strong, about half of the number of parents consider that they received clear information. However, roughly 1 in 5 got none, and nearly 3 in 10 only partial, pointing to uneven discharge communication.

By country, the analysis shows that Bulgaria has a strong communication after discharge, with 25 parents assessing they received clear information to a large extent, 10 small, 7 not at all. The Italian parents included assessed the information received in a mixed manner, 17 to a large extent, 12 small, 14 not at all, a higher number considered they did not receive clear information at all. In the Netherlands, 13 considered they received to a large extent, 15 small, 11 not at all, a distribution skewed to partial. The Romanian parents assessed the information clarity as very good, as 28 declared they received to a large extent, 12 small, 7 not at all.

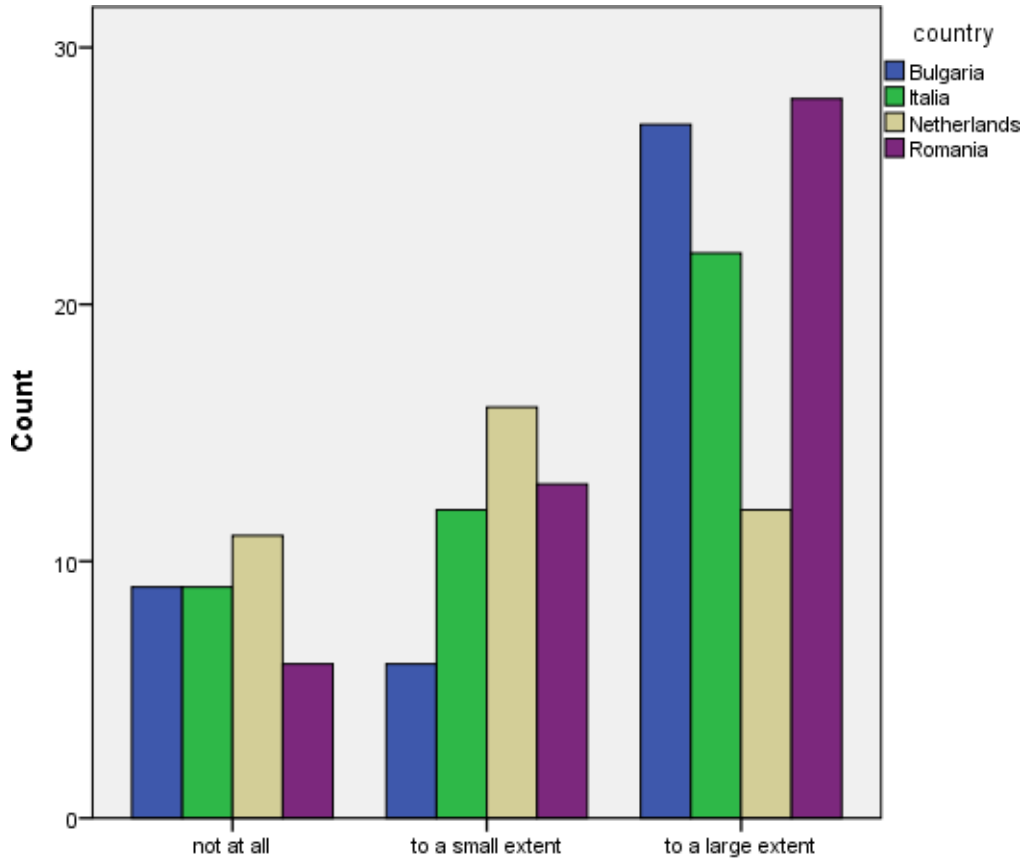
**12) Did the service help you feel more confident in the daily care of your child?**

**[12. Did the service help you feel more confident in the daily care of your child?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	35	20.1	20.5
	to a small extent	47	27.0	48.0
	to a large extent	89	51.1	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[12. Did the service help you feel more confident in the daily care of your child?]"**

		country			
		Bulgaria	Italia	Netherlands	Romania
[12. Did the service help you feel more confident in the daily care of your child?]"	not at all	9	9	11	6
	to a small extent	6	12	16	13
	to a large extent	27	22	12	28
Total		42	43	39	47



**[12. Did the service help you feel more confident in the daily care of your child?]**"

Overall, the not at all help to feel confident in the daily care of the child was assessed by 35 parents ( $\approx 21\%$  of the total), to a small extent: 47 ( $\approx 28\%$ ), to a large extent: 89 ( $\approx 52\%$ ), showing that over half felt a boost in daily-care confidence and about half of the remainder experienced only partial or no improvement.

By country, we noticed that in Bulgaria 27 parents considered they improved their confidence to a large extent, 6 small, 9 not at all, a strong positive tendency. In Italy, 22 assessed the help received to a large extent, 12 small, 9 not at all, also a positive trend. In the Netherlands, 12 assessed to a large extent, 16 small, 11 not at all, more partial responses than the other. In Romania 28 parents assessed the help to a large extent, 13 small, 6 not at all, a strong tendency towards the positive side.

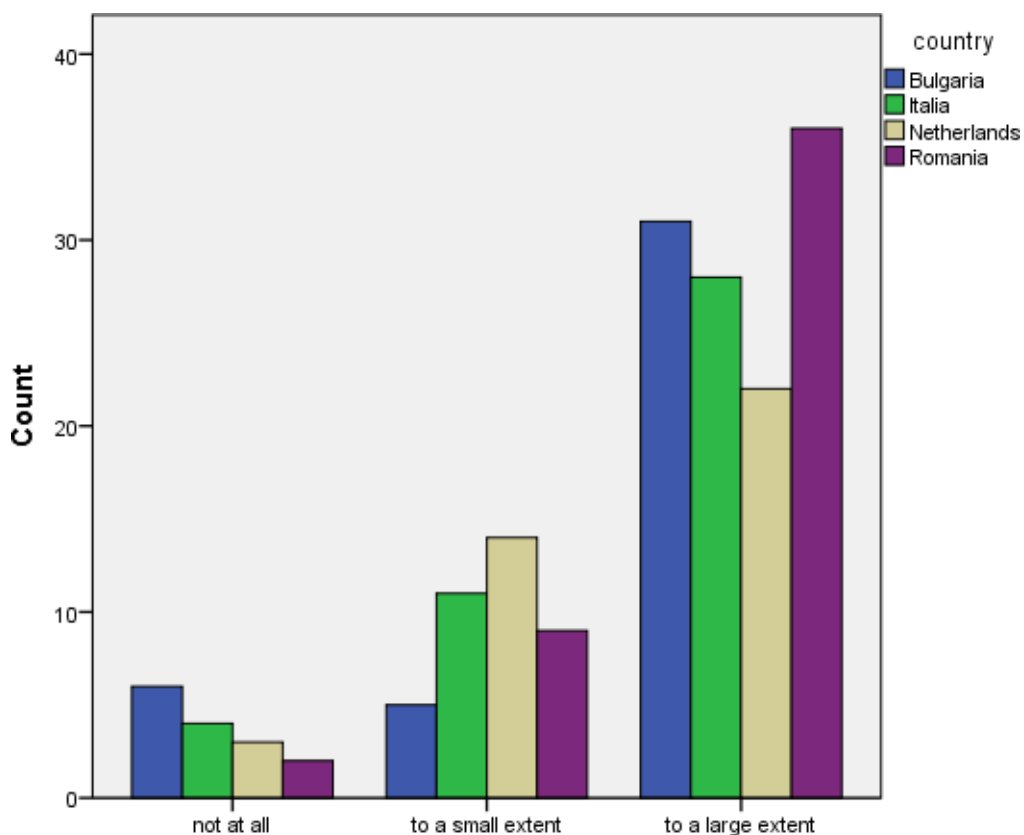
**13) Did you have good cooperation with specialists and therapists in ECD services?**

**[13. Did you have good cooperation with the specialists and therapists in the early childhood development support services?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	15	8.6	8.8	8.8
Valid to a small extent	39	22.4	22.8	31.6
Valid to a large extent	117	67.2	68.4	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[13. Did you have good cooperation with the specialists and therapists in the early childhood development support services?]**

	country			
	Bulgaria	Italia	Netherlands	Romania
[13. Did you have good cooperation with the specialists and therapists in the early childhood development support services?]	6	4	3	2
not at all				
to a small extent	5	11	14	9
to a large extent	31	28	22	36
Total	42	43	39	47



**[13. Did you have good cooperation with the specialists and therapists in the early childhood development support services?]**

Overall, a small number responded not at all good cooperation with the specialists and therapists in the ECD support services: 15 parents ( $\approx 9\%$  of the total number), some to a small extent: 39 ( $\approx 23\%$ ) and most to a large extent: 117 ( $\approx 68\%$ ), meaning that cooperation is a clear strength in our sample, about two-thirds of the parents report strong cooperation.

By country, we noticed that Bulgarian parents assessed the cooperation as good to a large extent (31 parents), 5 to a small extent and only 6 not at all good, a very positive result. In Italy, 28 parents assessed the cooperation as good to a large extent, 11 small, 4 not at all good, also a positive result. In the Netherlands, 22 parents assessed the cooperation as good to a large extent, 14 to a small extent and 3 not at all good, a positive result with some partials. In Romania, 36 parents assessed the cooperation as good to a large extent, 9 to a small extent and 2 not at all good, also a very positive result.

#### 14) Were you able to establish connections with other parents, support groups, or

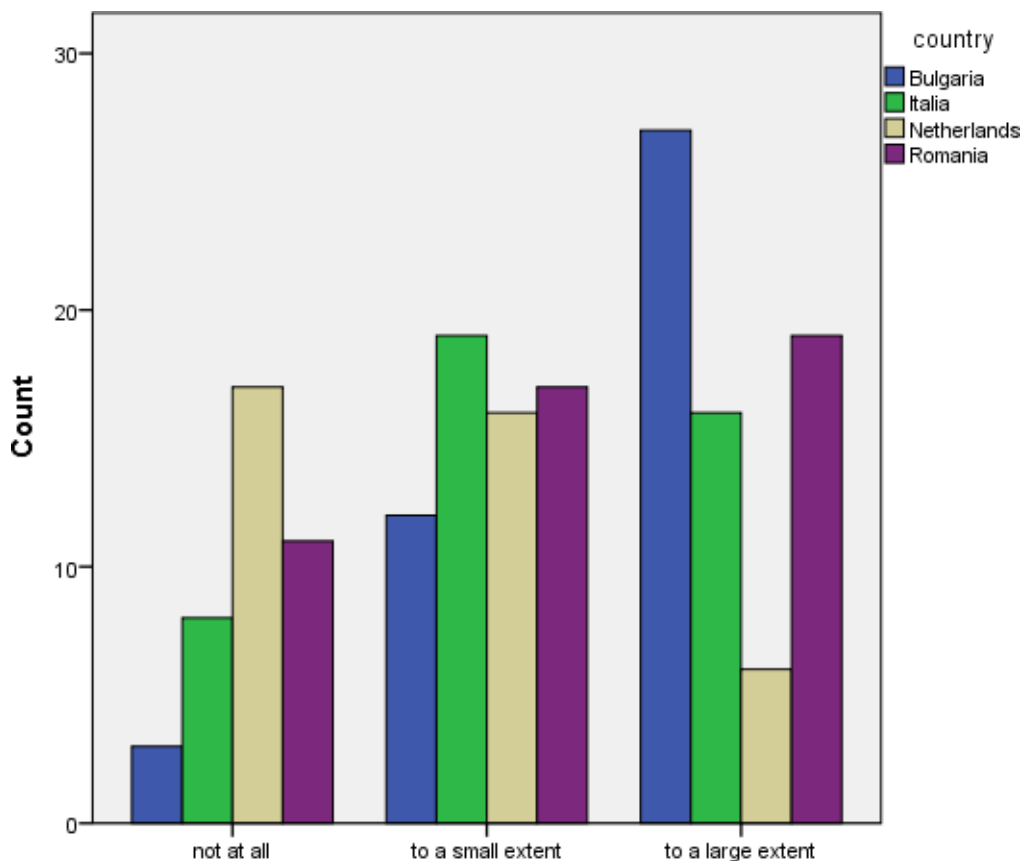
networks?

**14. Were you able to establish connections with other parents, support groups, or networks?]"**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	39	22.4	22.8	22.8
	to a small extent	64	36.8	37.4	60.2
	to a large extent	68	39.1	39.8	100.0
	Total	171	98.3	100.0	
Missing	System	3	1.7		
Total		174	100.0		

**14. Were you able to establish connections with other parents, support groups, or networks?]"**

		country			
		Bulgaria	Italia	Netherlands	Romania
14. Were you able to establish connections with other parents, support groups, or networks?]"	not at all	3	8	17	11
	to a small extent	12	19	16	17
	to a large extent	27	16	6	19
Total		42	43	39	47



**14. Were you able to establish connections with other parents, support groups, or networks?]**"

Overall, a number of 39 parents assessed their ability to establish connections with others in their situation as not at all: 39 (≈23%), to a small extent a number of 64 (≈37%) and to a large extent: 68 (≈40%). Parent-to-parent/network connections are mixed, about 40% strong success, 37% partial, 23% none. This is weaker than professional cooperation but still leans positive.

By country, Bulgarian parents assessed the success to establish connections as large (27 parents), 12 small, 3 not at all, showing a strong peer connection. In Italy, 16 parents assessed the success as large, 19 small, 8 not at all, so there are many partials. In the Netherlands, 6 parents assessed the success as large, 16 small, 17 not at all, the weakest connectivity compared to other partner countries. In Romania, 19 parents assessed the success as large, 17 small, 11 not at all, a mid-range distribution.

**15) Did you receive the resources you needed as a parent?**

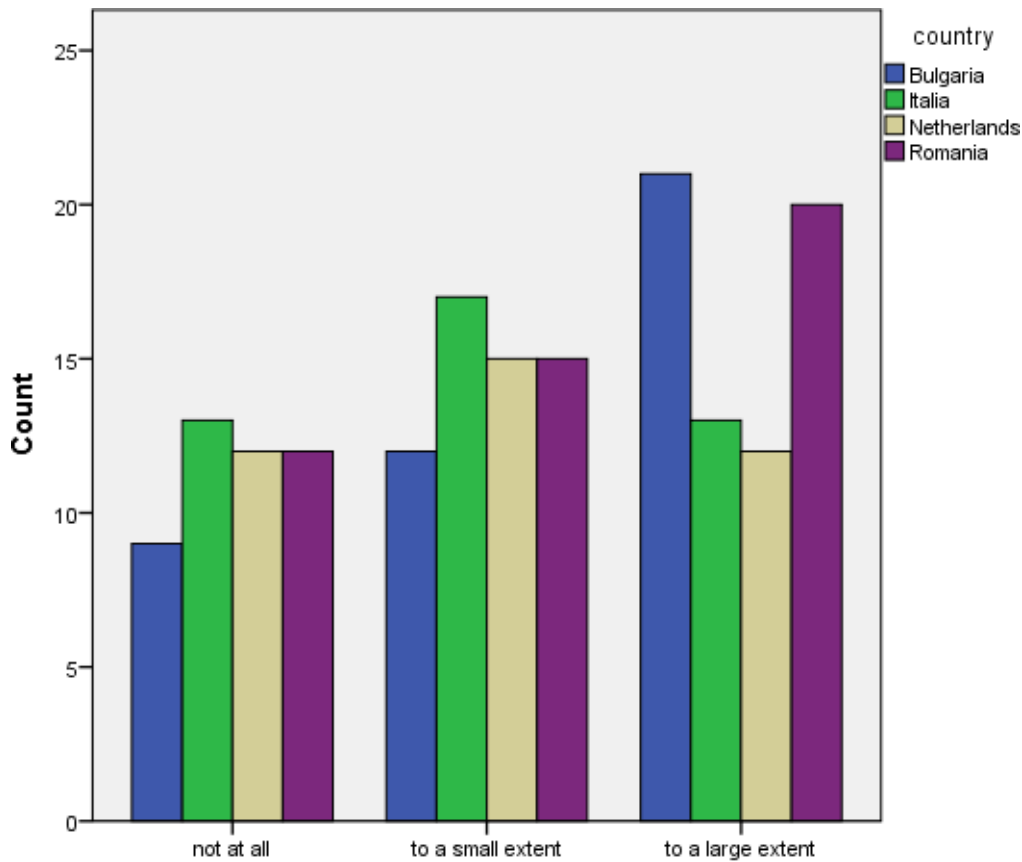
**15. Did you receive the resources you needed as a parent?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	46	26.4	26.9
	to a small extent	59	33.9	61.4
	to a large extent	66	37.9	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**15. Did you receive the resources you needed as a parent?]"**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
15. Did you receive the resources you needed as a parent?]"				
not at all	9	13	12	12
to a small extent	12	17	15	15
to a large extent	21	13	12	20
Total	42	43	39	47



15. Did you receive the resources you needed as a parent?]"

Overall, a part of the parents consider they did not receive the resources they needed as parents: 46 of the total considered they did not receive resources at all ( $\approx 27\%$ ), a number of 59 to a small extent ( $\approx 35\%$ ), and a number of 66 to a large extent ( $\approx 39\%$ ). We noticed that parent-focused resources are uneven: 39% well served, but 62% report partial or none. **This is clearly a notable area for improvement.**

By country, in Bulgaria 21 parents assessed they received resources to a large extent, 12 small, 9 not at all, a relatively positive result. In Italy, 13 parents assessed they received resources to a large extent, 17 small, 13 not at all, revealing many partials and some gaps. In the Netherlands, the results are similar, 12 parents assessed they received resources to a large extent, 15 small, 12 not at all. In Romania, 20 parents assessed they received resources to a large extent, 15 small, 12 not at all, a balanced result leaning positive.

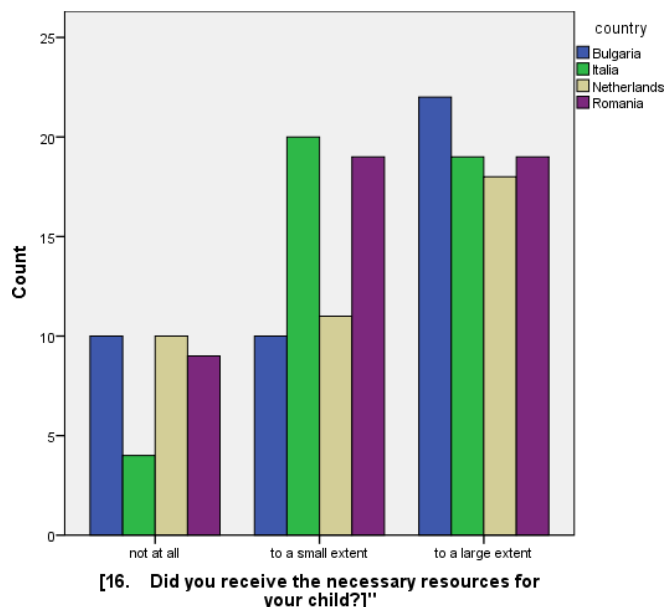
### 16) Did you receive the necessary resources for your child?

