

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

## *Introduction*

As part of the project activities aimed at identifying existing support systems for families of children with disabilities, a survey was conducted among specialists working in the field of early childhood intervention and support services for children with disabilities and their families.

The survey sought to gather professionals' perspectives on the quality, accessibility, and effectiveness of existing services, as well as to identify gaps, challenges, and areas for improvement. The collected data provide valuable insights into current practices and contribute to a better understanding of the needs of families and the support mechanisms available to them.

This report presents an analysis of the responses received from participating specialists and summarizes the main findings and conclusions.

## ***I. Methodology of the Specialists' Survey***

The survey aimed to assess the availability and quality of services provided to parents of children with disabilities (ChwD) from the perspective of professionals working in the field. The survey design followed the same methodological steps as those applied in the parent survey to ensure consistency and comparability of findings.

***The questionnaire was translated into Dutch, Italian, Romanian, and Bulgarian and distributed among specialists working with children with disabilities and their families.***

The instrument consisted of 38 items, including quantitative questions assessed on a three-point Likert scale ranging from 1 (no service/support/help available) to 3 (high level of service/support/help available). In addition, respondents were given the opportunity to provide qualitative feedback through open-ended questions and to identify additional needs not covered by the questionnaire.

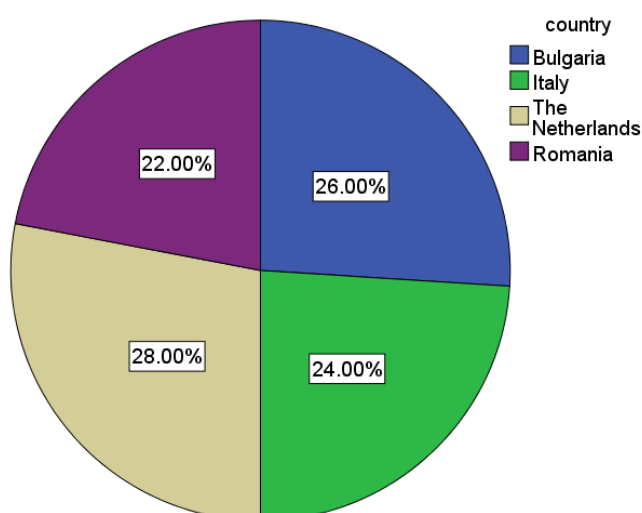
**The survey explored the following thematic areas:**

1. Services that target the unique challenges and emotional needs of parents of ChwD.
2. Services implementing a family-centered approach
3. Various therapeutic services, interventions
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).

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

All four partners in the project selected a number of professionals in the field of early intervention, to accomplish the indicator for the PR1 of the project. Thus, the distribution of respondents is as shown in the table and the pie chart.

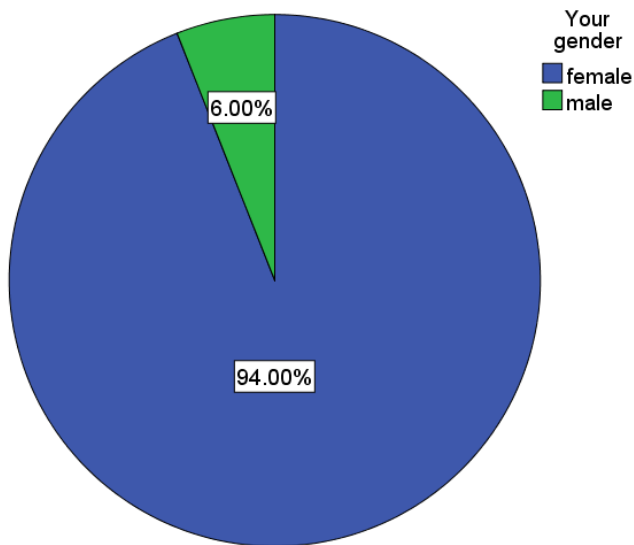
Country	Frequency	Percent	Valid Percent	Cumulative Percent
Bulgaria	26	26.0	26.0	26.0
Italy	24	24.0	24.0	50.0
Valid The Netherlands	28	28.0	28.0	78.0
Romania	22	22.0	22.0	100.0
Total	100	100.0	100.0	



Most participants were women, as expected, as the professionals in the field are mostly women.

#### Your gender

	Frequency	Percent	Valid Percent	Cumulative Percent
female	94	94.0	94.0	94.0
Valid male	6	6.0	6.0	100.0
Total	100	100.0	100.0	



#### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Your age	100	22	68	41.27	10.200
Valid N (listwise)	100				

The mean age of the respondents was 41.27 (SD10.2) years, ranging from very young professionals (22 years) to professionals at the retirement age (a maximum of 68 years).

Regarding the professional background of the specialists included (grouped with Claude AI based on the data provided), most of those who responded were educated in the field of **special education**, with either bachelor or master in the field related to the work with special needs: "Special education" entries (14 respondents), master in pedagogy for children with SEN, preschool teacher, professional educator (4 respondents each), pedagoga, HBO youth & family professional, HBO social work, HBO training social work, and related (one respondent each).

Another important field of study was **Psychology and mental health** (16 respondents), with various levels of education grouped in the field of Psychology (various levels), master in psychology (5 respondents), psychosocial child development consultant, psychologist & behavior analyst, psychologist psychotherapist, master in developmental communication disorders, master in psychosocial interventions (one respondent each).

Some respondents studied **Orthopedagogy** (11 of the total), namely Orthopedagogue/ generalist (5 respondents), orthopedic eye generalist (3 respondents), master in orthopedagogy (2 respondents), MSc forensic orthopedagogy, university orthopedagogical generalist & mental health psychologist (one respondent each category).

Another well represented category was the **Social work & pedagogy** (9 respondents), namely Bachelor/master in social work (3 respondents), social worker & professional educator, bachelor in social pedagogy, master in social pedagogy & psychology, bachelor's in government science, professional socio-pedagogical educator, HBO social work (one respondent each category).

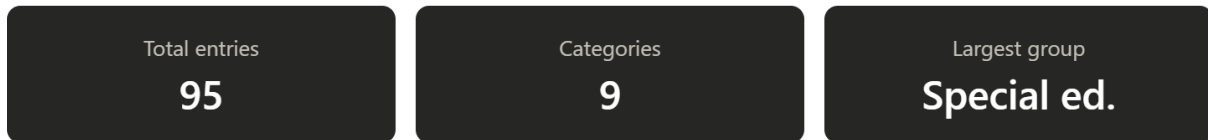
**Physiotherapy & occupational therapy** field was represented by 9 respondents, with Bachelor/master in physical therapy (4 respondents), master in OT, bachelor in PT & OT (2 respondents), HBO physiotherapy, doctorate in PT (one respondent each category).

Some participants were educated in the field of **Speech & language therapy** (8 of the total number), namely Speech therapy (2 respondents), bachelor's in speech therapy (2 respondents), logopedia/logopedist (2 respondents), speech therapist (2 respondents), master in speech therapy (one respondent).