**[16. Did you receive the necessary resources for your child?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	33	19.0	19.3	19.3
to a small extent	60	34.5	35.1	54.4
to a large extent	78	44.8	45.6	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[16. Did you receive the necessary resources for your child?]"**

		country			
		Bulgaria	Italia	Netherlands	Romania
[16. Did you receive the necessary resources for your child?]"	not at all	10	4	10	9
	to a small extent	10	20	11	19
	to a large extent	22	19	18	19
Total		42	43	39	47



Overall, from the total number of parents who responded, 33 considered they did not receive the necessary resources for their child at all ( $\approx 19\%$  of the total), 60 received to a small extent ( $\approx 35\%$ ),

and 78 to a large extent ( $\approx 46\%$ ). Child-specific resources look better than parent resources, nearly half received to a large extent. Still, more than half report partial/none.

By country, we noticed that Bulgarian parents considered that they received to a large extent (22 parents), 10 to a small extent, and 10 not at all, a positive result. In Italy, 19 parents considered they received resources for their children to a large extent, 20 small, 4 not at all, so there are many partials, but few “not at all” responses. In the Netherlands, 18 parents considered they receive resources to a large extent, 11 small, 10 not at all, a positive result, but with some partials. In Romania, 19 parents considered they received resources to a large extent, 19 small, 9 not at all, so also many partials. On the chart we notice that the “Large extent” bar leads, Italy’s “not at all” bar is relatively low.

### 17) Could you give examples of material or technical resources?

Some examples of material or technical resources that parents from **Bulgaria** were provided are:

- Assistive devices and positioning/mobility: positioning chair; walker; orthopaedic shoes/ insoles; weights for arms/ legs; assistive devices for mobility/ positioning/ swimming/ writing; “any devices for positioning, tactile stimulation, fine/gross motor skills.”
- Communication supports: PECS; communication materials; cards; speech development cards.
- Sensory and motor materials: sensory paths/ mats; kinetic sand; beans/ lentils/ coffee play; Montessori/sensory materials; stabilization/balance techniques.
- Educational/home materials: educational toys; puzzles; worksheets/printed activities; books with games/routines; activities/homework/games; well-equipped therapy rooms (environmental resource).
- General supplies/information: informational materials; guidance on attention/play/learning; “work of specialists” and parent learning as a resource.
- Therapy access as a “resource”: free/extra sessions; “free therapies for all children with special needs” (aspirational).
- None/unclear: “haven’t received anything”; “I find everything myself online”; awaiting materials from specialists.

In Bulgaria families most often cite tangible aids (positioning/mobility devices, orthopedic footwear), communication supports (PECS), and rich sensory/educational materials (sensory mats, Montessori items, worksheets, puzzles). Many also emphasize the practical guidance and printed

activities provided by specialists as valuable “resources.” However, a notable share report receiving nothing or sourcing everything themselves, highlighting variability in access to material/technical supports despite evident needs.

In **Italy**, parents reported that several categories of materials and resources were available:

- Financial/economic supports: disability/ civil invalidity pensions; attendance/accompaniment allowances (e.g., Law 104, B1 Lombardy); inclusion allowance; single allowance; INPS-related contributions.
- Skills training and guidance: parent training (group/ASL/private); guidance for behavior/ emotions; practical examples to replicate at home; professionals teaching daily-life and social skills.
- Therapy access (as resource): physiotherapy; psychomotricity; rehabilitation weeks (free) at intervals; specialist input.
- Coordination/case management: private supervisor/case manager; reports/enrolment in further pathways; “take charge” periods.
- Service quality/availability signals: “Excellent specialists”; tariffs/availability responsive to requests; some had to pay all education hours privately.
- None/gaps: “Nothing”; no economic resources; access only after many years (e.g., 9 years).

The responses by parents in Italy emphasize economic supports (pensions, allowances) and structured skill-building for parents and children (parent training, at-home strategies), with periodic therapy access and coordination help. Several accounts still report receiving nothing or long delays before benefits, suggesting that while financial instruments and training exist, timely reach and consistent provisioning remain challenges.

Parents from **the Netherlands** mentioned several categories of materials they received during the service:

- Mobility and daily-living equipment: wheelchairs/custom buggies; rollator/walker; standing table; shower/bath chairs; high–low bed; lifts; toilet seat; home adaptations/house fitting.
- Orthotics and protective gear: splints (arm/thumb/foot), orthopaedic shoes, corset body, fall helmet.
- Communication/education supports: speech (eye-control) computer/AAC; leaflets/info; dyslexia counselling and practice strategies; adapting

routines/communication.

- Feeding/medical equipment: probe feeding resources; cough machine; nebulizer; extractor.
- School-related supports: assistance with school placement; adapted education; tips from OTs to teachers.
- Service access modality: “Possibility was there” (availability even if not used).
- None/self-funded/gaps: “nothing/none”; “paid everything ourselves”; “had to go after them ourselves”; “no help given”.

It seems that parents from the Netherlands report that material supports are diverse and often substantial: mobility equipment, home adaptations, orthotics, hygiene aids, and medical/ feeding devices feature prominently, alongside AAC/speech computers and educational adjustments. School placement support and teacher guidance appear as adjuncts. Yet many families report receiving no aids or having to self-fund and chase provisions, indicating uneven delivery and reliance on personal initiative despite the breadth of potential resources.

Parents from Romania mentioned several categories of resources received for their children:

- Hearing/medical devices and coverage: Hearing aids (bilateral), partially reimbursed by health insurance; free consultations/exams.
- Financial/social benefits: disability allowance; supplementary/food allowances; municipal support (e.g., Cluj-Napoca); free transport pass; property tax reduction; complementary budget; free special kindergarten; parent as personal assistant with salary.
- Educational/therapeutic materials: books, manuals with images/sounds; speech therapy games/materials; worksheets; cognitive/sensory toys; glob/lantern light toys; didactic materials; mini toy to take home.
- Guidance and training: concrete exercises/techniques for home; steps for optimal development; speech/auditory training guidance; documentation on syndrome; recommendations of books for parents; individualized plans with periodic revisions.
- Service access as “resource”: psychotherapy and language stimulation hours; centre-based speech support.
- None/unclear: “Physically I received nothing — we identify needs during therapy and

procure ourselves.”

In Romania, families report a balanced mix of financial entitlements and concrete developmental resources: partially covered hearing aids and various allowances complement practical guidance, worksheets, and educational/sensory materials for home use. Structured planning and periodic review are noted strengths. Still, some families state they received no physical materials and had to self-procure, indicating variability in how material supports accompany therapeutic guidance.

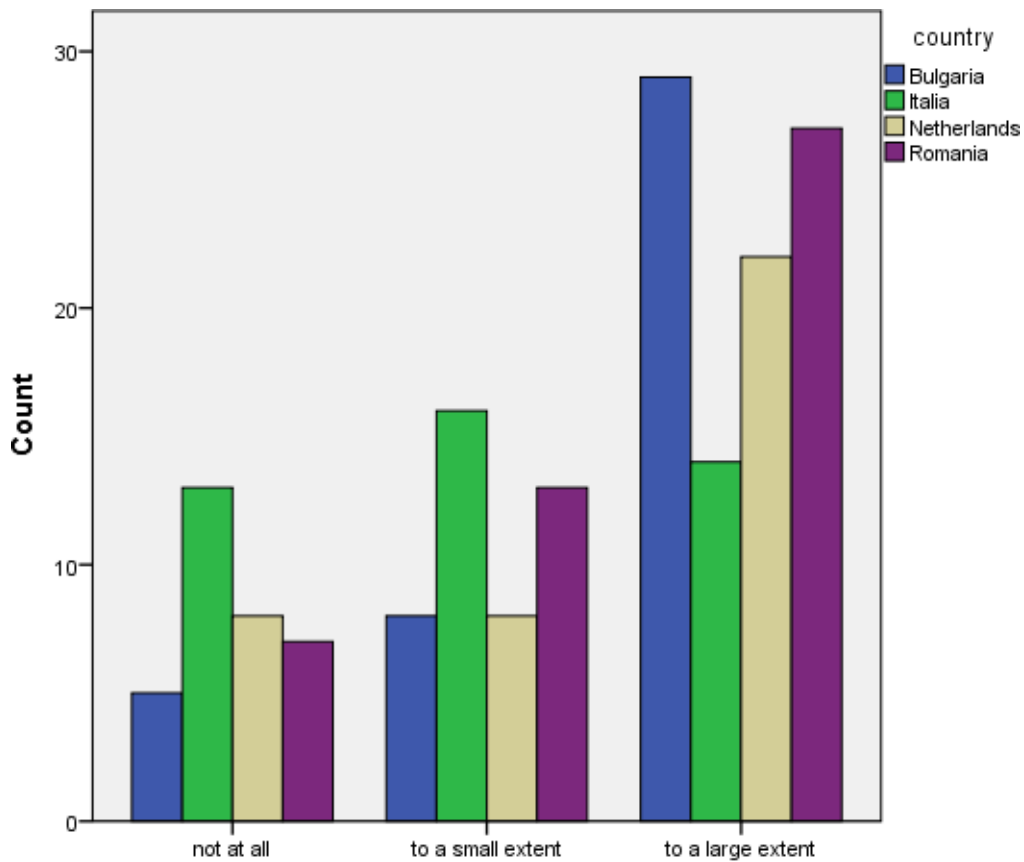
### 18) Was the ECD support service affordable?

[18. Was the early childhood development support service affordable for you in terms of cost?]" Count

	country				Total
	Bulgaria	Italia	Netherlands	Romania	
[18. Was the early childhood development support service affordable for you in terms of cost?]"	5	13	8	7	33
not at all to a small extent	8	16	8	13	45
to a large extent	29	14	22	27	92
<b>Total</b>	<b>42</b>	<b>43</b>	<b>38</b>	<b>47</b>	<b>170</b>

**[18. Was the early childhood development support service affordable for you in terms of cost?]**"

		country			
		Bulgaria	Italia	Netherlands	Romania
[18. Was the early childhood development support service affordable for you in terms of cost?]"	not at all	5	13	8	7
	to a small extent	8	16	8	13
	to a large extent	29	14	22	27
Total		42	43	38	47



**[18. Was the early childhood development support service affordable for you in terms of cost?]**"

Overall, some parents responded not at all affordable: 33 (~19%), some to a small extent: 45 (~27%) and the majority to a large extent: 92 (~54%). We can infer that affordability is a relative strength, since the majority of parents found services affordable, but about 1 in 5 found them not affordable at all.

By country, in Bulgaria 29 parents considered affordability as high to a large extent, 8 small, 5 not at all, a result showing strong affordability. In Italy, 14 responded to a large extent, 16 small, 13 not at all, showing affordability challenges. In the Netherlands, 22 responded to a large extent, 8 small, 8 not at all, a positive result. In Romania, 27 assessed affordability as high to a large extent, 13 small, 7 not at all, a positive result.

### 19) Was the service accessible in terms of distance from your home?

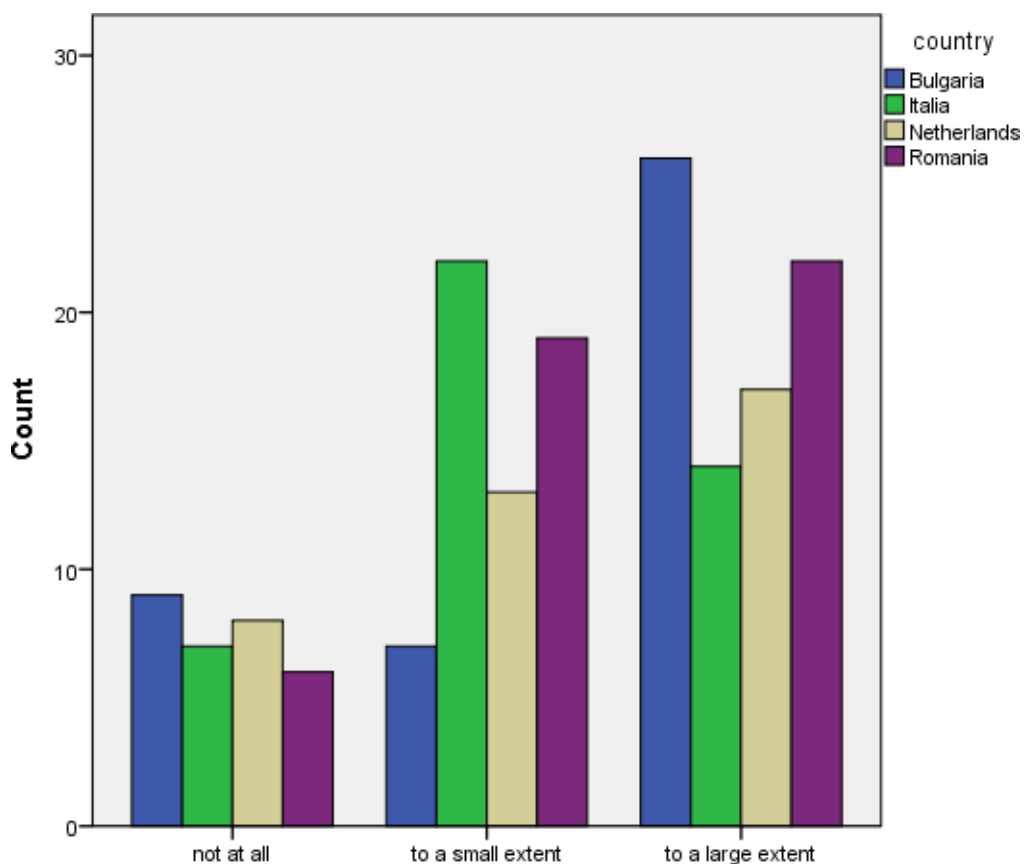
[19. Was the service accessible in terms of distance from your home?]"

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	30	17.2	17.6	17.6
Valid to a small extent	61	35.1	35.9	53.5
Valid to a large extent	79	45.4	46.5	100.0
Total	170	97.7	100.0	
Missing System	4	2.3		
Total	174	100.0		

[19. Was the service accessible in terms of distance from your home?]

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[19. Was the service accessible in terms of distance from your home?]" not at all	9	7	8	6
to a small extent	7	22	13	19
to a large extent	26	14	17	22
Total	42	43	38	47



**[19. Was the service accessible in terms of distance from your home?]"**

Overall, from the total number of parents, 30 responded not at all accessible in terms of distance (≈18% of the total number), 61 to a small extent (≈36%), 79 to a large extent (≈47%). Physical accessibility is generally good, though over half report only partial or not at all accessible. We can infer that transportation or geographic distribution may hinder some families.

By country, in Bulgaria 26 parents assessed geographic accessibility as large, 7 small, 9 not at all, a strong tendency toward access. In Italy, 14 parents assessed accessibility as large, 22 small, 7 not at all, so there are many partials. In the Netherlands, 17 parents assessed accessibility as large, 13 small, 8 not at all, a mid-positive result. In Romania, 22 parents considered accessibility as large, 19 small, 6 not at all, largely positive result, but with partials.

**20) Was the organization appropriate (flexibility, waiting times)?**

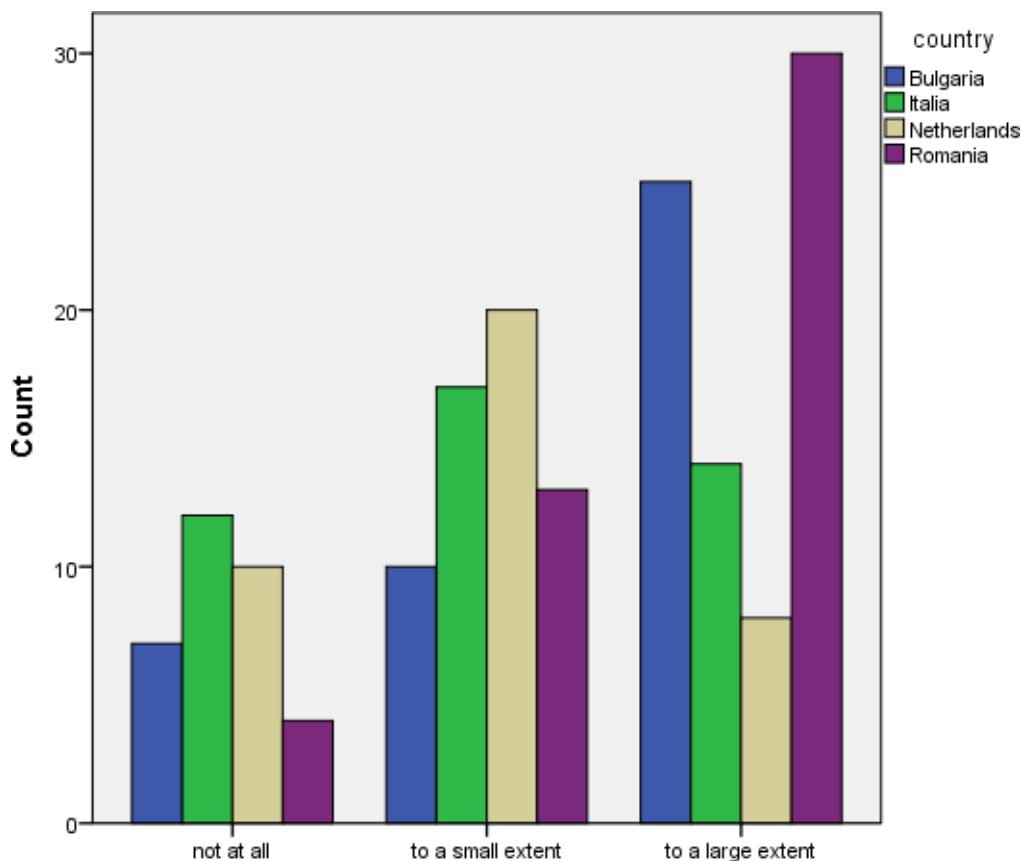
**20. Was the organization of the service appropriate (flexibility, waiting times)?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
not at all	33	19.0	19.4	19.4
to a small extent	60	34.5	35.3	54.7
to a large extent	77	44.3	45.3	100.0
Total	170	97.7	100.0	
Missing				
System	4	2.3		
Total	174	100.0		

**20. Was the organization of the service appropriate (flexibility, waiting times)?]"**

Count

			country			
			Bulgaria	Italia	Netherlands	Romania
20.	Was the	not at all	7	12	10	4
	organization of the	to a small extent	10	17	20	13
	service appropriate	to a large extent	25	14	8	30
	(flexibility, waiting					
	times)?]"					
	Total		42	43	38	47



**20. Was the organization of the service appropriate (flexibility, waiting times)?"**

Overall, from the total number of parents who responded, 33 considered that the organization of the service was not at all appropriate in terms of flexibility, waiting times ( $\approx 19\%$  of the total number), 60 to a small extent ( $\approx 35\%$ ), 77 to a large extent: 77 ( $\approx 45\%$ ). We can infer that organization is moderately strong but with many partial experiences, suggesting wait times/scheduling remain possible weak points.