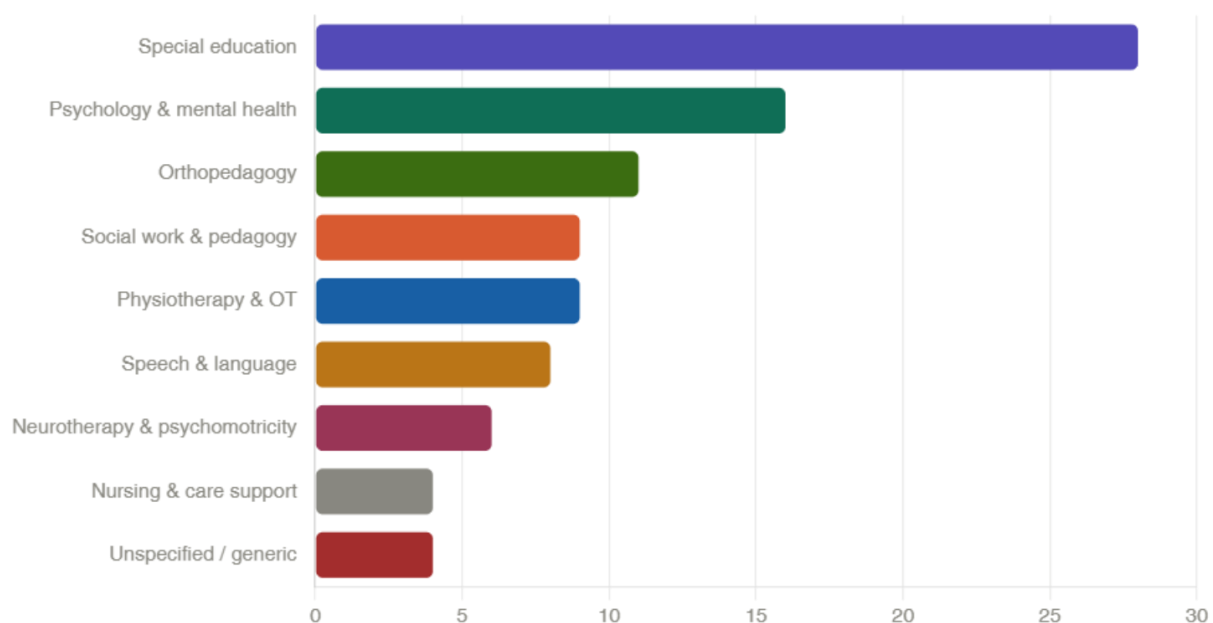
Some respondents studied **Neurotherapy & psychomotricity** (6 of the total), namely Neurotherapist & psychomotricity of evolutionary age (3 respondents), bachelor of neuropsychotherapy (one respondent), degree/bachelor's in neuropsychotricity of evolutionary age (2 respondents).

A number of participants studies **Nursing & care support** (4 respondents), namely Nurse, personal care assistant for the disabled, MBO level 3 employee social care, personal supervisor (MMZ).

Some of the professionals only specified the degree without the field of study: "Bachelor's degree" (no field), "master degree" (no field, 3 respondents), HBO (no field, 2 respondents), HBO propaedeutic.



■ Psychology & mental health  
 ■ Special education  
 ■ Social work & pedagogy  
 ■ Physiotherapy & OT  
 ■ Speech & language  
■ Neurotherapy & psychomotricity  
 ■ Orthopedagogy  
 ■ Nursing & care support  
 ■ Unspecified / generic



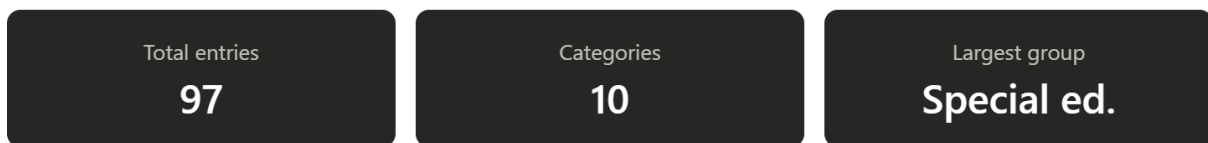
A few entries appear in multiple categories (e.g. "bachelor PT, OT") and were counted once in the most specific or dominant category.

Regarding **professional degrees**, the sample shows a diverse educational background, with nine distinct degree categories identified across 95 entries. Special education is the most represented field, accounting for nearly a third of all entries (28), reflecting the centrality of inclusive and adapted education in the work of these professionals. Psychology and mental health training forms the second largest group (16), underscoring the importance of psychological expertise in the services provided. Orthopedagogy (11) and social work & pedagogy (9) also feature prominently, suggesting a strong orientation toward support, guidance, and socio-educational intervention. Physiotherapy and occupational therapy (9), alongside speech and language therapy (8), point to a significant rehabilitation and communication dimension within the team. Notably, neurotherapy and

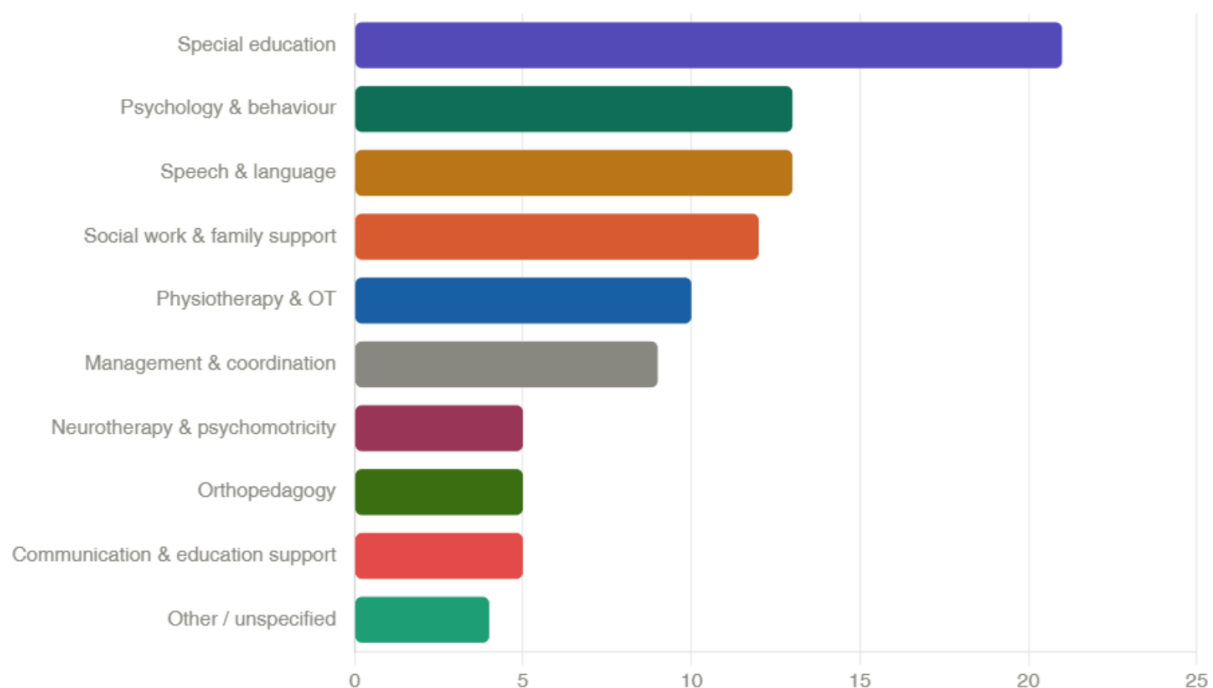
psychomotricity (6) emerges as a more specialized but distinct profile, while nursing and care support (4) represents a smaller yet essential component. A small share of entries (4) remained too generic to classify, indicating some inconsistency in how respondents reported their qualifications. The sample is well balanced in terms of the qualifications of specialists, which pleads for the reliability and representativeness of responses that will be discussed.

The **professional roles** of the professionals in our group is also diverse, but representative for the field that we investigated.

We found (using Claude AI to group the data), from the 97 entries 10 categories of professional roles in our sample, identified below in the chart.



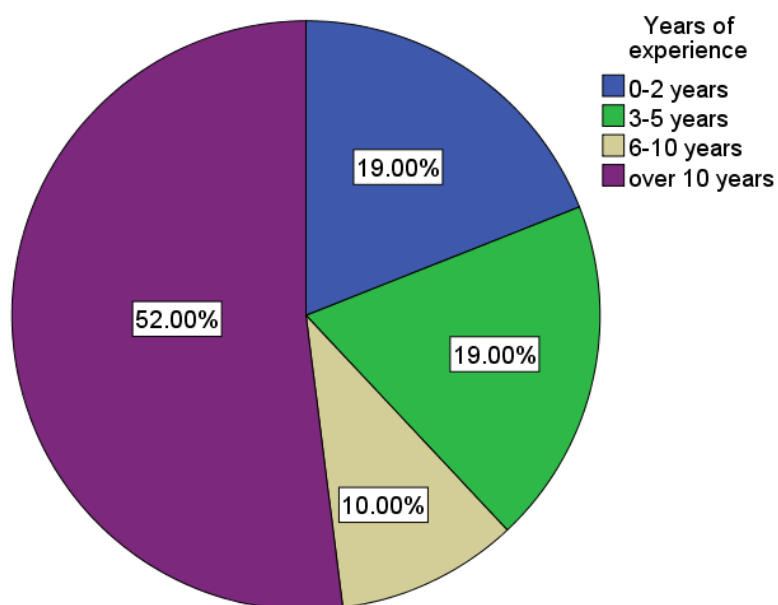
- Special education
- Psychology & behaviour
- Speech & language
- Social work & family support
- Physiotherapy & OT
- Neurotherapy & psychomotricity
- Orthopedagogy
- Management & coordination
- Communication & education support
- Other / unspecified



The distribution of professional roles across 97 entries mirrors the diversity seen in the educational backgrounds, with ten functional categories covering a broad spectrum of intervention profiles. Special education teachers represent the largest single group (21), confirming that educational support is the dominant professional function within this sample. Psychology and behaviour specialists (13) and speech and language therapists (13) are equally present, reflecting the multidisciplinary nature of the teams. Social work and family support roles (12) highlight the importance of community and family-centred approaches, while physiotherapy and occupational therapy practitioners (10) reinforce the rehabilitation dimension already visible in the degree data. Management and coordination roles (9) suggest that a meaningful proportion of respondents hold leadership or organizational responsibilities rather than direct clinical positions. Neurotherapy and psychomotricity (5), orthopedagogy (5), and communication and education support (5) round out the picture as more specialized yet recurring professional profiles. Overall, the data points to richly interdisciplinary teams where clinical, educational, social, and managerial functions coexist.

We had a well represented **professional experience** in the sample, as shown in the table and chart below.

Professional experience	Frequency	Percent
0-2 years	19	19.0
3-5 years	19	19.0
6-10 years	10	10.0
over 10 years	52	52.0
Total	100	100.0



Most of the participants were experienced in the field, with over 10 years of professional experience (52%), but we also included professionals at the beginning of their professional career (19% were between 0-2 years of experience in the field) and the rest with a fair amount of experience, 3-5 years or 6-10 years.

Regarding the type of service provided to beneficiaries (grouped with Claude AI based on our data and shown in the chart below), the largest group were providing services in **specialised centers** (52 of the total number): "At specialized centers" (the dominant response), plus the Paideia Foundation, Children's Day Centre for Day Treatment, and child rehabilitation settings. This is by far the most common service delivery context.

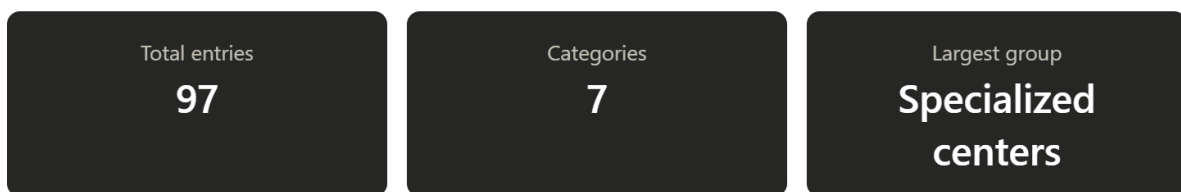
A part of the professionals were providing services in **School / kindergarten** (22 respondents): "At school/kindergarten" (14), "at school or in childcare" (3), "at a preschool" (2), "at nursery" (1), and "both in specialized center and in kindergarten" (1, primary setting counted here).

A smaller number of the total were providing **Home-based** services (12 respondents): "At home" (8), "at home (ambulatory supervision)", and entries specifying home as one among other settings where home was listed first or alone.

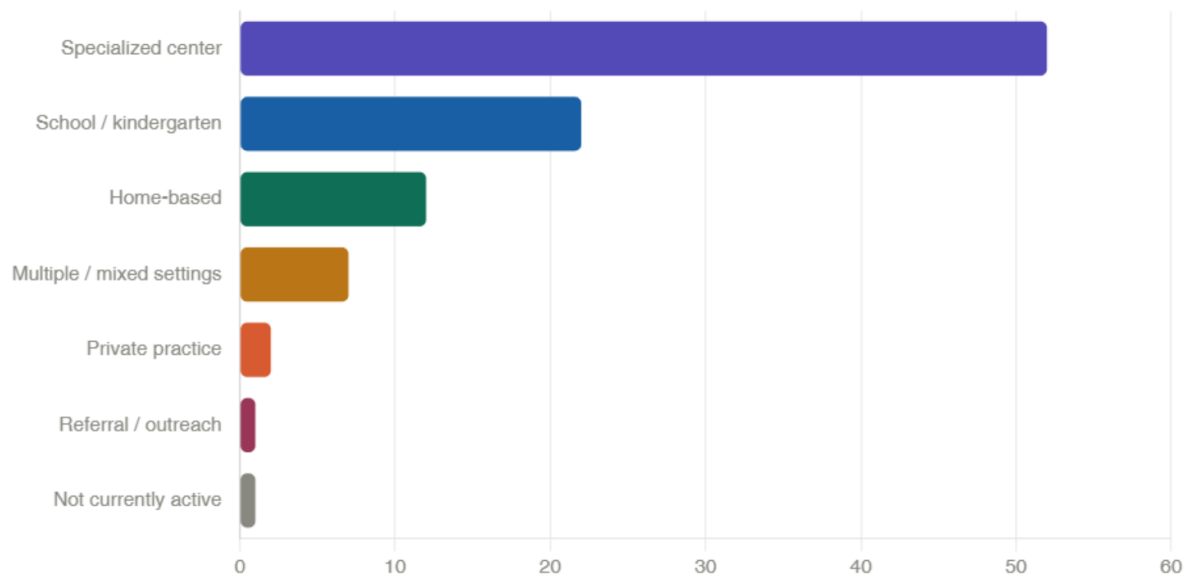
Some respondents were providing services in **Multiple / mixed settings** (7 of the total number): "at home, at a center, at a preschool" (5), "both at development center and at home", "at the group, at home and at the nursery or school."