By country, in Bulgaria 25 parents assessed the organization of services as largely good, 10 small, 7 not at all, overall a good result. In Italy, 14 parents considered organization as appropriate to a large extent, 17 small, 12 not at all, showing many partials and gaps. In the Netherlands, only 8 parents considered the organization as appropriate to a large extent, 20 small, 10 not at all, a weak organization of services. In Romania, 30 parents assessed the organization of services as appropriate to a large extent, 13 small, 4 not at all, the strongest organization of services from the

partner countries.

**21) Was the service attuned to your emotional needs?**

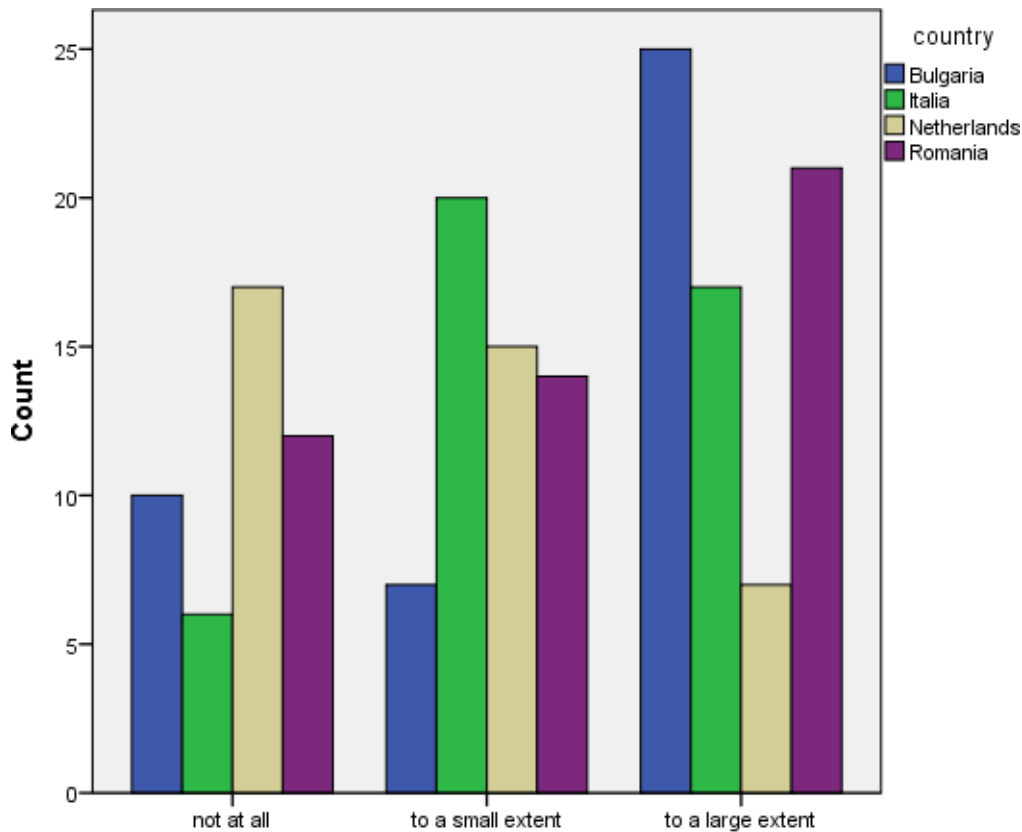
**[21. Was the service attuned to your emotional needs (e.g., your emotions regarding the challenges you face as a parent of a child with special needs)?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	45	25.9	26.3	26.3
Valid to a small extent	56	32.2	32.7	59.1
Valid to a large extent	70	40.2	40.9	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[21. Was the service attuned to your emotional needs (e.g., your emotions regarding the challenges you face as a parent of a child with special needs)?]"**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[21. Was the service not at all	10	6	17	12
attuned to your to a small extent	7	20	15	14
emotional needs (e.g., your emotions regarding to a large extent	25	17	7	21
the challenges you face as a parent of a child with special needs)?]"				
Total	42	43	39	47



**[21. Was the service attuned to your emotional needs (e.g., your emotions regarding the challenges you face as a parent of a child with special needs)?]**

Overall, 45 parents considered that the services were not at all attuned to their emotional needs ( $\approx 26\%$  of the total number), 56 to a small extent ( $\approx 33\%$ ), and 70 to a large extent ( $\approx 41\%$ ). Emotional attunement from services is mixed: about 4 in 10 consider it strongly positive, but the majority experience only partial or none, showing that this is a clear area to strengthen.

By country, from Bulgaria 25 parents consider the services as attuned to a large extent, 7 to a small extent, and 10 not at all attuned, a positive result overall. In Italy, 17 parents assessed the services as attuned to a large extent, 20 to a small extent, and 6 not at all attuned, with many partials. In the Netherlands, 7 parents considered the services attunement to emotional needs to a large extent, 15 small, 17 not at all, showing the weakest level of emotional attunement from services. In Romania, 21 considered the service attunement to a large extent, 14 small, 12 not at all, a mid-positive result. The chart clearly shows the noticeable “not at all” responses from the parents in the Netherlands.

## 22) Did the service address your stress as a parent?

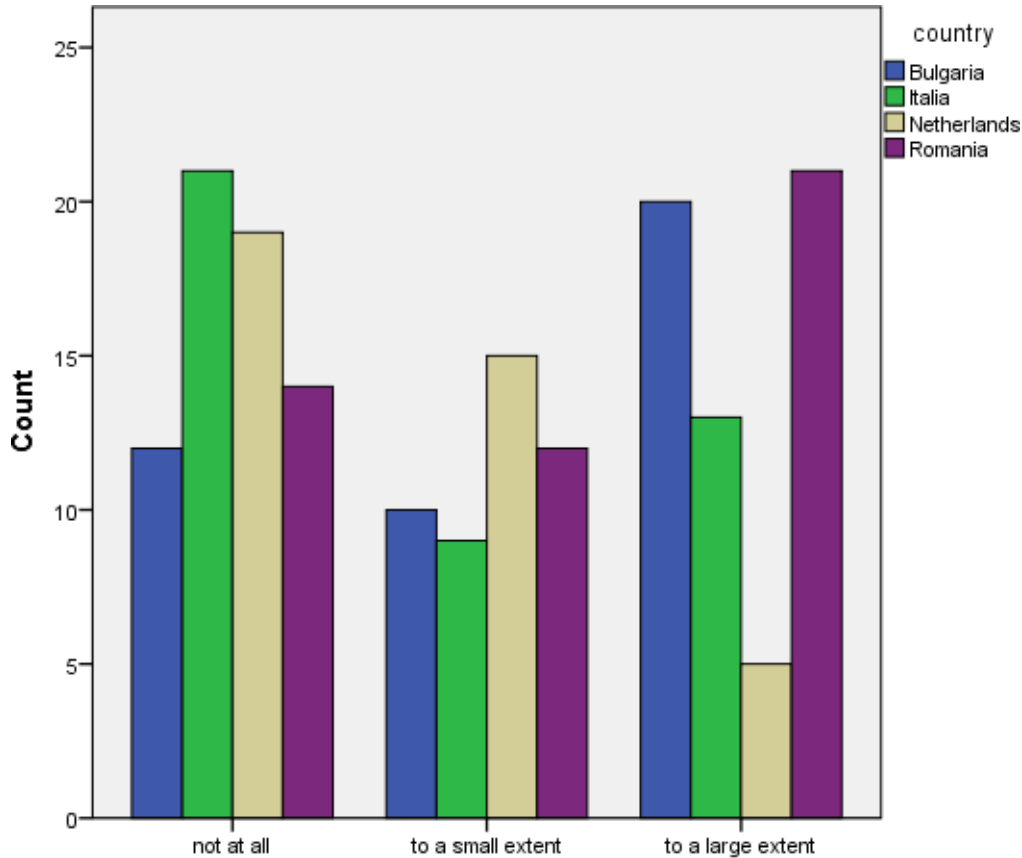
**[22. Did the service address your stress as a parent of a child with special needs?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	66	37.9	38.6	38.6
to a small extent	46	26.4	26.9	65.5
to a large extent	59	33.9	34.5	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[22. Did the service address your stress as a parent of a child with special needs?]"**

Count

		country			
		Bulgaria	Italia	Netherlands	Romania
[22. Did the service	not at all	12	21	19	14
address your stress as a	to a small extent	10	9	15	12
parent of a child with	to a large extent	20	13	5	21
special needs?]"					
Total		42	43	39	47



**[22. Did the service address your stress as a parent of a child with special needs?]**

Overall, 66 parents consider that the service did not at all address their stress as a parent of a child with special needs (≈39% of the total), 46 that it addressed the stress to a small extent (≈27%), and 59 to a large extent (≈35%). Our results clearly show that stress support is a weakness, since nearly 4 in 10 parents responded “not at all,” and only about a third “to a large extent”. This contrasts with stronger ratings on competence/organization.

By country, in Bulgaria 20 parents consider stress support was provided to a large extent, 10 small, 12 not at all, so results are mixed. In Italy, 13 parents assessed stress support as provided to a large extent, 9 small, and 21 not at all, showing a challenging situation in this case. In the Netherlands, 5 parents assessed their stress support as provided to a large extent, 15 small, 19 not at all, the weakest result from our sample. In Romania, 21 parents consider that they received stress support to a large extent, 12 small, 14 not at all, a better result compared to Italy and The Netherlands, but still mixed. The chart shows a clear visual representation of the tall “not at all” bars in Italy and the

Netherlands.

### 23. Did you receive support during adjustment periods, transitions from one place to another?

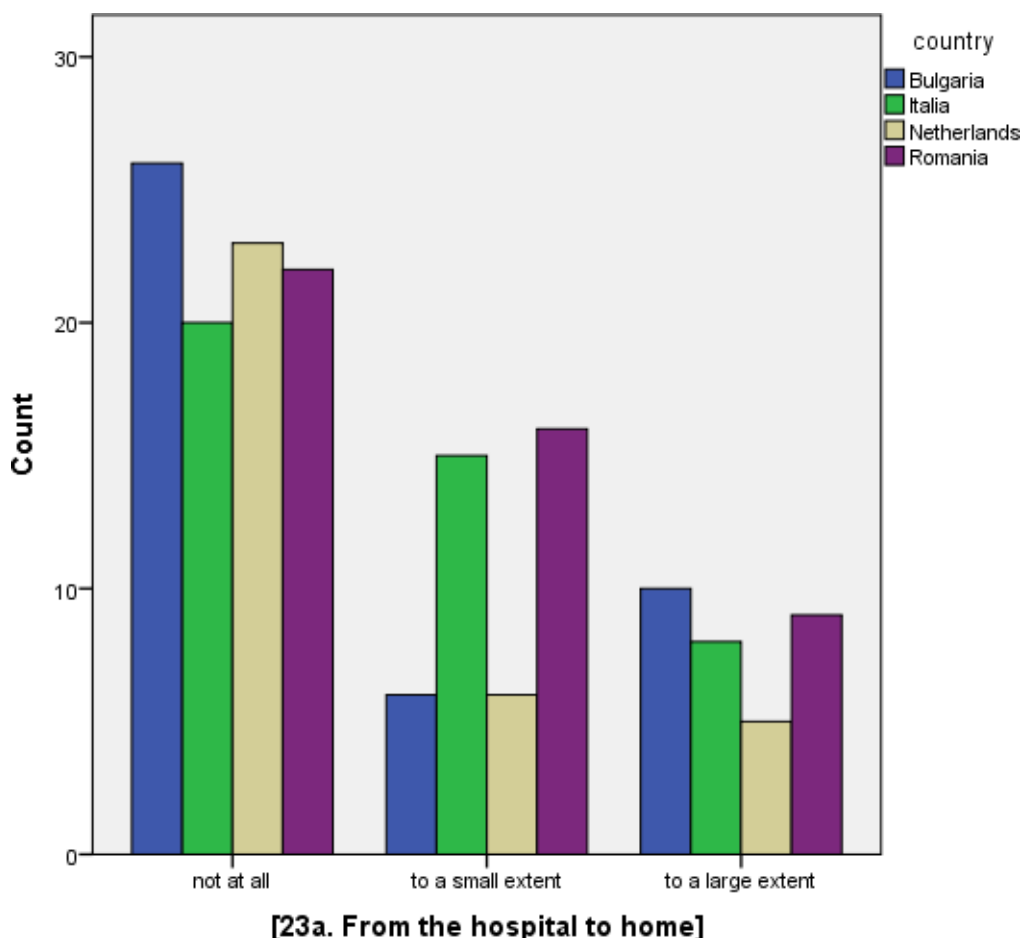
#### 23a) Continuity/transition: From the hospital to home

##### [23a. From the hospital to home]

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	91	52.3	54.8
	to a small extent	43	24.7	80.7
	to a large extent	32	18.4	100.0
Total	166	95.4	100.0	
Missing System	8	4.6		
Total	174	100.0		

##### [23a. From the hospital to home]

		country			
		Bulgaria	Italia	Netherlands	Romania
[23a. From the hospital to home]	not at all	26	20	23	22
	to a small extent	6	15	6	16
	to a large extent	10	8	5	9
Total		42	43	34	47



Overall, from the total number of parents who responded, 91 considered they did not receive at all support during the transition from hospital to home (~55% of the total number), 43 received to a small extent (~26%), and only 32 to a large extent (~19%). We clearly identified this aspect as a major gap in services, since over half of the parents from all partner countries report no helpful transition support from hospital to home.

By country, in Bulgaria 10 parents consider they received support to a large extent, 6 small, 26 not at all, in Italy 8 to a large extent, 15 small, 20 not at all, in the Netherlands 5 large, 6 small, 23 not at all, in Romania 9 to a large extent, 16 small, 22 not at all. The chart clearly shows in a visual eloquent manner the very tall “not at all” bars across all four countries.

### 23b) Continuity/transition: From home to the ECD support center

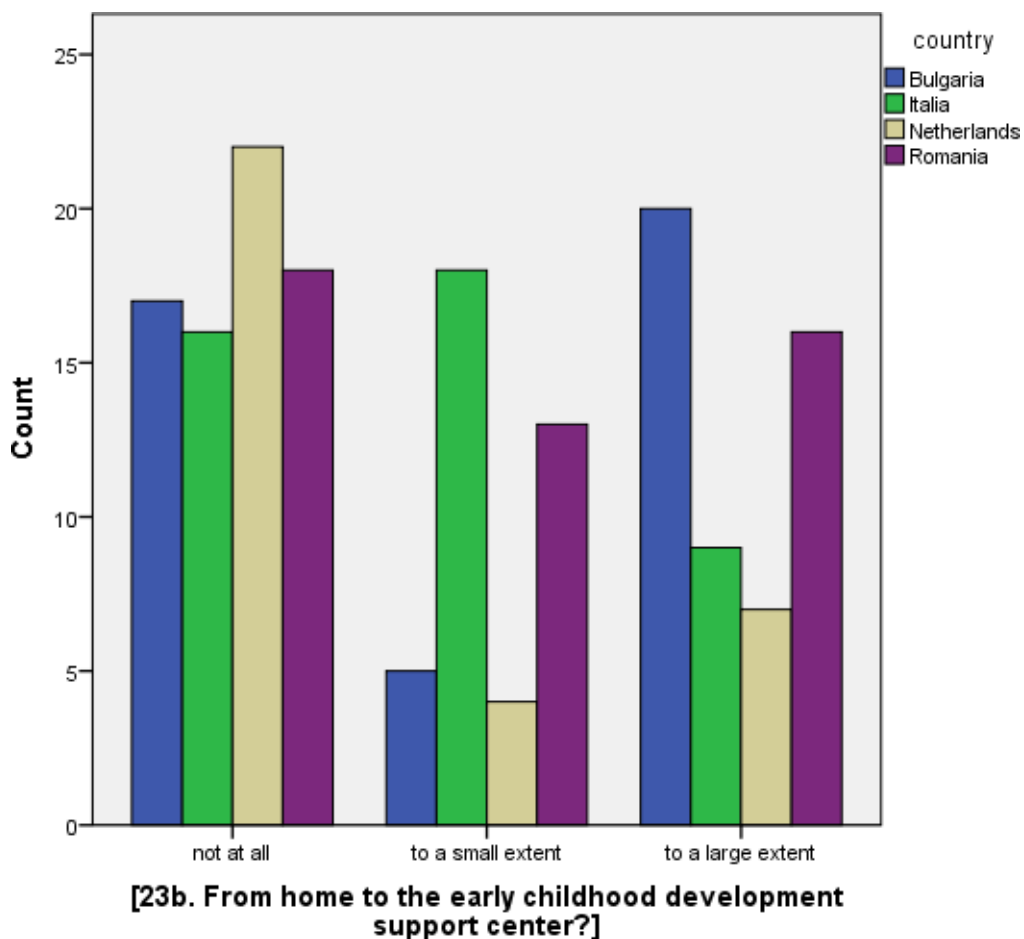
#### [23b. From home to the early childhood development support center?]

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
not at all	73	42.0	44.2	44.2
to a small extent	40	23.0	24.2	68.5
to a large extent	52	29.9	31.5	100.0
Total	165	94.8	100.0	
Missing				
System	9	5.2		
Total	174	100.0		

**[23b. From home to the early childhood development support center?]**

Count

		country			
		Bulgaria	Italia	Netherlands	Romania
[23b. From home to the early childhood development support center?]	not at all	17	16	22	18
	to a small extent	5	18	4	13
	to a large extent	20	9	7	16
Total		42	43	33	47



Regarding the support in the transition from home to the ECD centre, overall we noticed a precarious level of support: 73 parents received no support at all (~44% of the total number who responded), 40 received to a small extent (~24%), while 52 received to a large extent (~32%). It can be inferred that home-to-centre transitions are better than hospital-to-home but still problematic for many.

By country, in Bulgaria 20 of the total number of parents considered they received support to a large extent, 5 small, 17 not at all, a relatively positive result. In Italy we had many partials, 9 parents received support to a large extent, 18 small, 16 not at all. In the Netherlands we noticed the weakest results, 7 parents considered they received support to a large extent, 4 small, 22 not at all. In Romania, 16 parents considered they received support to a large extent, 13 small, 18 not at all, mixed results.

**23c) Continuity/transition: From the ECD support center to educational services**

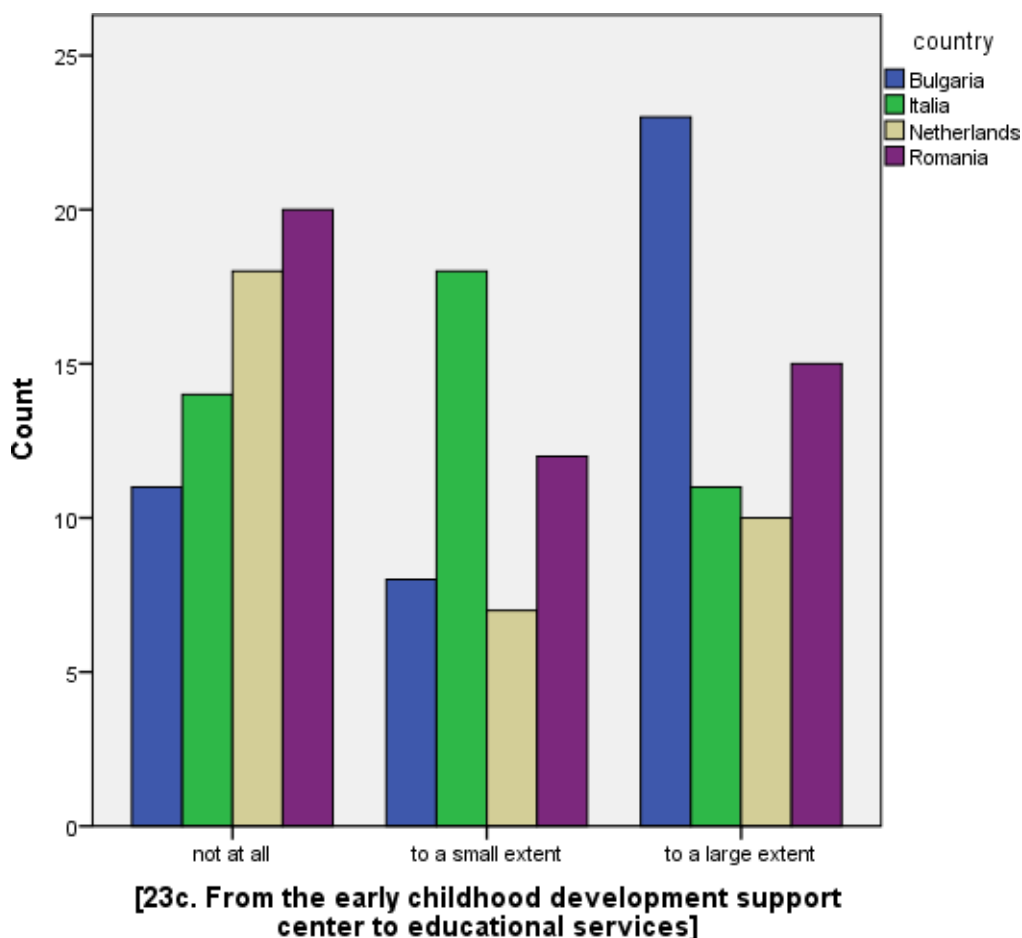
**[23c. From the early childhood development support center to educational services]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	63	36.2	37.7	37.7
to a small extent	45	25.9	26.9	64.7
to a large extent	59	33.9	35.3	100.0
Total	167	96.0	100.0	
Missing System	7	4.0		
Total	174	100.0		

**[23c. From the early childhood development support center to educational services]**

Count

		country			
		Bulgaria	Italia	Netherlands	Romania
[23c. From the early	not at all	11	14	18	20
childhood	to a small extent	8	18	7	12
development	to a large extent	23	11	10	15
support center to					
educational services]					
Total		42	43	35	47



Overall, from the valid responses, 63 parents considered they did not receive at all support during the transition from the ECD support centre to educational services ( $\approx 38\%$  of the total), 45 received to a small extent ( $\approx 27\%$ ), 59 received to a large extent ( $\approx 35\%$ ).

Center-to-education transitions are mixed, with many families not well supported.

By country, in Bulgaria we found that 23 parents received support to a large extent, 8 small, 11 not at all, a relatively strong result. In Italy, 11 parents received support to a large extent, 18 small, 14 not at all, showing that the partial/none response is common among these parents. In the Netherlands, 10 parents reported they received support to a large extent, 7 small, 18 not at all, a weaker level of support. In Romania, 15 parents assessed they received support to a large extent, 12 small, 20 not at all, so many “not at all” responses. The chart shows the results from Romania and Netherlands with large “not at all” bars for this step.

#### 24) Did you receive clear/helpful information about your child’s individual needs and

development?

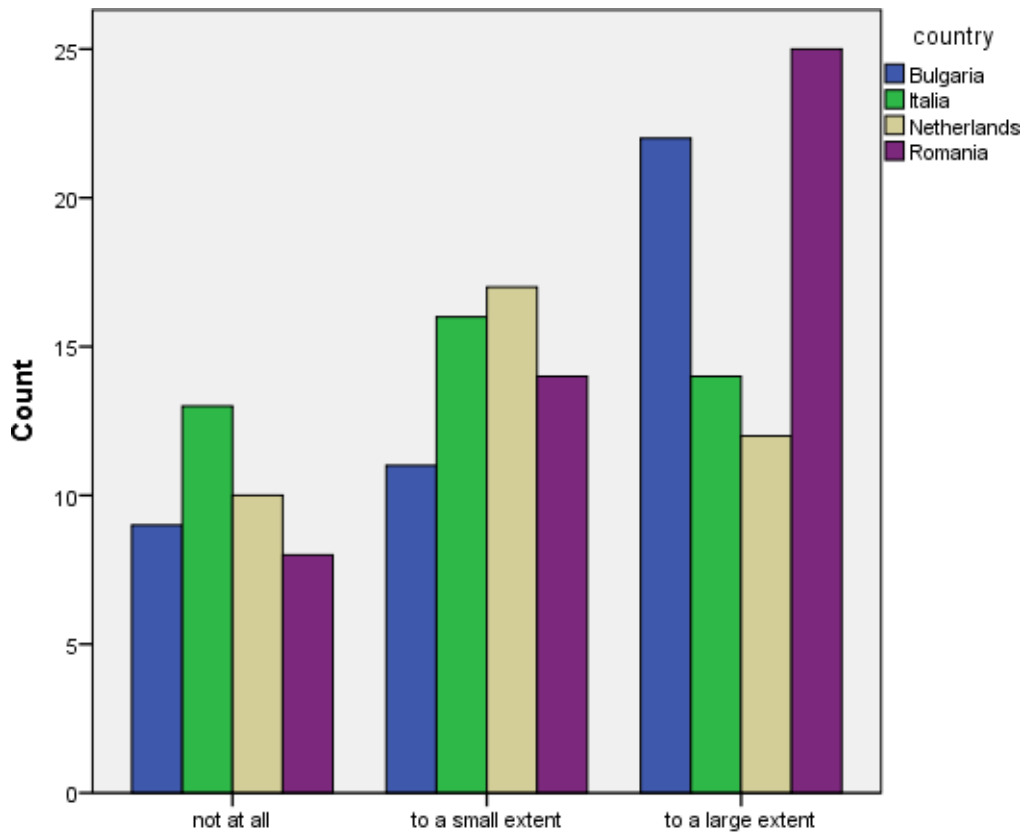
**[24. Did you receive clear and helpful information about your child's individual needs and development?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	40	23.0	23.4	23.4
Valid to a small extent	58	33.3	33.9	57.3
Valid to a large extent	73	42.0	42.7	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[24. Did you receive clear and helpful information about your child's individual needs and development?]"**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[24. Did you receive clear and helpful information about your child's individual needs and development?]" not at all	9	13	10	8
[24. Did you receive clear and helpful information about your child's individual needs and development?]" to a small extent	11	16	17	14
[24. Did you receive clear and helpful information about your child's individual needs and development?]" to a large extent	22	14	12	25
Total	42	43	39	47



**[24. Did you receive clear and helpful information about your child's individual needs and development?]**"

Overall, the number of parents who considered they did not receive at all clear and helpful information about their children needs and development was 40 (≈23% of the total number), 58 received to a small extent (≈34%), and 73 to a large extent (≈43%). Information on individualized needs is generally good (43% strong), but over half got only partial or no information.

By country, in Bulgaria 22 parents received information to a large extent, 11 small, 9 not at all, a strong result in favour of the good quality of support. In Italy, 14 parents received information to a large extent, 16 small, 13 not at all, showing mixed results. In the Netherlands, 12 parents considered they received information to a large extent, 17 small, 10 not at all, a more number that received only partially clear and helpful information. In the Romanian sample, 25 parents received information to a large extent, 14 small, 8 not at all, a result showing strong support for the child.

**25) Did you feel like part of your child's support team?**

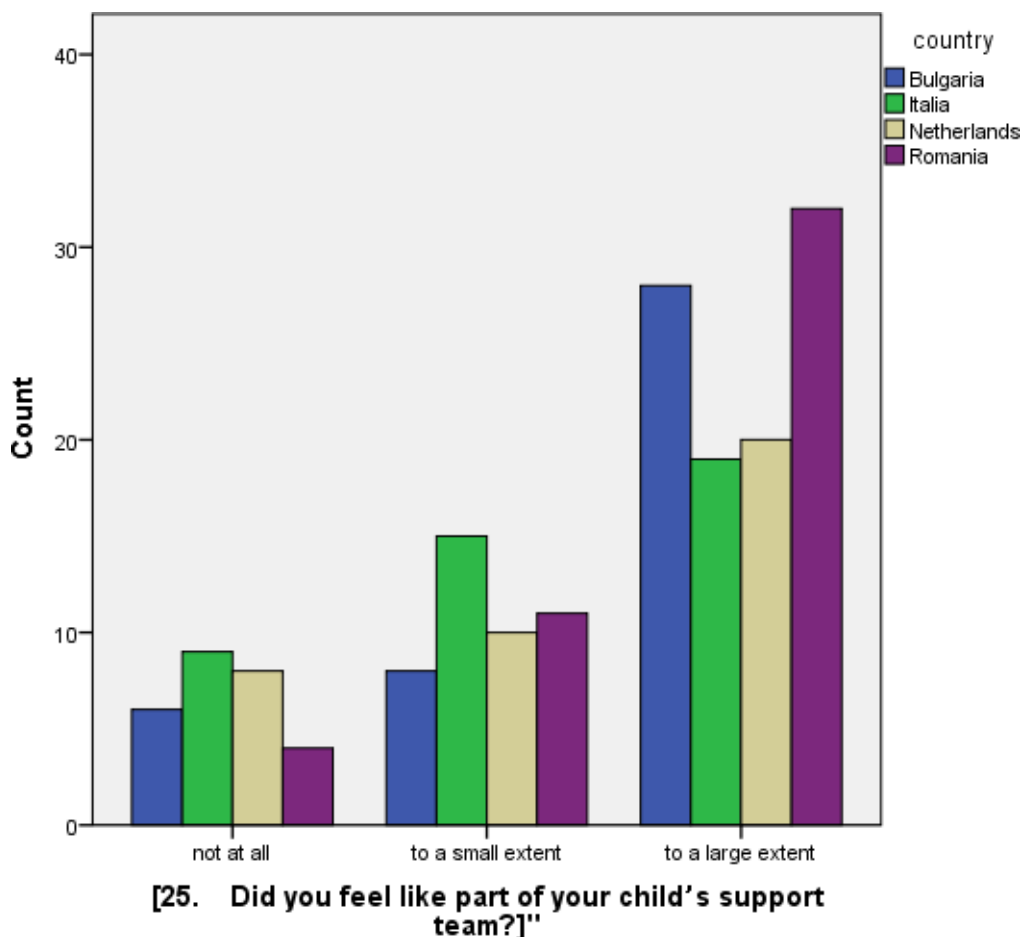
**[25. Did you feel like part of your child's support team?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	27	15.5	15.9
	to a small extent	44	25.3	41.8
	to a large extent	99	56.9	100.0
Total	170	97.7	100.0	
Missing System	4	2.3		
Total	174	100.0		

**[25. Did you feel like part of your child's support team?]"**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[25. Did you feel like part of your child's support team?]"				
not at all	6	9	8	4
to a small extent	8	15	10	11
to a large extent	28	19	20	32
Total	42	43	38	47



Overall, from our sample of parents from all the four countries in the project, only 27 parents considered that they did not feel like a part of the support team around their child (~16% of the total), 44 felt to a small extent (~26%) and a big part to a large extent: 99 (~58%). Our interpretation of the results is that **family inclusion is another strength**, since the majority of parents felt part of the team.

By country, in Bulgaria 28 parents felt a part of the support teams to a large extent, 8 to a small extent, and 6 not at all, a very positive result regarding the support offered to parents. In Italy, 19 parents felt a part of the team to a large extent, 15 small, 9 not at all, showing more partials. In the Netherlands, 20 parents felt part of the team to a large extent, 10 to a small extent, and 8 not at all, a positive result. In Romania, 32 parents felt a part of the support team to a large extent, 11 small, 4 not at all a very positive result. The chart shows the tall "large extent" bars, especially for Bulgaria and Romania.

**26) Were you able to make decisions regarding the Individual Support Plan?**

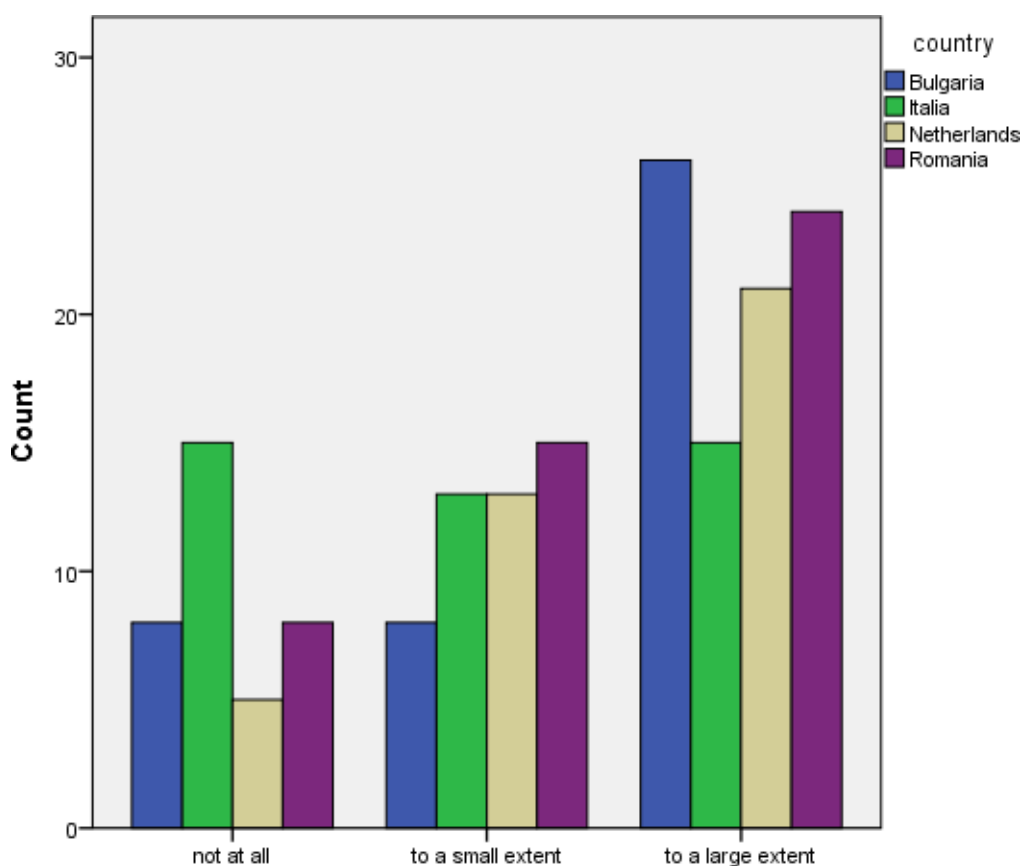
**[26. Were you able to make decisions regarding the Individual Support Plan?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	36	20.7	21.1	21.1
to a small extent	49	28.2	28.7	49.7
to a large extent	86	49.4	50.3	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**[26. Were you able to make decisions regarding the Individual Support Plan?]"**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[26. Were you able to not at all	8	15	5	8
make decisions regarding to a small extent	8	13	13	15
the Individual Support Plan?]" to a large extent	26	15	21	24
Total	42	43	39	47



**[26. Were you able to make decisions regarding the Individual Support Plan?]**"

Overall, from the number of valid responses from parents, 36 considered that they were not at all able to make decisions regarding the Individual Support Plan ( $\approx 21\%$  of the total number), 49 to a small extent ( $\approx 29\%$ ), and 86 to a large extent ( $\approx 50\%$ ). About half report strong participation in planning; the rest had limited or no decision-making.

By country, 26 parents from Bulgaria considered that they could make decisions to a large extent, 8 to a small extent, and 8 not at all, showing strong involvement of parents in decision making process for their children. In Italy, 15 parents considered they were involved to a large extent, 13 to a small extent, and 15 not at all, a moderate result with many partials and none responses. In the Netherlands, 21 parents considered their involvement to a large extent, 13 to a small extent, and 5 not at all, also a positive result. In Romania, 24 parents considered they were involved to a large extent, 15 to a small extent, and 8 not at all, also a positive result.