A few were working in **Private practice** (2 respondents): "Private practice" (2 respondents) and "a center and a private nursery.", all of them counted under this category.

A very small number did not provide a setting of their work: **Referral / outreach** (1 respondent), a social worker describing use of a Preliminary Needs Assessment to refer children to social services, with no direct service delivery location specified and one respondent **Not currently active**: "I am not currently working actively with children."



■ Specialized center  
 ■ School / kindergarten  
 ■ Home-based  
 ■ Multiple / mixed settings  
 ■ Private practice  
■ Referral / outreach  
 ■ Not currently active



Thus, the analysis of **service settings** reveals a strong concentration of professional activity within specialized centers, which account for more than half of all entries (52 out of 97), establishing this as the predominant context in which early intervention and support services are delivered within our sample. Schools and kindergartens represent the second most common setting (22), reflecting a meaningful presence of professionals working within educational environments, which aligns with the inclusive education mandate that characterizes many early childhood systems across Europe. Home-

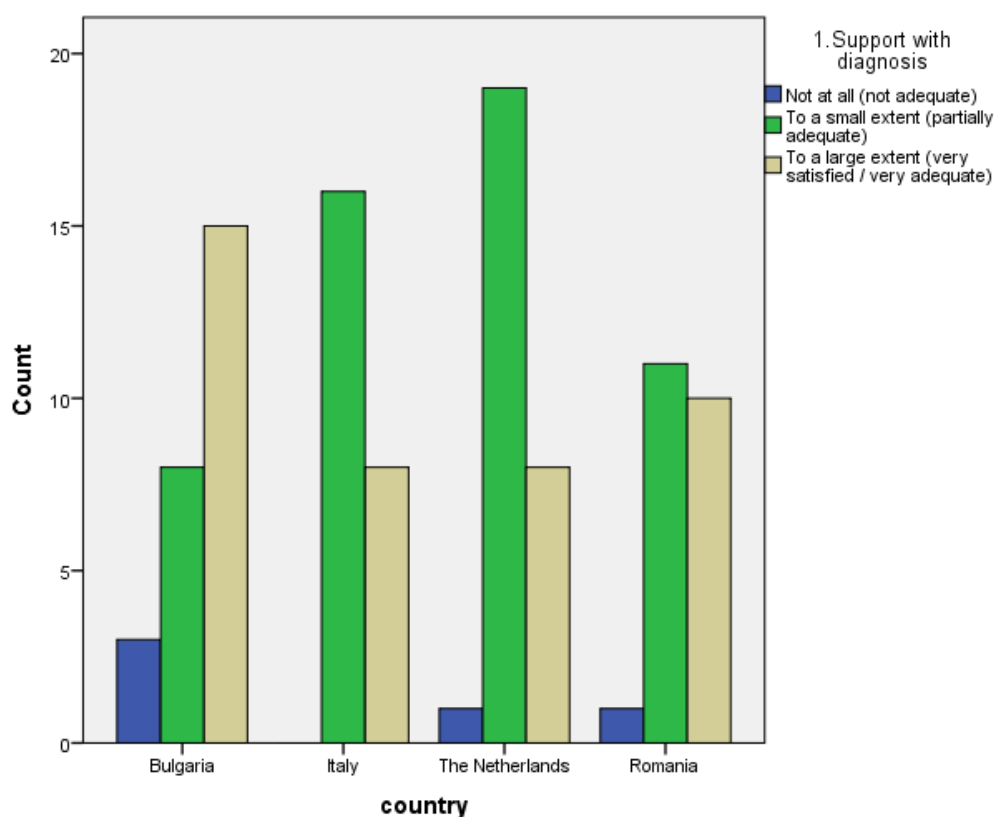
based service delivery, reported by 12 professionals, highlights an important outreach dimension, particularly relevant for families of very young children or those with limited mobility and access to institutional services. A smaller but noteworthy group (7) reported working across multiple settings simultaneously, suggesting a flexible, itinerant model of service provision that adapts to the diverse needs of children and families. Private practice accounted for only 2 entries, indicating that independent service delivery remains a marginal modality in this sample, while one professional described a referral and outreach role rather than direct service delivery, and one respondent was not currently active with children. Overall, the data points to a predominantly center-based professional landscape, complemented by a significant school-integrated component and a less formalized but present home-visiting practice.

The institutions where the respondents activated were mostly public health care institutions (40% of the total), private institutions (27% of the total number), NGO / foundations (25% of the total number), and a very few in a Center for Comprehensive Services for Children with Disabilities and Chronic Conditions, Cooperative Foundation (philanthropic institution), higher education institution.