**27) Did you receive support in accessing resources and services?**

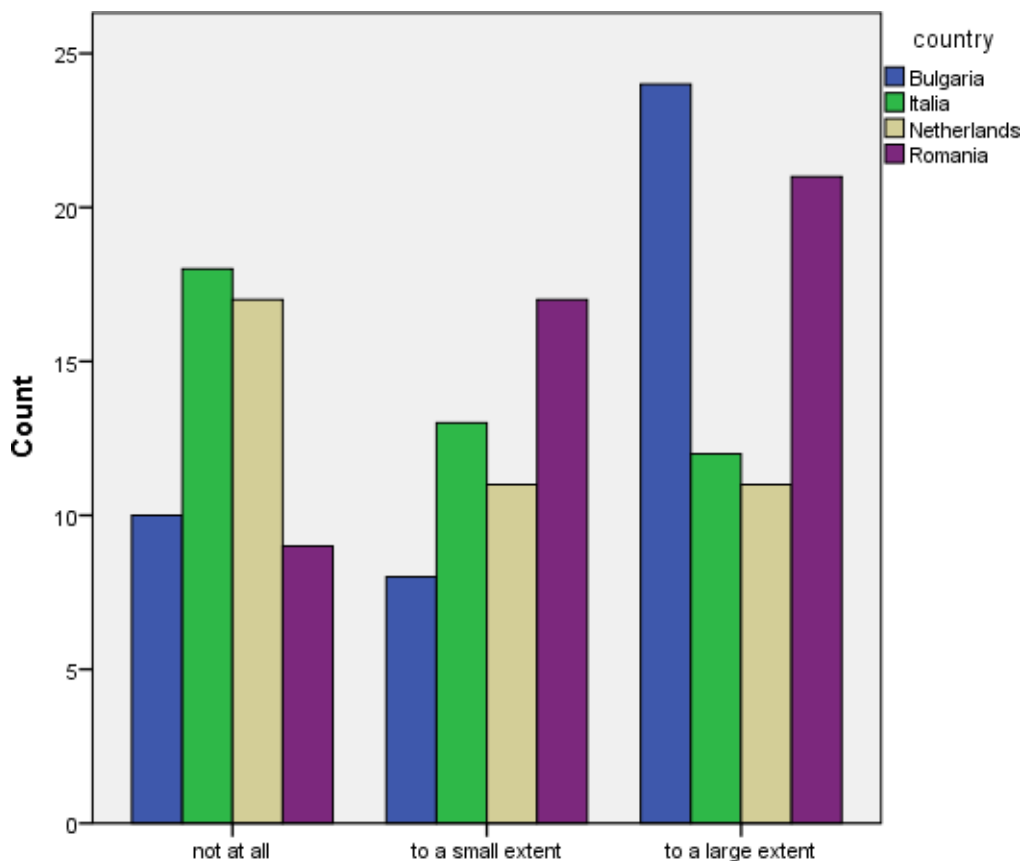
**27. Did you receive support in accessing resources and services for your family and child?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	54	31.0	31.6
	to a small extent	49	28.2	60.2
	to a large extent	68	39.1	100.0
Total	171	98.3	100.0	
Missing System	3	1.7		
Total	174	100.0		

**27. Did you receive support in accessing resources and services for your family and child?**

Count

		country			
		Bulgaria	Italia	Netherlands	Romania
27. Did you receive support in accessing resources and services for your family and child?	not at all	10	18	17	9
	to a small extent	8	13	11	17
	to a large extent	24	12	11	21
Total		42	43	39	47



**27. Did you receive support in accessing resources and services for your family and child?**

Overall, from the total number of parents who responded, a large part considered that they did not receive at all support to access resources and services for the family and the child: 54 (~32% of the total number), 49 considered they received support to a small extent (~29%) and 68 to a large extent (~40%). We can infer that resource navigation support is uneven: 40% strong support, 61% partial/none combined, definitely a clear improvement area, needing careful consideration.

By country, in Bulgaria 24 parents considered they received support to a large extent, 8 to a small extent, and 10 not at all, a relatively strong support system in this matter. Parents from Italy who responded, considered something difference: 12 assessed the level of support as large, 13 small, 18 not at all, a weaker level of support. In the Netherlands, 11 parents assessed the level of support to a large extent, 11 small, 17 not at all, also a weaker support level. In Romania, 21 parents considered they received support to a large extent, 17 small, 9 not at all, a mid-positive level of support. The visual representation of results shows the higher “not at all” level in Italy and

Netherlands, compared to Romania and Bulgaria.

**28) If you needed support for yourself (counselling/therapy/coping), were you able to get it?**

**[28. If you needed support for yourself (counselling, therapy, or help with emotional**

**coping), were you able to get it?]" 2**

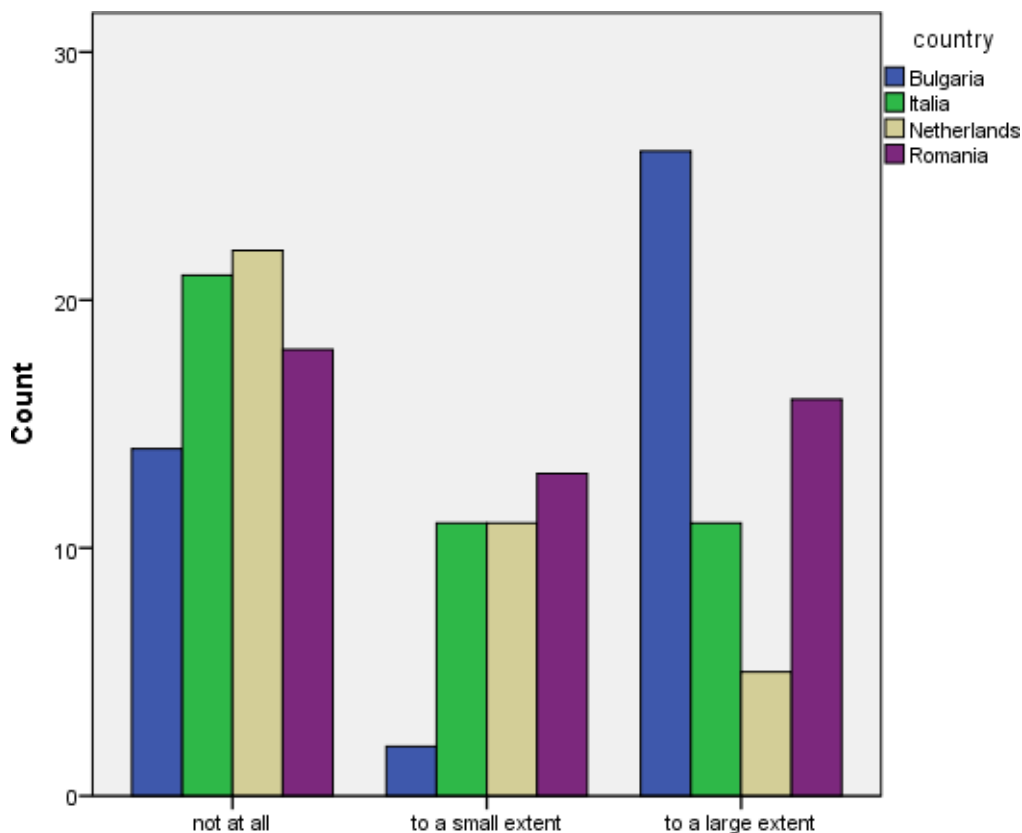
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	75	43.1	44.1	44.1
Valid to a small extent	37	21.3	21.8	65.9
Valid to a large extent	58	33.3	34.1	100.0
Total	170	97.7	100.0	
Missing System	4	2.3		
Total	174	100.0		

**[28. If you needed support for yourself (counseling, therapy, or help with emotional**

**coping), were you able to get it?]" 2**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[28. If you needed support for yourself (counseling, therapy, or help with emotional coping), were you able to get it?]" 2 not at all	14	21	22	18
to a small extent	2	11	11	13
to a large extent	26	11	5	16
Total	42	43	38	47



**[28. If you needed support for yourself (counseling, therapy, or help with emotional coping), were you able to get it?]" 2**

Overall, a large number of parents responded they did not receive at all, if needed, support for themselves – counselling, therapy, help with emotional coping: 75 (~44% of the total number), 37 received to a small extent (~22%), 58 to a large extent (~34%). We can infer from the data that self-care and parent mental health access is a major gap: nearly half report no access; only a third got adequate support.

By country, in Bulgaria 26 parents considered they received support to a large extent, 2 small extent, 14 not at all, meaning that there is relatively strong access where present. Parents from Italy considered they received support a number of 11 of the total Italian parents who participated, 11 to a small extent, 21 not at all, showing many unmet needs. In the Netherlands, 5 parents considered they received support for themselves to a large extent, 11 a small extent, and 22 not at all, the weakest level of support for parental well-being needs. In Romania, 16 parents assessed they received support to a large extent, 13 a small extent, and 18 not at all, showing mixed to weak meeting of parental needs. The chart clearly shows tall “not at all” bars, especially for Netherlands

and Italy.

It is very clear that this area needs major improvement in all partner countries.

**29) Did you receive information/knowledge about your child’s development (language, social, cognitive)?**

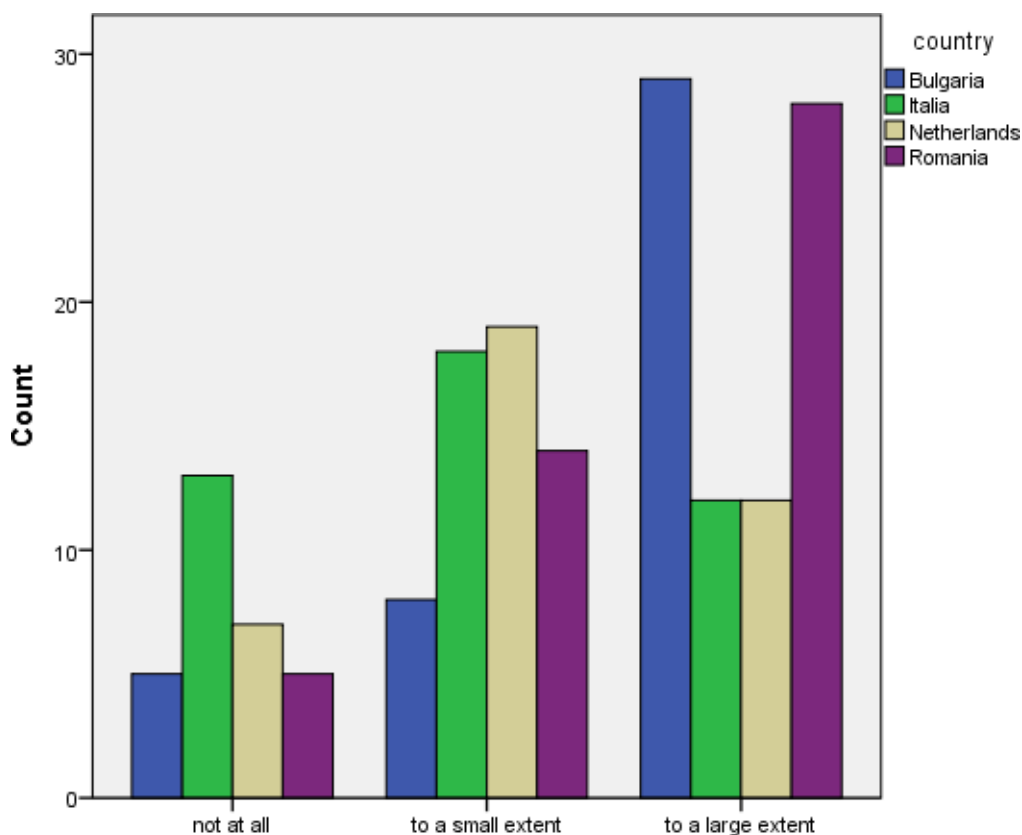
**[29. Did you receive information and knowledge about your child’s development (e.g., language, social, cognitive development)?]" ]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	30	17.2	17.6	17.6
Valid to a small extent	59	33.9	34.7	52.4
Valid to a large extent	81	46.6	47.6	100.0
Total	170	97.7	100.0	
Missing System	4	2.3		
Total	174	100.0		

**[29. Did you receive information and knowledge about your child’s development (e.g., language, social, cognitive development)?]" ]**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[29. Did you receive information and knowledge about your child’s development (e.g., language, social, cognitive development)?]" ] not at all	5	13	7	5
to a small extent	8	18	19	14
to a large extent	29	12	12	28
Total	42	43	38	47



**[29. Did you receive information and knowledge about your child's development (e.g., language, social, cognitive development)?]**

Overall, from the number of valid responses, 30 parents considered they did not receive information and knowledge about their child's development (~18% of the total number), 59 considered they received to a small extent (~35%), 81 to a large extent (~48% of the total). Developmental education and psychoeducation of parents concerning their children particularities is relatively strong, but over half still only partial or none.

By country, in Bulgaria 29 parents considered they received information to a large extent, 8 to a small extent, 5 not at all, a strong result showing good practices in this area. In Italy, 12 parents considered they received information to a large extent, 18 to a small extent, 13 not at all, a mixed result, with partials. In the Netherlands, 12 of the parents considered they received information to a large extent, 19 to a small extent, 7 not at all, also a partial level of support in this area. In Romania, 28 parents reported they received information about their children to a large extent, 14 to a small extent, and 5 not at all, a strong result as well. The large extent responses were mostly reported by parents included in the investigation from Bulgaria and Romania, while Italy and

Netherlands show higher partials.

**30) Did you receive support to communicate and engage in play/care calmly and effectively?**

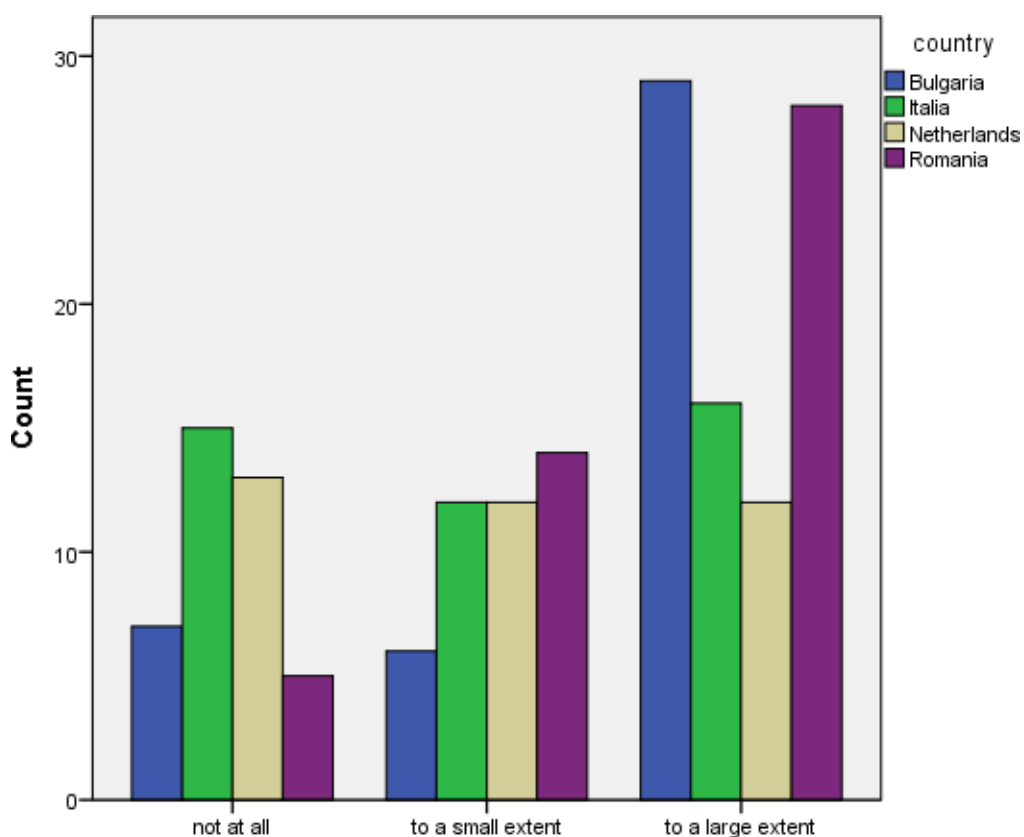
**30. Did you receive support to communicate and engage in play and care for your child in a calm and effective way?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
not at all	40	23.0	23.7	23.7
to a small extent	44	25.3	26.0	49.7
to a large extent	85	48.9	50.3	100.0
Total	169	97.1	100.0	
Missing				
System	5	2.9		
Total	174	100.0		

**30. Did you receive support to communicate and engage in play and care for your child in a calm and effective way?]"**

Count

	Country			
	Bulgaria	Italia	Netherlands	Romania
30. Did you receive support to communicate and engage in play and care for your child in a calm and effective way?]"				
not at all	7	15	13	5
to a small extent	6	12	12	14
to a large extent	29	16	12	28
Total	42	43	37	47



**30. Did you receive support to communicate and engage in play and care for your child in a calm and effective way?]**"

Overall, from all the parents in the four partner countries, 40 considered they did not receive support to communicate and engage in play and care for their children in a calm and effective way ( $\approx 24\%$  of the total), 44 received to a small extent ( $\approx 26\%$ ), and 85 to a large extent ( $\approx 50\%$ ). Half of the number of parents report strong practical support for interaction and play with their children, while a quarter received none.

By country, in Bulgaria 29 parents reported that they received support in this area to a large extent, 6 to a small extent, and 7 not at all, a strong level of support in this aspect. In Italy, 16 parents reported support to a large extent, 12 to a small extent, and 15 not at all, showing some gaps in the support system in this area. In the Netherlands, 12 parents reported support to a large extent, 12 to a small extent, 13 not at all, showing mixed results. In Romania, 28 parents reported support to a large extent, 14 to a small extent, and 5 not at all, showing a strong level of support in this area.

**31) Did you receive support in managing your child’s behavior?**

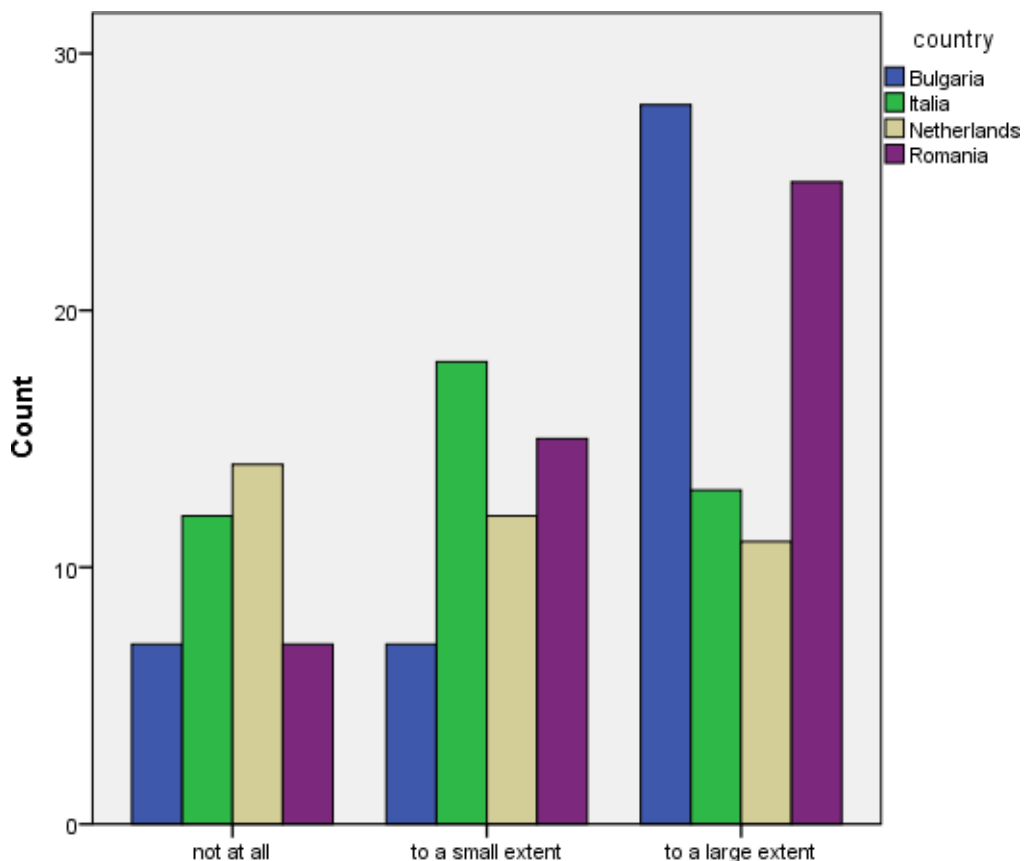
**31. Did you receive support in managing your child's behavior?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	40	23.0	23.7	23.7
Valid to a small extent	52	29.9	30.8	54.4
Valid to a large extent	77	44.3	45.6	100.0
Total	169	97.1	100.0	
Missing System	5	2.9		
Total	174	100.0		

**31. Did you receive support in managing your child's behavior?]"**

Count

	Country			
	Bulgaria	Italia	Netherlands	Romania
31. Did you receive supportnot at all	7	12	14	7
in managing your child's to a small extent	7	18	12	15
behavior?]" to a large extent	28	13	11	25
Total	42	43	37	47



**31. Did you receive support in managing your child's behavior?]**"

Overall, from the valid responses from parents, 40 considered they did not receive at all support in managing their child's behavior ( $\approx 24\%$  of the total), 52 received to a small extent ( $\approx 31\%$ ), 77 to a large extent ( $\approx 46\%$ ). Behavior support seems fairly strong in our sample overall, but with substantial partial or none responses, showing that in the case of some parents this type of support is lacking. By country, in Bulgaria 28 parents considered they receive support in this area to a large extent, 7 to a small extent, and 7 not at all, a strong level of support. In Italy, 13 parents assessed they received support to a large extent, 18 to a small extent, 12 not at all, so we identified many partials. In the Netherlands, 11 parents assessed they received support to a large extent, 12 to a small extent, 14 not at all, a weaker level of support for behavior management. In Romania, 25 parents assessed their level of support as large, 15 to a small extent, and 7 not at all, also a strong support level in this area.