### Analysis of results from the questionnaire

#### 1. Do you believe families receive adequate support in clarifying their child's diagnosis?

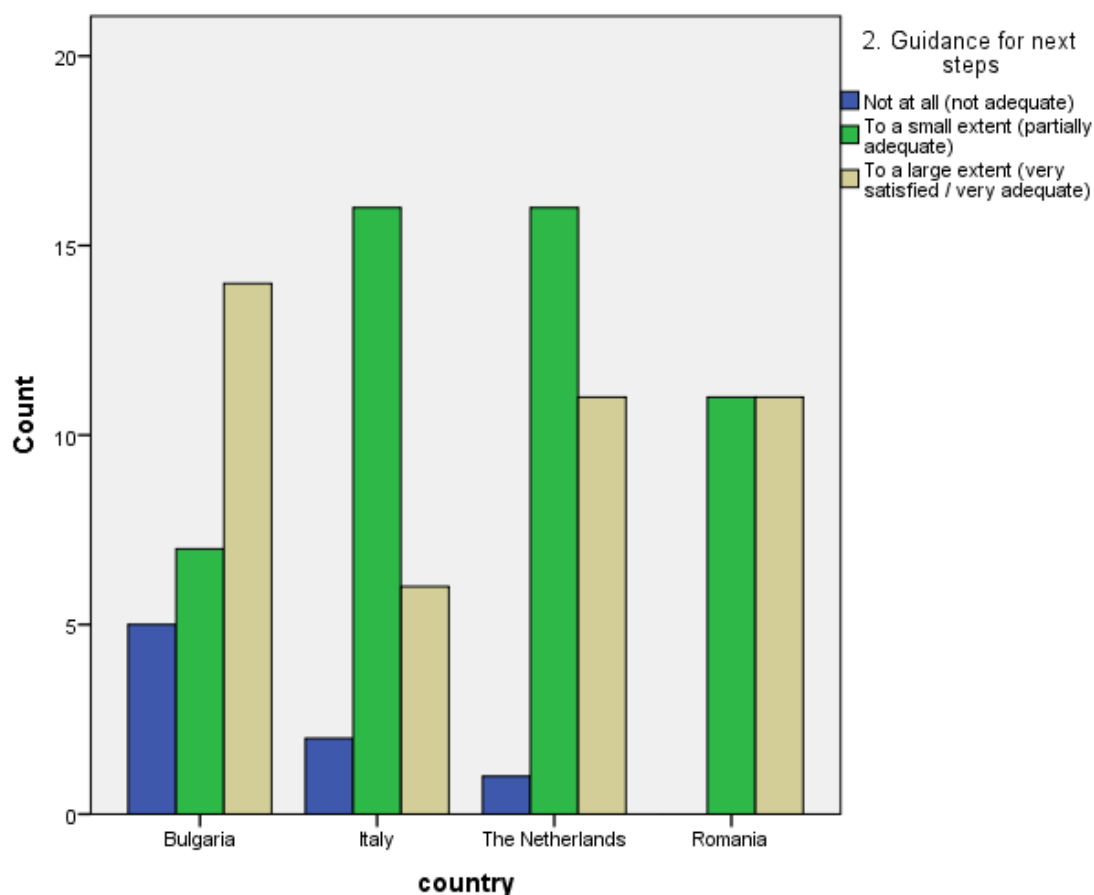
Responses	Frequency	Percent
Not at all (not adequate)	5	5.0
To a small extent (partially adequate)	54	54.0
To a large extent (very satisfied / very adequate)	41	41.0
Total	100	100.0



This item shows a moderately positive but still concerning picture: while 41% of respondents reported being very satisfied with the support that families receive at the diagnosis stage, the majority (54%) felt it was only partially adequate. A small but notable 5% found it not adequate at all. This suggests that diagnostic support, although largely present, leaves considerable room for improvement in terms of depth, clarity, or timeliness in the opinion of professionals regarding the families involved.

## 2. After families find out the diagnosis, do they receive clear guidance about next steps?

Responses	Frequency	Percent
Not at all (not adequate)	8	8.0
To a small extent (partially adequate)	50	50.0
To a large extent (very satisfied / very adequate)	42	42.0
Total	100	100.0

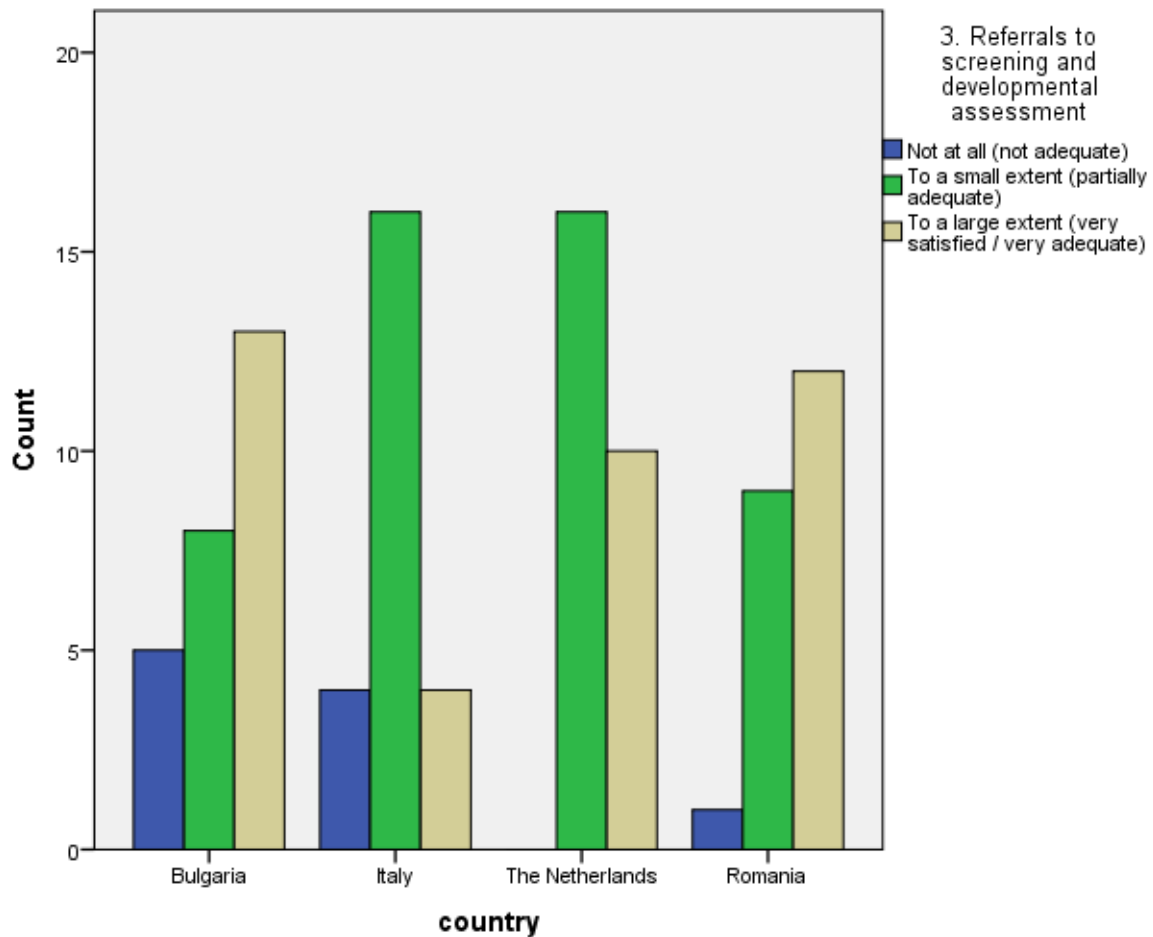


Guidance following identification or diagnosis emerges as a **slightly weaker area** compared to diagnostic support itself. Only 42% of the professionals rated it as very adequate, while 50% described it as partially adequate and 8% as not adequate at all. The higher rate of complete inadequacy compared to item 1 suggests that the transition from diagnosis to actionable guidance can be a gap in the system, with many families receiving insufficient direction on what to do after a concern is identified, in the professionals' opinion.

### 3. Are families appropriately referred to developmental screening and assessment services?

Responses	Frequency	Percent
Not at all (not adequate)	10	10.0
To a small extent (partially adequate)	49	49.0
To a large extent (very satisfied / very adequate)	39	39.0

Total	98	98.0
Missing System	2	2.0
Total	100	100.0



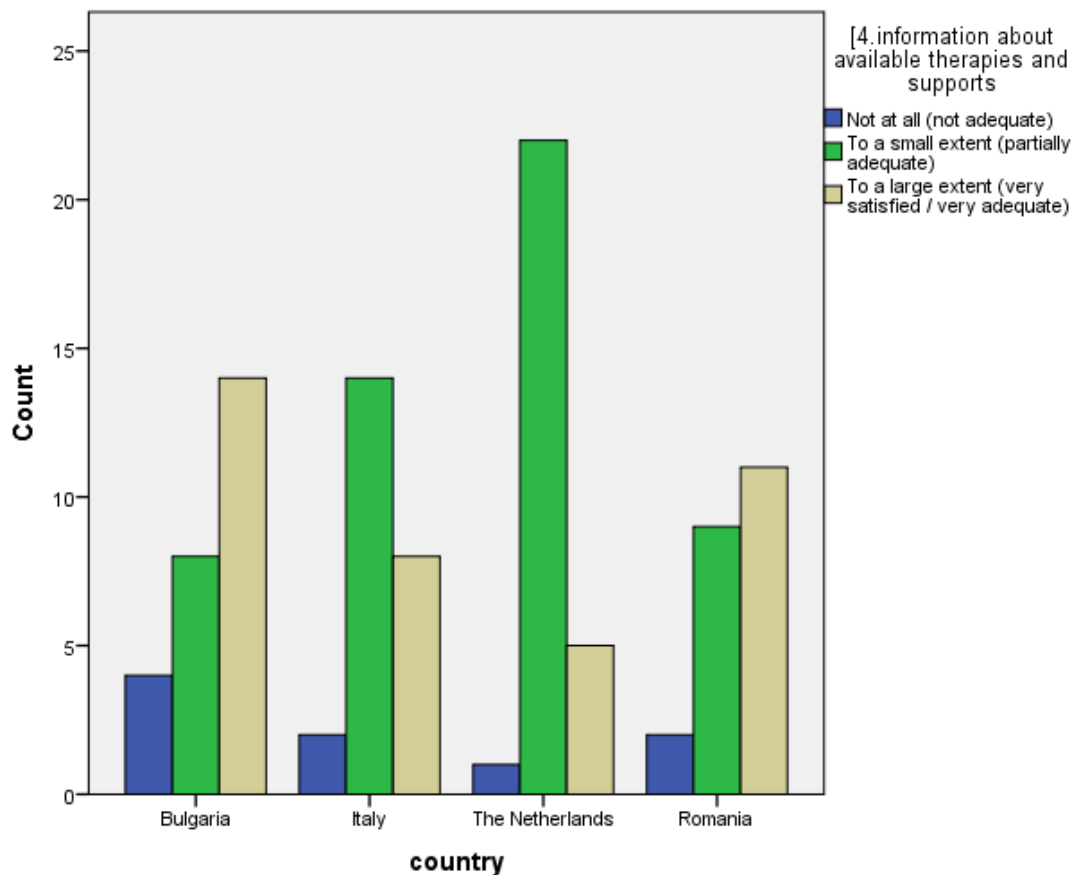
The responses regarding the professionals' opinions toward referrals to screening and developmental assessment show a worrisome situation in the field. With 10% reporting complete inadequacy and 49% partial adequacy, **this item reveals one of the more problematic areas in the sample**. Less than 40% were highly satisfied, and notably, 2 respondents did not answer this question (missing values), which may itself reflect uncertainty or disengagement with this process. The data suggests that pathways to screening and formal developmental assessment are inconsistent, potentially creating delays or gaps in early identification.

The situation seems to differ across countries of the consortium, the Bulgarian specialists identified a

lack of referral to the highest extent, while also showing that a high number of specialists consider that there is availability of referral to a large extent. It is possible that large variability might exist in the same country regarding availability of services.

#### 4. Do families receive sufficient information about available therapies and support options?

Responses	Frequency	Percent
Not at all (not adequate)	9	9.0
To a small extent (partially adequate)	53	53.0
To a large extent (very satisfied / very adequate)	38	38.0
Total	100	100.0

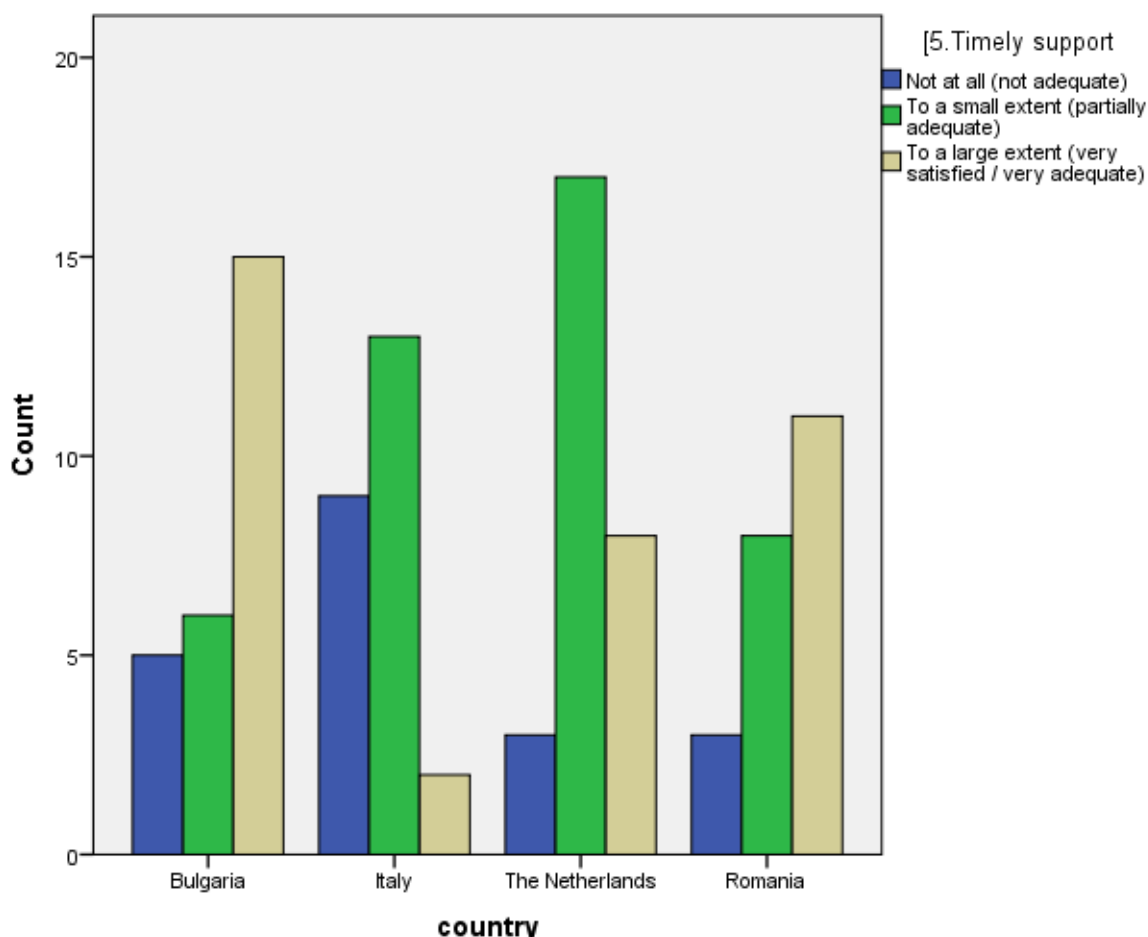


Responses to this item (Information about available therapies and supports) closely mirror those of

items 1 and 2, with 53% reporting partial adequacy, 38% high satisfaction, and 9% complete inadequacy. This indicates that while information about therapeutic options and support services is available to most, it is not comprehensive or accessible enough for a significant proportion of the sample. The relatively high rate of partial adequacy suggests that information exists but may be fragmented, hard to navigate, or insufficiently tailored to individual family needs, in the opinion of the specialists.