**32) Was the program focused on your entire family and everyone’s needs?**

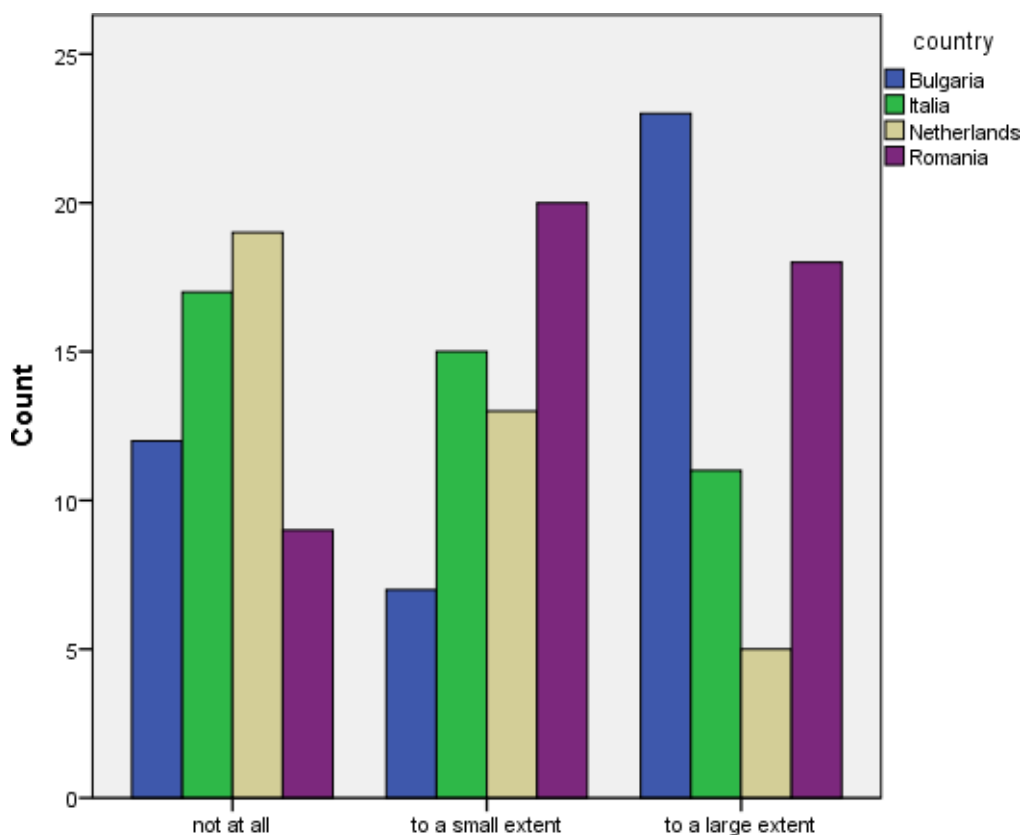
**32. Is/was the early childhood development support program focused on your entire family and everyone’s needs?]"**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	57	32.8	33.7	33.7
Valid to a small extent	55	31.6	32.5	66.3
Valid to a large extent	57	32.8	33.7	100.0
Total	169	97.1	100.0	
Missing System	5	2.9		
Total	174	100.0		

**32. Is/was the early childhood development support program focused on your entire family and everyone’s needs?]"**

Count

	Country			
	Bulgaria	Italia	Netherlands	Romania
32. Is/was the early childhood development support program focused on your entire family and everyone’s needs?]" not at all	12	17	19	9
32. Is/was the early childhood development support program focused on your entire family and everyone’s needs?]" to a small extent	7	15	13	20
32. Is/was the early childhood development support program focused on your entire family and everyone’s needs?]" to a large extent	23	11	5	18
Total	42	43	37	47



**32. Is/was the early childhood development support program focused on your entire family and everyone's needs?]"**

Overall, the parents who offered valid responses to this question responded not at all in many cases: 57 (≈34% of the total), to a small extent: 55 (≈33%), and to a large extent: 57 (≈34%). Family-centeredness is split almost evenly among none, small, large extents, showing that inconsistency is high in this aspect.

By country, in Bulgaria 23 of the parents assessed the level of family centeredness as to large extent, 7 to a small extent, and 12 not at all, a positive result. From Italy, 11 parents considered the level of family centeredness to a large extent, 15 small, 17 not at all, showing gaps at this level. In the Netherlands, 5 parents assessed the level of family centeredness to a large extent, 13 small, 19 not at all, the weakest level. In Romania, 18 parents assessed the family centeredness within the ECD program to a large extent, 20 to a small extent, 9 not at all, a result showing many partials.

**33. Did the early intervention services have a positive effect on the quality of your life and the quality of your family life? In what way? Please describe in what way.**

Parents from **Bulgaria** reported several effects of ECD services on their own and their family quality of life, grouped under several categories:

- Communication and social skills: improved social skills; child socializing and learning; began attending preschool; Karin Dom environment liked; interacting with people.
- Parental knowledge and coping: received information and basic guidelines; learned how to care and how to work with the child; found a way to cope; support for the home environment; helped accept the situation; understood children better; realized we weren't alone; feel useful to our child.
- Emotional/ behavioral regulation > greater self-control; calmer/more relaxed parents; "good" general effect.
- Mixed/limited impact: "maybe"; "to some extent"; partial understanding/management.
- No support/no effect/negative: haven't received any support yet; no effect; did not receive due to different pathway (adopted daughter note).

Most respondents from Bulgaria describe positive effects centered on clearer guidance for parents, better coping at home, and gains in children's social skills and participation (e.g., preschool). Several highlight feeling less alone and more capable after receiving information and basic guidelines. A minority report only partial improvements ("to some extent") or no impact, and a few note they have not received support yet, underscoring variability in access and outcomes.

Parents from **Italy** reported several effects of services on their and their family QoL, grouped under several categories:

- Communication and skills development: improved talking/interaction; daily difficulty management; social stories reduced problem behaviors; better frustration tolerance and waiting.
- Family understanding and coping: awareness, mindset change; knowing what to do; feeling supported; learning to manage crises and everyday routines.
- Child functional gains: motor and relational improvements; "more chances" for the child; defining needs and motivations.
- Peer/therapist network benefits: opportunities to meet specialized therapists and other families.
- Mixed/limited impact: "Partly yes" (some practical tips, limited scope); felt welcomed at intake but later abandoned; protocol not individualized.

- Negative/no effect: “No/not much”; acted mainly to appease guilt without real progress; late/ no support until school age; stress from re-entering waitlists; love/family held things together rather than services.

Parents from Italy reported mixed impacts. Many families credit services with better communication, routines, and behavior management, alongside feeling more informed and supported. Others describe insufficient individualization, gaps after initial intake, or negligible progress, often tied to access constraints and fragmented pathways. Where sustained, tailored support exists, perceived benefits extend to both child functioning and family coping.

Parents from the **Netherlands** reported several effects of services, grouped under the following categories, with examples of their reports:

- Communication and developmental gains: learned to communicate better; steady developmental progress; therapeutic activities integrated into family life; tips from specialists improved daily calm.
- Family balance, structure, and coping: brought peace/structure; balance restored; hospice support eased care load; tools reduced stress in the home.
- Positive but qualified: “Sometimes,” “positive but still difficult”; some benefit in treatment groups with peer-parent formats.
- Limited/none due to access gaps: no help received; help stopped; waiting lists (e.g., psycho-education); focus only on school placement without parent supports; felt let go; target-group exclusion.
- Protective factors from early, knowledgeable help: early expert guidance prevented wrong diagnoses/ treatments and reduced stress.

For parents in the Netherlands, when available and sustained, supports improved communication, created structure, and reduced family stress, with treatment groups and specialist home guidance singled out as effective. However, many report no or interrupted help, long waits, or narrow interventions that excluded parent support, diluting overall impact. Early, knowledgeable engagement stands out as a key success factor.

Parents from **Romania** mentioned some effects of services on the QoL, grouped under the following categories:

- Communication, language, and social interaction: child more communicative, calmer, better socialization; eased communication with nonverbal child; improved eye contact; speech and reading/writing progress.

- Parental skills, understanding, and confidence: learned how to work/play at home; how to speak and relate to the child; clearer expectations; more optimism and hope; reassurance they're on the right path.
- Functional independence and daily life: greater independence/functionality; improved behavior aiding daily routines and relationships; house rules implemented.
- Service access and financial relief as enablers: state-supported sessions reducing private costs; specialist teams tracking progress; structured centre sessions and peer socialization.
- Mixed/none: some "No" or "not sure yet," and a few minimal changes.

It seems that in Romania families predominantly report positive effects: better communication and social interaction, calmer behavior, and meaningful gains in independence, reinforced by clear guidance for home practice and professional feedback on progress. State-backed access can ease financial strain and maintain continuity. A smaller subset notes limited or uncertain effects, suggesting the need for consistent follow-through

### 33a) Did the services help you feel more confident in caring for your child?

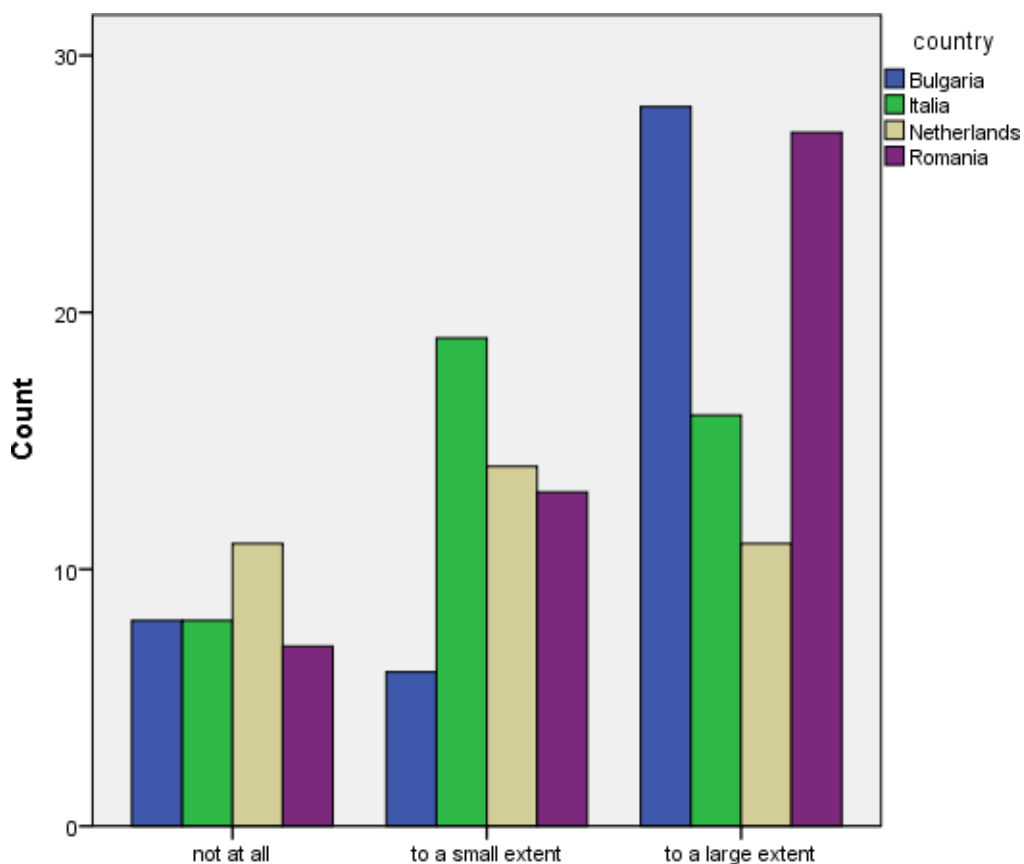
#### [33a. Did the services help you feel more confident in caring for your child?]

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	34	19.5	20.2
	to a small extent	52	29.9	31.0
	to a large extent	82	47.1	48.8
Total	168	96.6	100.0	
Missing System	6	3.4		
Total	174	100.0		

#### [33a. Did the services help you feel more confident in caring for your child?]

Count

	Country			
	Bulgaria	Italia	Netherlands	Romania
[33a. Did the services help you feel more confident in caring for your child?] not at all	8	8	11	7
to a small extent	6	19	14	13
to a large extent	28	16	11	27
Total	42	43	36	47



**[33a. Did the services help you feel more confident in caring for your child?]**

Overall, 34 of all the parents considered that the service did not at all help them feel more confident in caring for their child (~20% of the total), 52 to a small extent (~31%), and 82 to a large extent (~49%). Nearly half of the parents report strong gains in confidence, consistent with item 12. By country, in Bulgaria 28 of the parents assessed that their level of confidence increased to a large extent, 6 a small extent, 8 not at all, a strong result showing good practice at this level. Respondents from Italy considered their confidence increased to a large extent (16 of the total), to a small extent (19 of the total), and not at all (a number of 8 parents), showing again many partials. The respondents from the Netherlands considered their confidence increased to a large extent (11 of the total), a small extent (14 of the total), and not at all (11 of the total), mixed results overall. In Romania, 27 parents who responded considered their confidence increased to a large extent, 13 to a small extent, and 7 not at all, also a strong result.

**33b) Did they reduce the stress related to your child’s development?**

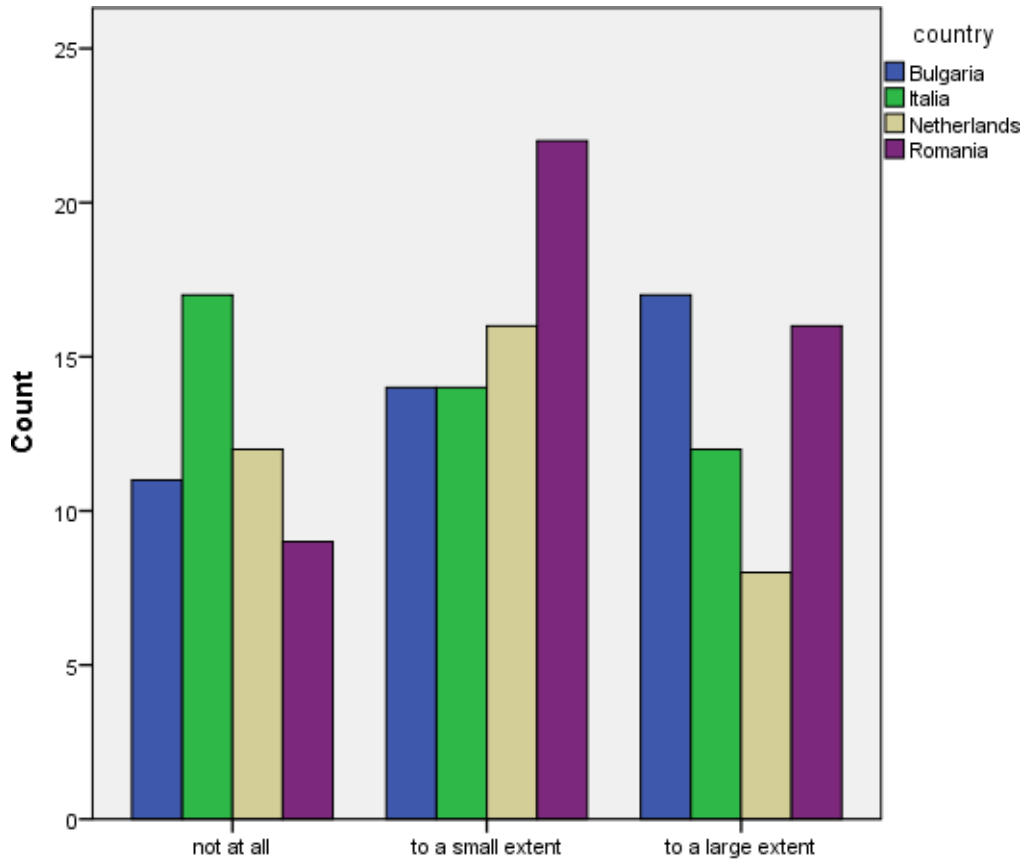
**[33b. Did they reduce the stress related to your child's development?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	49	28.2	29.2
	to a small extent	66	37.9	68.5
	to a large extent	53	30.5	100.0
Total	168	96.6	100.0	
Missing System	6	3.4		
Total	174	100.0		

**[33b. Did they reduce the stress related to your child's development?]**

Count

	Country			
	Bulgaria	Italia	Netherlands	Romania
[33b. Did they reduce the stress related to your child's development?]				
not at all	11	17	12	9
to a small extent	14	14	16	22
to a large extent	17	12	8	16
Total	42	43	36	47



**[33b. Did they reduce the stress related to your child's development?]**

Overall, the parents who responded considered that the service did not at all reduce the stress related to their child's development: 49 parents (~29% of the total), 66 to a small extent (~39%), 53 to a large extent (~32%). We can infer that stress reduction is limited in the ECD services for most parents, since most see none or only small reductions.

By country, in Bulgaria 17 parents considered that the service contributed to the reduction of their stress related to child development to a large extent, 14 to a small extent, 11 not at all, relatively better result than the overall one. In Italy, 12 parents considered the services contributed to a large extent to their stress reduction, 14 to a small extent, 17 not at all, a weaker result regarding this aspect. In the Netherlands, 8 of the total number of parents considered the service contributed to a large extent to their stress reduction, 16 to a small extent, 12 not at all, so we notice many partials. In Romania, 16 parents considered the service contributed to a large extent to the reduction of their stress, 22 to a small extent, 9 not at all, partial improvements common.

### 33c) Did they improve your family's daily life?

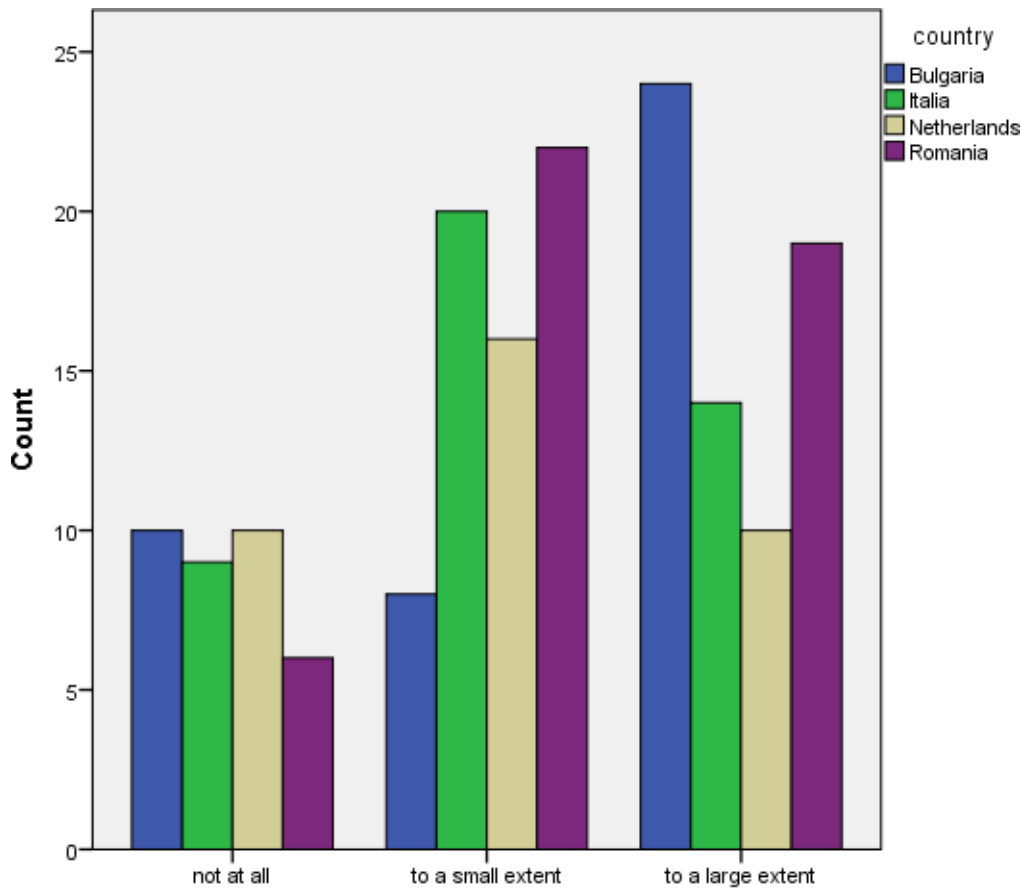
#### [33c. Did they improve your family's daily life?]

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	not at all	35	20.1	20.8
	to a small extent	66	37.9	39.3
	to a large extent	67	38.5	39.9
Total	168	96.6	100.0	100.0
Missing System	6	3.4		
Total	174	100.0		

#### [33c. Did they improve your family's daily life?]

Count

	Country			
	Bulgaria	Italia	Netherlands	Romania
[33c. Did they improve your family's daily life?]				
not at all	10	9	10	6
to a small extent	8	20	16	22
to a large extent	24	14	10	19
Total	42	43	36	47



**[33c. Did they improve your family's daily life?]**

Overall, from the valid responses, 35 parents considered that the services did not at all improve the daily life of their family ( $\approx 21\%$  of the total number), 66 to a small extent ( $\approx 39\%$ ), 67 to a large extent ( $\approx 40\%$ ). Family daily-life improvements are balanced between strong and partial, with a fifth seeing no improvement.

By country, in Bulgaria 24 parents considered that the ECD services contributed to the improvement of family life to a large extent, 8 to a small extent, 10 not at all, a positive result. In Italy, 14 of the parents considered the services contributed to a large extent, 20 to a small extent, 9 not at all, which shows that in this case partials dominate. In the Netherlands, 10 of the total number of parents who responded considered improvement to a large extent, 16 to a small extent, 10 not at all, mixed results in this partner country. In Romania, 19 of the parents considered that services contributed to a large extent to family daily life improvement, 22 to a small extent, 6 not at all, results showing many partials and some strong gains.

### 34) Did the early intervention services have a positive effect on the quality of your child's life? In what way? Please describe

The parents from **Bulgaria** described the effects that ECD services had on the quality of their children's life, grouped in several categories, with examples of reports from the parents:

- Communication and language gains: unlocked communication; more words/speaking; verbal communication started; better ability to express needs; PECS/ gestures/ pictures helping being "heard."
- Socialization and relationships: more interaction with others; made friends; real contact with children; interest in others; group activities helped.
- Emotional regulation and behavior: calmer; reduced stress; better concentration; managing "nervous breakdowns"; fewer tantrums; more balanced in noisy/novel environments.
- Sensory regulation and tolerance: less fear of noise/swing; sensory room and OT helped regulate senses; stabilization/balance improvements.
- Independence and daily living: more independent; learned dressing, eating, walking; attends mainstream preschool; caught up to peers in motor/overall development.
- Parental knowledge, confidence, and guidance: parents learned what helps; increased confidence; guidance viewed as pivotal; home-based strategies.
- No effect/negative: "nothing else," "no effect," "condition worsened," or "we don't have any."

Most accounts from parents in Bulgaria report clear, positive effects centered on communication breakthroughs, calmer behavior, improved social interest, and growing independence in daily tasks, often attributed to multidisciplinary support (speech, OT, sensory work) and practical guidance to parents. A minority report little or no benefit, or deterioration, underscoring variability in responsiveness and access.

Parents from **Italy** reported several effects, grouped under the following categories:

- Communication and expression: began to communicate/express needs; learned to talk; better management of autism-related communication.
- Socialization and participation: interaction with peers; participation in school activities; increased social skills; feeling welcomed/understood; created bonds that bring serenity.
- Autonomy and daily living: development of autonomy; toileting/ eating

independently; self-reliance; managing routines; reduced need for assistance in postural steps.

- Motor/visual function: motor improvements (walking when not obvious, containment of deformities); visual gains.
- Emotional/behavioral regulation: child more serene; behavior management; reduced rigidity; better frustration tolerance and waiting.
- Access to varied experiences: center initiatives providing childhood experiences/outings otherwise missed; informative internships/walks with families.
- Parental knowledge and coping: always having advice; learning how to act/manage; simple guidance (e.g., poster for blind child) changed approach.
- Mixed/limited/negative: only partial improvements; inconstant services; not much/none; desired effect not achieved; more was done at home with self-research.

Parents from Italy report gains across communication, autonomy, motor function, and social participation, with children becoming more serene and better regulated. Practical guidance and center-led experiences also helped. Still, a substantial minority describe partial or no benefits, often citing inconsistency or limited impact, suggesting uneven service intensity or fit.

Parents from the **Netherlands** reported several effects, grouped under the following categories:

- Communication and development: more opportunities and visible improvements in communication; developmental steps/progress; steps toward reading/writing.
- Structure, routine, and balance: more overview/rest; nursery/day programs essential for routine; special education placement positive; home physio tips bringing calm and safety.
- Self-reliance and confidence: increased self-reliance; child more confident; handles for the child to deal with situations.
- Early specialist involvement: hospital/specialists alert and involved; appropriate tools (speech computer, walking aid) facilitated skills.
- Mixed/limited/no impact: no change/no help; still on waiting list; help focused only on school placement without family support; behavioral issues (e.g., aggression) persisting beyond available knowledge; impact tempered by parental strain or non-cooperation from other caregiver.
- Positive but qualified: “Thinks so,” “positive but difficult,” benefit tied to specific programs (e.g., treatment groups) or PGB enabling outings.

In the case of the Netherlands, where accessible and sustained, supports improved communication,

structure, and self-reliance, with special education/day settings and specialist guidance key enablers. However, gap: waiting lists, family support omissions, persistent behavior challenges limit impact for many, making outcomes variable.

In the case of **Romania**, the parents reported several categories of effects:

- Communication and language: better expression (including nonverbal strategies); improved speech and understanding; clearer tasks execution; reduced frustration from not communicating; better eye contact.
- Socialization and confidence: improved social interaction/integration; greater confidence and receptivity; enjoys sessions; feels loved/accepted by therapists.
- Cognitive/motor and functional gains: motor and cognitive acquisitions; neuromotor development; gradual improvements in attention, tolerance, object tracking/grasping; better task focus.
- Independence and daily adaptation: increased independence; better adaptation to non-routine activities; improved rule-following; self-control techniques.
- Parental skills and support: guidance, encouragement, and reassurance; learned how to communicate/play/work at home; hope/optimism from progress.
- Financial/continuity enablers: state-supported services reduced private costs, helping maintain continuity.
- Mixed/none: some report limited or no positive effect yet, acknowledging slow progress with complex diagnoses.

In Romania, most responses cite clear child-level gains—communication, social interaction, attention, and motor/cognitive skills—alongside rising confidence and smoother daily functioning. Practical guidance to parents and a supportive therapeutic relationship amplify impact. A minority report limited effects to date, often in the context of severe conditions and gradual trajectories.

### **34a) Did they improve your child’s development (communication, motor, social)?**

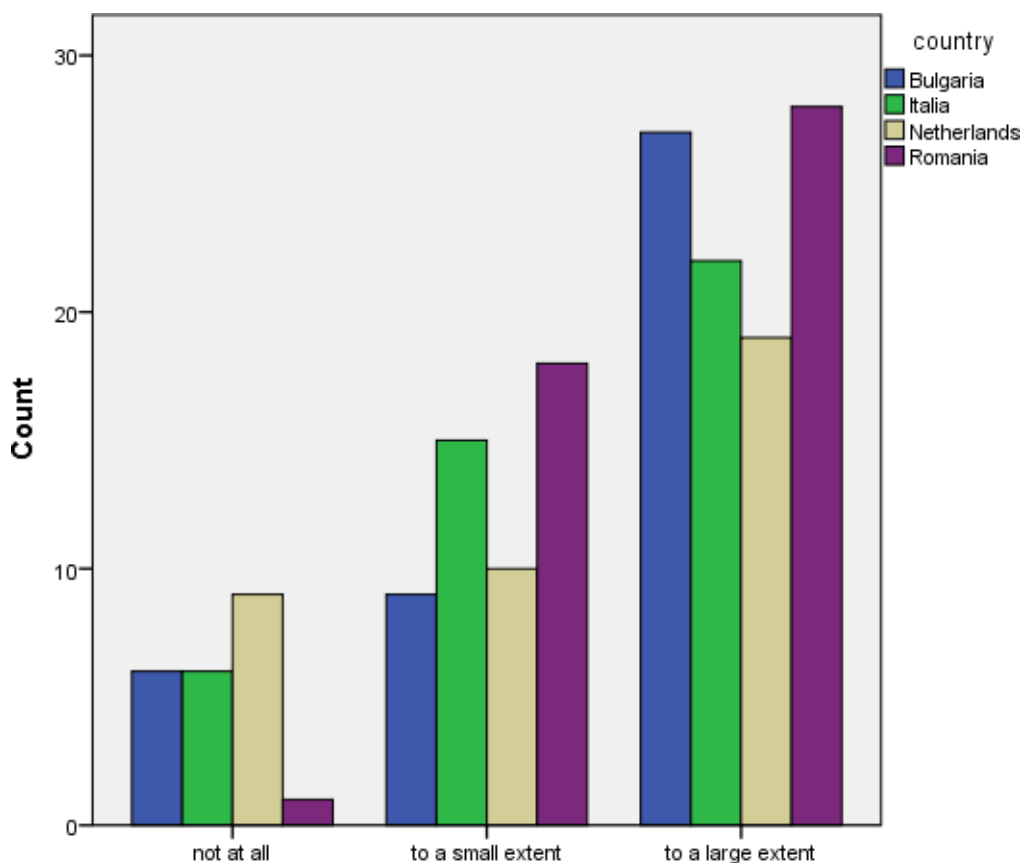
**[34a. Did they improve your child’s development (e.g., communication, motor, social skills)?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
not at all	22	12.6	12.9	12.9
to a small extent	52	29.9	30.6	43.5
to a large extent	96	55.2	56.5	100.0
Total	170	97.7	100.0	
Missing				
System	4	2.3		
Total	174	100.0		

**[34a. Did they improve your child's development (e.g., communication, motor, social skills)?]**

Count

		country			
		Bulgaria	Italia	Netherlands	Romania
[34a. Did they improve	not at all	6	6	9	1
your child's development	to a small extent	9	15	10	18
(e.g., communication,	to a large extent	27	22	19	28
motor,					
social skills)?]					
Total		42	43	38	47



**[34a. Did they improve your child’s development (e.g., communication, motor, social skills)?]**

Overall, from the total number of parents who responded, 22 considered that the services did not improve their child’s development at all (~13% of the total number), 52 to a small extent (~31%), and 96 to a large extent (~57%). The interpretation of the results is that child developmental gains are a clear strength of the ECD services, most parents report large improvements.

By country, in Bulgaria 27 parents considered improvement in their child development to a large extent, 9 to a small extent, 6 not at all, a strong result showing good practices. In Italy, 22 of the parents reported improvements to a large extent, 15 to a small extent, and only 6 not at all, also a strong result. In the Netherlands, 19 parents reported improvements to a large extent, 10 to a small extent, 9 not at all, also a positive result, but with some “not at all” responses. In Romania, 28 parents reported improvements to a large extent, 18 to a small extent, and 1 not at all, a very strong result. The visual representation of the results shows very tall “large extent” bar overall, while Romania’s “not at all” responses are very low.

**34b) Did participation in daily activities improve (home, preschool, community)?**

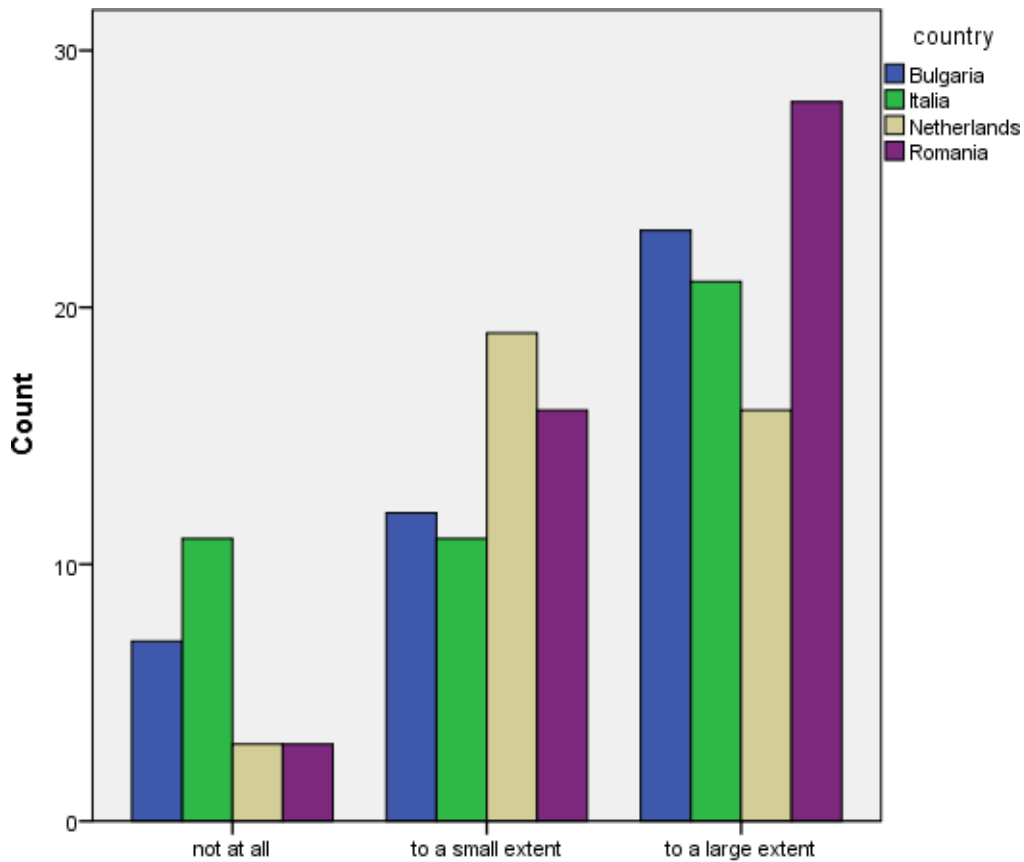
**[34b. Did their participation in daily activities improve (at home, in preschool, in the community)?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	24	13.8	14.1	14.1
Valid to a small extent	58	33.3	34.1	48.2
Valid to a large extent	88	50.6	51.8	100.0
Total	170	97.7	100.0	
Missing System	4	2.3		
Total	174	100.0		

**[34b. Did their participation in daily activities improve (at home, in preschool, in the community)?]**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[34b. Did their participation in daily activities improve (at home, in preschool, in the community)?] not at all	7	11	3	3
to a small extent	12	11	19	16
to a large extent	23	21	16	28
Total	42	43	38	47



**[34b. Did their participation in daily activities improve (at home, in preschool, in the community)?]**

Overall, 24 of all the parents in our sample reported that their children’s participation in daily activities did not improve at all (~14% of the total), 58 to a small extent (~34%), 88 to a large extent (~52%). Our results show that participation gains are strong overall, parallel to those found at item 34a.

By country, Bulgarian parents included assessed improvement of participation to a large extent (23 parents), 12 parents small extent, 7 not at all, a strong result showing good practices. In Italy, 21 parents assessed participation increase to a large extent, 11 small extent, 11 not at all, also a positive result. In the Netherlands, 16 of the parents considered improvement to a large extent, 19 to a small extent, 3 not at all, showing that partials are common, but few responses were “no improvement”. In Romania, 28 parents rated improvement to a large extent, 16 to a small extent, and only 3 not at all, a strong result. The chart shows that the “Large extent” response leads, especially in Romania.