#### 5. Is support provided in a timely manner to meet the child's developmental needs?

Responses	Frequency	Percent
Not at all (not adequate)	20	20.0
To a small extent (partially adequate)	44	44.0
To a large extent (very satisfied / very adequate)	36	36.0
Total	100	100.0



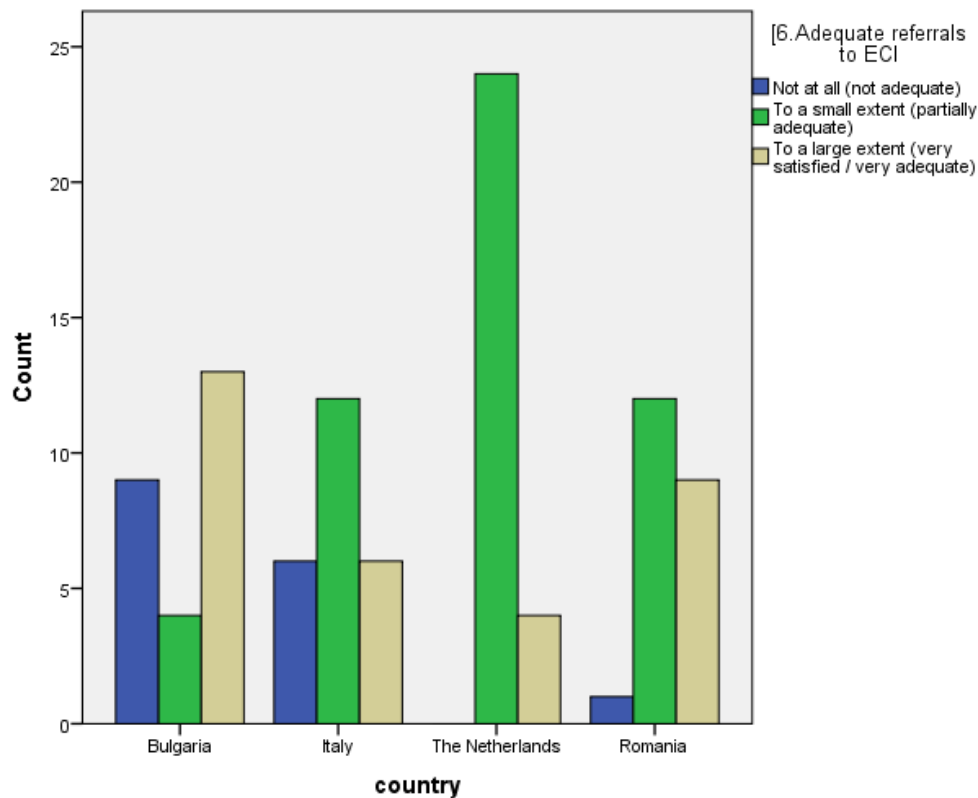
**In the opinion of the professionals, timely support offered to families is precarious.**

A striking 20% of respondents reported that timely support is not adequate at all, a high rate of complete dissatisfaction in the entire questionnaire, while 44% found it only partially adequate and only 36% were highly satisfied. These figures clearly indicate that delays in service delivery are in the professionals’ opinion, a systemic and widespread problem, with waiting times or slow response mechanisms representing a major barrier to effective early childhood intervention.

**6. Are families properly guided toward appropriate early intervention services?**

Responses	Frequency	Percent
Not at all (not adequate)	16	16.0
To a small extent (partially adequate)	52	52.0
To a large extent (very satisfied / very adequate)	32	32.0

Total	100	100.0
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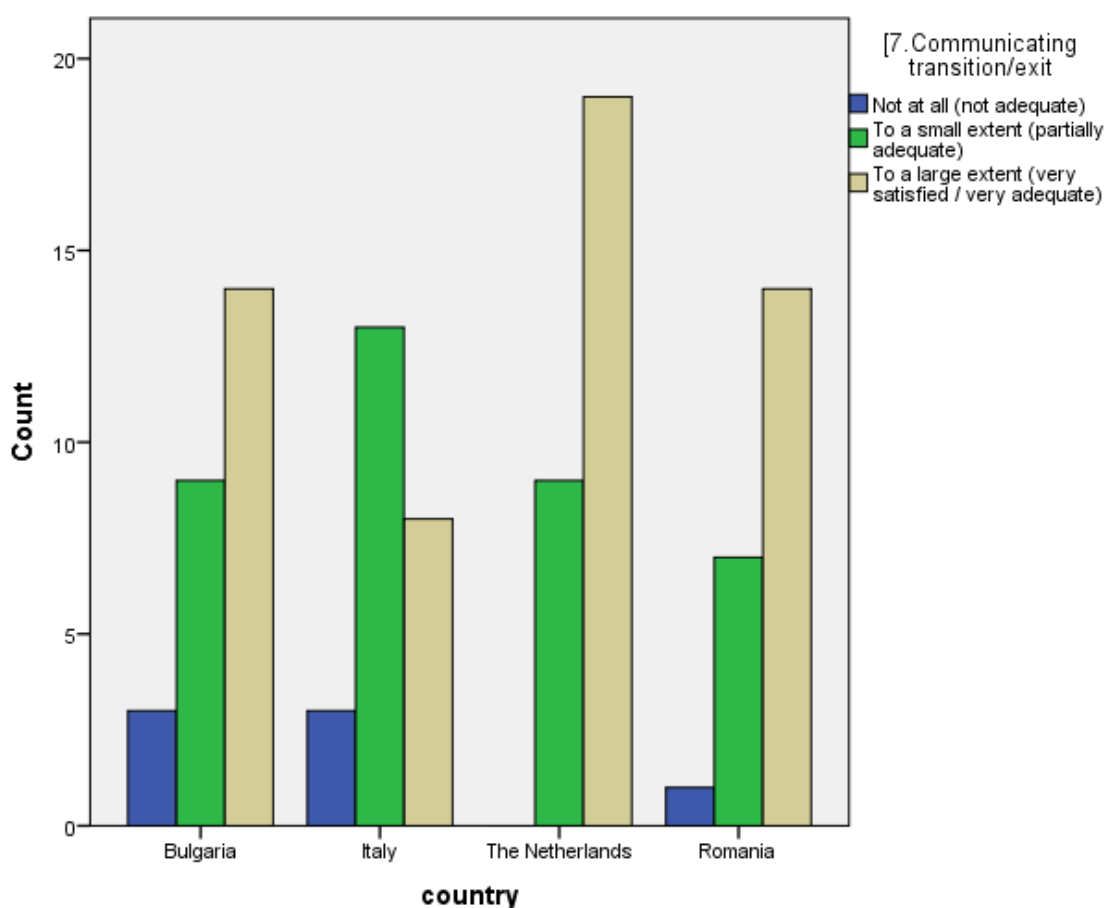