**34c) Did your child become more independent/better at interacting with others?**

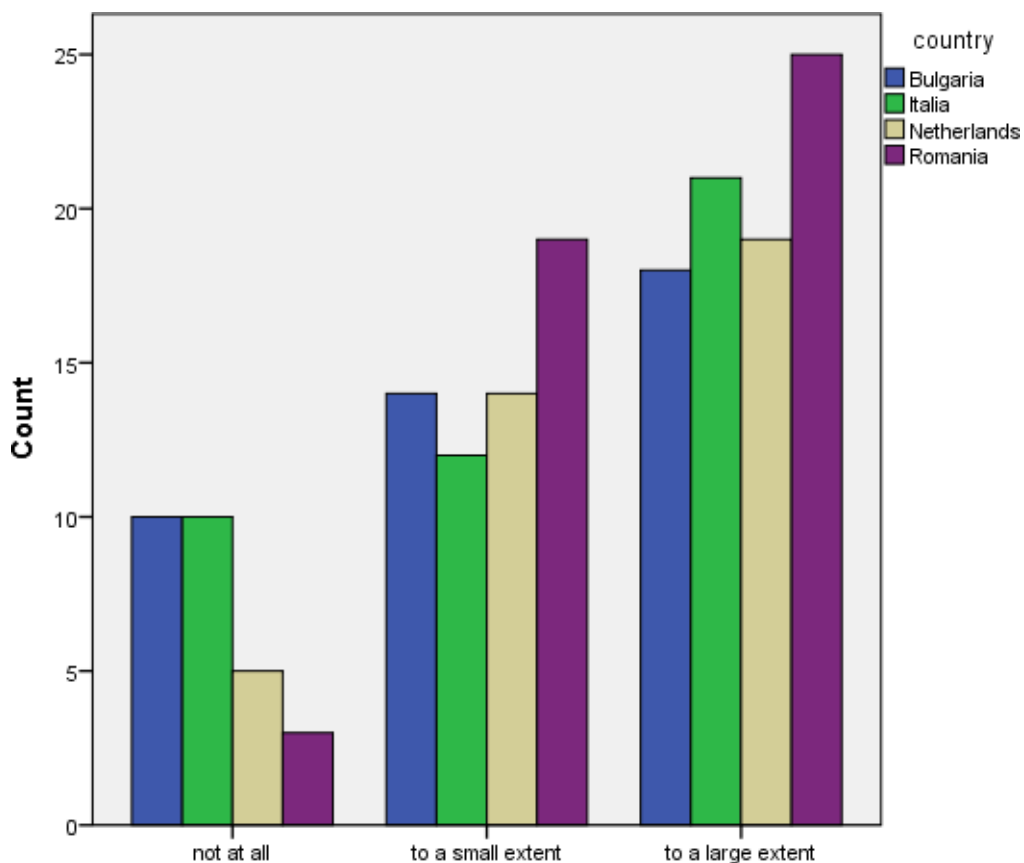
**[34c. Did your child become more independent or better at interacting with others?]**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid not at all	28	16.1	16.5	16.5
Valid to a small extent	59	33.9	34.7	51.2
Valid to a large extent	83	47.7	48.8	100.0
Total	170	97.7	100.0	
Missing System	4	2.3		
Total	174	100.0		

**[34c. Did your child become more independent or better at interacting with others?]**

Count

	country			
	Bulgaria	Italia	Netherlands	Romania
[34c. Did your child become not at all more independent or better to a small extent at interacting with others?] to a large extent	10	10	5	3
Total	42	43	38	47



**[34c. Did your child become more independent or better at interacting with others?]**

Overall, the parents' valid responses show significant improvements in their child's level of autonomy and ability to interact with others: 28 parents responded that independence did not increase at all ( $\approx 17\%$  of the total), 59 to a small extent ( $\approx 35\%$ ), 83 to a large extent ( $\approx 49\%$ ). We can affirm that independence and social interaction improvements are strong, about half of the responses were "to a large extent."

By country, in Bulgaria 18 parents assessed the level of autonomy of their child as increasing to a large extent in the ECD program, 14 to a small extent, 10 not at all, a positive response with more partials than 34a–34b. In Italy, 21 parents considered increase to a large extent, 12 to a small extent, and 10 not at all, a positive result. In the Netherlands, 19 parents assessed the improvement of autonomy and social interaction of the child to a large extent, 14 small, 5 not at all, a positive result showing good practices. In Romania, 25 parents considered improvement to a large extent, 19 to a

small extent, and 3 not at all, a strong result as well.

**35) After completing the services, did you have a clear understanding of how to plan or continue your child's path? Please describe**

Regarding clarity on planning/continuing the child's path after services, parents from **Bulgaria**, mentioned several categories of reports:

- Clear plan/continued path: "Yes" with understanding of organization, which specialists to see; followed a schedule; enrolled in specialized institution/daycare; will continue at Karin Dom; continued with specialists found afterward; "we continue to engage/use services."
- Partial/uncertain: "To some extent"; "not quite"; depends on child's emotional state/day; still at the beginning; unsure; "I don't remember."
- No plan/lack of guidance: "No"; "nobody says anything"; no treatment/ follow-up/ monitoring plan; "I don't know."
- Ongoing services (not completed yet): services have not ended; still being provided; haven't reached that point.
- Self-initiated planning: figured it out on my own; took initiative to get information; only as a result of personally seeking info.
- Transition documentation/support: detailed reports and recommendations prepared for school; guidance documents as a "guide."

Parents from Bulgaria report a clear plan and continued engagement (including transitions to school/daycare and ongoing specialists), sometimes supported by formal reports and recommendations. A sizable group, however, either hasn't finished services yet or feels only partially/uncertainly prepared. Some explicitly report no plan or guidance, and several note that planning relied on their own initiative.

**Parents from Italy reported some ideas on this topic, grouped under several categories:**

- Clear plan/continued path: yes, with strategies; small goals and patience; direction to next steps; continued at same center (with delays); tools like CAA and computer writing aids; ongoing psychomotricity/individual/small-group activities; periodic planning via referrals (e.g., to Lega del filo d'oro).
- Partial/iterative clarity: "Quite"; clarity is built step-by-step, continuously; early to establish but continuing therapies should help.

- No plan/lack of continuity: “No/not yet”; had to “reload” on future possibilities; no continuity between phases; many doubts; “absolutely not.”
- Reliance on private/self-navigation: still in contact with private center after NPI ended; results achieved mainly privately with INPS contributions; parents as primary coordinators/“best therapist.”
- Ongoing services (not completed yet): course/therapy not finished; still in surgery/ therapy; too early.
- System limitations/barriers: adult psychiatry won’t proactively take over; need to book and introduce daughter; services contributed only to a small extent.

For parents in Italy, planning often remains unclear: many report no defined next steps or gaps between service phases, prompting reliance on private providers and parent-led coordination. Where clarity exists, it is usually incremental (strategies, small goals) or supported by specific referrals/programs; some families do report structured continuation, but systemic handoffs are inconsistent.

The ideas mentioned by parents in the **Netherlands** were grouped under several categories:

- Clear plan/handles: “Yes” with practical advice/handles; gestures/short words for contact; guide toward society/self-reliance; know when to ring the bell; tools for communication/movement; continued support via Children’s Day Centre.
- Partial/qualified: to a limited extent; yes but still difficult; help provides handles and confidence for eventual completion.
- No plan/parents self-mapping: “No”; must search and map out the way themselves; no handles given to parents; no clarity; still waiting for diagnosis/psycho-education.
- Ongoing services (not completed yet): help not complete/ongoing; far from there; still receiving handles; still in full support.
- Recovery/resolution cases: “completely recovered—no residual symptoms.”Contextual constraints: parental illness affecting follow-through; one-on-one fit issues; severity/complexity limits applicability of some questions.

Some families received practical “handles” and feel able to continue, especially with communication/self-reliance tools and ongoing day-centre support. Many others report lacking a clear plan and needing to self-navigate—often while still waiting for diagnosis or psycho-education. Planning clarity is frequently tied to continued services; without them, it tends to be partial or

absent.

Parents from **Romania** mentioned several ideas under this topic, grouped in the following categories:

- Clear plan/continued path: “Yes”; continue at home what is done in therapy; constant communication with the speech therapist; suggestions for behaviors/communication; prepare for school enrolment; will enroll in mainstream school; child needs ongoing visual/sensory stimulation.
- Partial/uncertain: “not necessarily”; “I did not really understand”; “to a very small extent”; never fully clear what helps; still learning.
- No plan/unfinished: “No”; services not finalized; at the beginning; haven’t discussed post-program yet.
- Ongoing services (not completed yet): many note EI program still ongoing; weekly center visits; good evolution but not finished.
- Parent-led continuity: practice a lot at home; continue exactly as in therapies; adapt expectations realizing learning may take longer but happens.

Most respondents from Romania either have a clear continuation plan anchored in ongoing therapist guidance and home practice or are still mid-program. Planning commonly involves sustained collaboration with speech therapists and preparing for school. A minority feel unclear or only partly prepared, reflecting that many are early in their journey or that clarity evolves with continued intervention.

### **36) What other types of support did you receive, that was not included in the questionnaire?**

Parents from **Bulgaria** identified other support not covered in the questionnaire, under the following categories:

- Family/peer support: family warmth, understanding; exchange of experiences with other mothers; resource teacher in preschool.
- Psychological/emotional support: understanding, encouragement from specialists; “parent therapy”; psychological support; family-mediated intervention group.
- Practical home guidance: advice on organizing home space, feeding, sleep; day-to-day strategies from specialists.

- Additional professionals/activities: paediatric endocrinologist, neurologist, nutritionist; hydrotherapy; swimming coach; psychologist and speech therapist.
- Administrative/coverage feedback: “Service covers all aspects”; questionnaire comprehensive or confusing.
- None/gaps: none/haven’t received; didn’t receive what entitled to.

Beyond core services, families from Bulgaria most often mention emotional support from specialists and practical home guidance, plus help from extended family and peer connections. Some accessed extra specialists or hydrotherapy. Many, however, report no additional support or unmet entitlements.

Parents from **Italy** mention the following additional categories of support:

- Family/network support: family network support; household trustees; “global support for the family,” sibling activities/courses.
- Private/association supports: private therapies; support from associations/foundations (Paideia, Williams Syndrome groups, Lega del filo d’oro); evolved babysitter; hippotherapy; aquatic/swimming; summer centers; Special Olympics; Vidas (palliative).
- Public social services/education: support from social services; home education/home school; school-provided dyslexia counseling; operator–parent collaboration.
- Psychological/counseling: psychological support (e.g., for mother 2x/month); company to parenting/siblings; empathy/availability/kindness from staff.
- Medical/experimental: experimental drug treatment.
- Practical advice/logistics: tips on educator selection, vacations, school organization; lots of advice in general; proven psycho-pedagogical interventions.
- System constraints: very long wait times; reliance on private due to delays.
- None/gaps.

Additional supports for parents from Italy frequently come from private providers and associations, including family-wide activities, counseling, and adaptive sports, with social services and schools contributing variably. Practical coaching is valued. Long waits push many toward private options; some report no extra support.

Parents in the **Netherlands** mentioned the following categories of additional support:

- Family/friends/school network: support from parents, sisters, friends; advice from school; school purchased dyslexia counseling when needed.

- Municipal/financial supports: financial assistance from municipality/SVB; PGB arrangements; support from own network to acquire care.
- Home guidance/therapies: home guidance via PGB; game therapy; occupational therapy.
- Advocacy/effort: had to fight for help; “see above” (implying prior-described routes).
- None/gaps

Outside the questionnaire scope, families primarily cite network-based support (family, school), municipal/financial mechanisms (PGB, municipal aid), and occasional home guidance or therapies. Several note needing to fight for help, and many report no additional support.

Parents in **Romania** report several categories of additional support received:

- Family/moral/emotional support: moral support from acquaintances; encouragement for parents; emotional support; flexibility/re-scheduling when ill.
- Professional supports beyond core: psychology/psychopedagogy; kinetotherapy (motor development) at local centers; extracurricular activities; parent counseling.
- Financial/administrative support: municipal funds; financial aid; clear information on documents/processes for dossiers; free therapies included in programs.
- Mixed provision: therapies at both public and private providers within means; specific (e.g., stem cell transfusion) mentioned once; SD group referrals enabling therapies.
- None/gaps: not received other support.

Additional supports for parents from Romania often include moral/parent counseling, flexibility in scheduling, and motor-development therapy, with meaningful mentions of financial aid and administrative guidance for paperwork. Some families report no extras beyond the core services.

### **37) What other types of support did you need and was not included in the program you received?**

Parents from Bulgaria mentioned the following categories of support needed but not included:

- Psychological/parent supports: psychological counseling for parents; self-help/support groups; “parent therapy”; guidance tailored to the child (day structure, coping with frustrations); more individualized coaching rather than templates.
- Core therapies missing/insufficient: psychologist, occupational therapy, speech

therapy; music/art/physical therapy; FloorTime; more therapy hours (2h/week insufficient); better quality and accountability in state/social services.

- Continuity/planning and information: long-term treatment/development plan; follow-up/monitoring plans; lack of information on available supports.
- Practical barriers and logistics: need materials to use at home (not just in classroom); travel burden to other city; lack of transport provided.
- Service selection/eligibility concerns: perception that the program selects children (exclusion); dissatisfaction with state/day center staffing (e.g., no psychologist hired).
- None/fully covered: “everything needed was provided.”

Families from Bulgaria most often ask for stronger parent-focused psychology/support groups, clearer individualized guidance and long-term planning, and more/ higher-quality core therapies (psychology, OT, SLT). Practical gaps include too few therapy hours, lack of take-home materials, transport burdens, and uneven quality in public services. A minority felt the program fully met their needs.

Regarding parents from **Italy**, the following categories of support necessary but not mentioned in the survey were mentioned:

- Psychological/parent supports: more support for parents/couples; parental psychological support; immediate accompaniment after diagnosis; parenting support.
- Mapping, coordination, and continuity: clear map of territorial services; a single coordinator/case manager; defined pathway within one structure with checks; “project of life.”
- Access, capacity, and financing: more/longer therapy cycles; speech therapy and developmental neuropsychology hours; support to pay therapies; home physio/visual rehab locally (reduce long travel); weekend/summer/after-school activities.
- Specialized content: group psychomotricity; CAA experts; behavior therapist; autonomy training; adolescence and social inclusion supports; tablet/assistive tech.
- Employment/family life: flexible/remote job opportunities for parents; caregiver stress recognition; suitable weekend activities for families.
- Information deficits: ASL information on early interventions/foundations needed; many had to find everything privately.
- None/covered: some report no further support needed; some fully satisfied.

Top asks from parents in Italy are for coordinated pathways (one lead/case manager), better

information and continuity after diagnosis, expanded therapy capacity (especially SLT/behavioral, local/home options), and robust parent psychological support. Families also flag financing burdens, travel for care, and the need for inclusive leisure/education options and flexible work for caregivers.

Parents in the **Netherlands** mentioned the following categories of support needed but not provided and not mentioned in the survey:

- Respite/childcare and housing: weekend/after-school respite denied; appropriate home/housing; WLZ/PGB housing guidance; assistance with WLZ/PGB applications.
- Information, navigation, and coordination: clear explanation of diagnosis/prognosis; where to go/what to request; therapy and financial options; director/coordination role to reduce fragmentation/waitlists; inspection/quality oversight.
- Parent supports and safety: emotional support; continuous support for parents; resilience/skills training for handling aggression; ‘informal care’ conversations.
- Access to therapies/diagnostics: diagnosis and therapy (SLT, psychology, psychiatry); more help immediately after diagnosis; more attention to sports/swimming and creativity.
- School transitions and logistics: help finding new school during moves; follow-through beyond basic IQ testing.
- System barriers: not taken seriously in applications; long waiting lists; cupboard-to-wall bureaucracy; had no support.
- None/NA.

Families in the Netherlands need coordinated navigation (a single “director”), concrete help with WLZ/PGB, respite/after-school care, better post-diagnosis support, and parent training for safety/behavior. Persistent pain points are long waits, bureaucratic hurdles, and gaps in follow-through beyond school placement.

Parents from **Romania** mentioned several categories of support under this category:

- Psychological/parent supports: psychological counseling for family/parents; behavioral counseling for child; parent support groups (not available); emotional/empathetic support from doctors.
- Information and planning: clear, concrete information about therapies and timing; example-based program explanation; therapy plan with mini-objectives; administrative guidance (documents, where to file).
- Access and capacity: more therapy hours; state-covered therapies too few; therapies in

home city; home-based intervention (1–2 sessions/month); socialization opportunities; swimming.

- Clinical/diagnostic needs: good doctors; alternative therapies; medical/genetic tests; audiograms; therapist–audiologist linkage.
- Financial support: more funds; coverage for therapies; “more money and better therapy.”
- None/covered: many report no additional needs or that information/support received was sufficient.

Requests from parents in Romania focus on stronger parent mental-health and peer support, clearer guidance and individualized therapy planning, more therapy volume and local availability (including some home-based), and better medical/diagnostic linkage. Financing and coverage limits are common pain points, though several families felt adequately supported.

## **Conclusion**

**Overall, our results show several** strong areas of the ECD services in the four partner countries:

- Child outcomes: developmental gains and participation (34a–34b) are robust; independence/social skills (34c) also strong.
- Cooperation with professionals (13), feeling part of the team (25), involvement in planning (26), and affordability (18) lean positive.
- Confidence in daily care (12, 33a) is consistently strong.

Some of the mixed results, areas that need improvement are:

- Emotional support and stress reduction (21, 22, 33b) are weaker, many parents report none or only small benefits.
- Transitions/continuity (23a–c) are problematic, especially hospital-to-home.
- Support for accessing resources (27) and parent-focused resources (15) are uneven.
- Family-centeredness (32) splits evenly across none/small/large.

Some of the country patterns that were notable:

- Bulgaria and Romania frequently show higher “to a large extent” across outcomes, cooperation, team inclusion, and clarity of information.
- Italy and the Netherlands more often sit in “to a small extent,” and on several items have higher “not at all” (notably emotional support, transitions, and resource navigation), indicating partial delivery rather than consistent, comprehensive support.

Country-specific variations exist, with some countries reporting higher percentages in certain areas, but overall patterns are consistent across the four countries. It is quite clear that services are better when child outcomes are concerned, while the needs of parents and families are often not met. Family resilience and well-being need to become more central to ECD and EI services across Europe.

### ***Final Remarks***

The findings of this survey highlight the crucial role that early childhood development and early intervention services play in supporting children with disabilities and their families. While parents generally report positive experiences regarding their children's developmental progress, collaboration with professionals, and participation in service planning, the results also reveal significant gaps in areas that directly affect family well-being.

Across all partner countries, parents consistently identify the need for greater emotional and psychological support, improved guidance during key transitions, and more accessible information and resources tailored to family needs. These findings suggest that, despite important advances in service provision, support systems remain predominantly child-focused and do not always address the broader needs of the family as a whole.

The parents who participated in this survey provided valuable first-hand insights into the realities of raising a child with disabilities. Their experiences underline the importance of recognizing parents not only as caregivers, but also as essential partners in their children's development and well-being.

The evidence gathered through this survey will contribute to the next stages of the project, including the identification of good practices, the development of training materials, and the promotion of family empowerment and parent-to-parent support initiatives. Ultimately, the findings reinforce the need for more holistic, family-centred, and coordinated support systems that strengthen both child outcomes and family resilience.