**Opinions regarding the adequacy of referrals to ECI services** show another high rate of complete inadequacy responses in the dataset, at 16%, with 52% reporting partial adequacy and only 32% expressing high satisfaction. This is a particularly significant result given that ECI referral is a foundational step in the support pathway. The low proportion of highly satisfied respondents suggests that referral mechanisms to ECI are poorly standardized, insufficiently communicated, or subject to significant systemic barriers across the countries surveyed, in the opinion of professionals working in this field.

**7. Is transition planning (exit planning) clearly communicated to families?**

	Frequency	Percent
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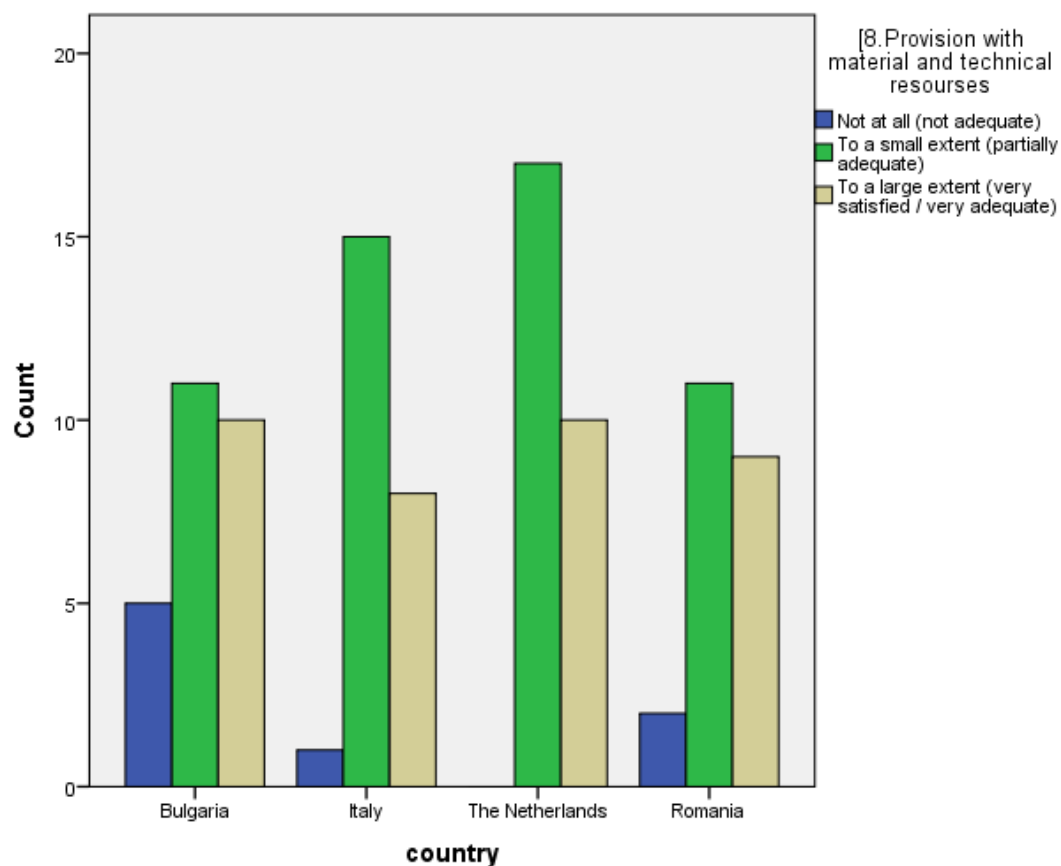
Not at all (not adequate)	7	7.0
To a small extent (partially adequate)	38	38.0
To a large extent (very satisfied / very adequate)	55	55.0
Total	100	100.0



**Communicating transition/exit is an item that** produced a more positive result across dimensions. A majority of respondents (55%) rated the communication of transition and exit from services as very adequate, with 38% finding it partially adequate and only 7% reporting complete inadequacy. This suggests that professionals are relatively well-equipped or well-practiced in communicating the end of service relationships or transitions between service phases, a process that may be more structured and protocol-driven than other aspects of service delivery. The situation is similar across partner countries, Italian specialists showing less satisfaction, a higher number reported partial adequacy.

#### 8. Are families provided with adequate material and technical resources?

Responses	Frequency	Percent
Not at all (not adequate)	8	8.0
To a small extent (partially adequate)	54	54.0
To a large extent (very satisfied / very adequate)	37	37.0
Total	99	99.0
Missing System	1	1.0
Total	100	100.0



The opinions on the **provision with material and technical resources** reveal a pattern consistent with the broader dataset: resources are present but insufficient. Of the total number, 54.5% reported partial adequacy, 37.4% high satisfaction, and 8.1% complete inadequacy (with one missing response). The reliance on partial adequacy as the dominant response reflects a structural underfunding or uneven distribution of material and technical tools across settings and countries, limiting the quality and consistency of services that professionals can deliver.

### 8a. Please give examples of material or technical resources that are typically provided

The responses obtained in all four groups of specialists were coded into 8 categories:

**Assistive and mobility devices:** the most frequently cited category, covering the full spectrum of physical support equipment from basic orthoses and custom shoes to wheelchairs, standing frames, adapted beds, and buggies. These types of supports were particularly prominent in the Dutch-language responses.

**Augmentative and alternative communication (AAC)** is a distinct and recurrent theme, including both high-tech tools (voice computers, tablets with AAC software) and low-tech options (communication cards, icon systems, visual strategies), reflecting the centrality of communication support in early intervention.

**Digital and technology tools:** tablets, PCs, interactive boards, light boxes, and named educational software (particularly in the Romanian responses, e.g. Logopedix, Oscar's World of Sounds) appear frequently, indicating a growing digitalization of home-based support.

**Therapeutic and sensory materials** is a broad category covering hands-on resources: toys, puzzles, Montessori materials, sensory integration equipment, tactile materials, and speech therapy tools used both in sessions and at home.

**Adapted spaces and environments,** referenced mainly by specialists working in centers, encompassing sensory rooms, physiotherapy halls, and home or transport adaptations for children with motor needs.

**Educational and informational materials:** parent handbooks, brochures, worksheets, online platforms, and individualized plans form a consistent thread, particularly for families who need guidance to continue work between sessions.

**Financial and social support:** several respondents, especially from Bulgaria and Romania, highlighted monetary allowances, disability benefits, and guidance on navigating social assistance systems as an integral part of the resources made available to families.

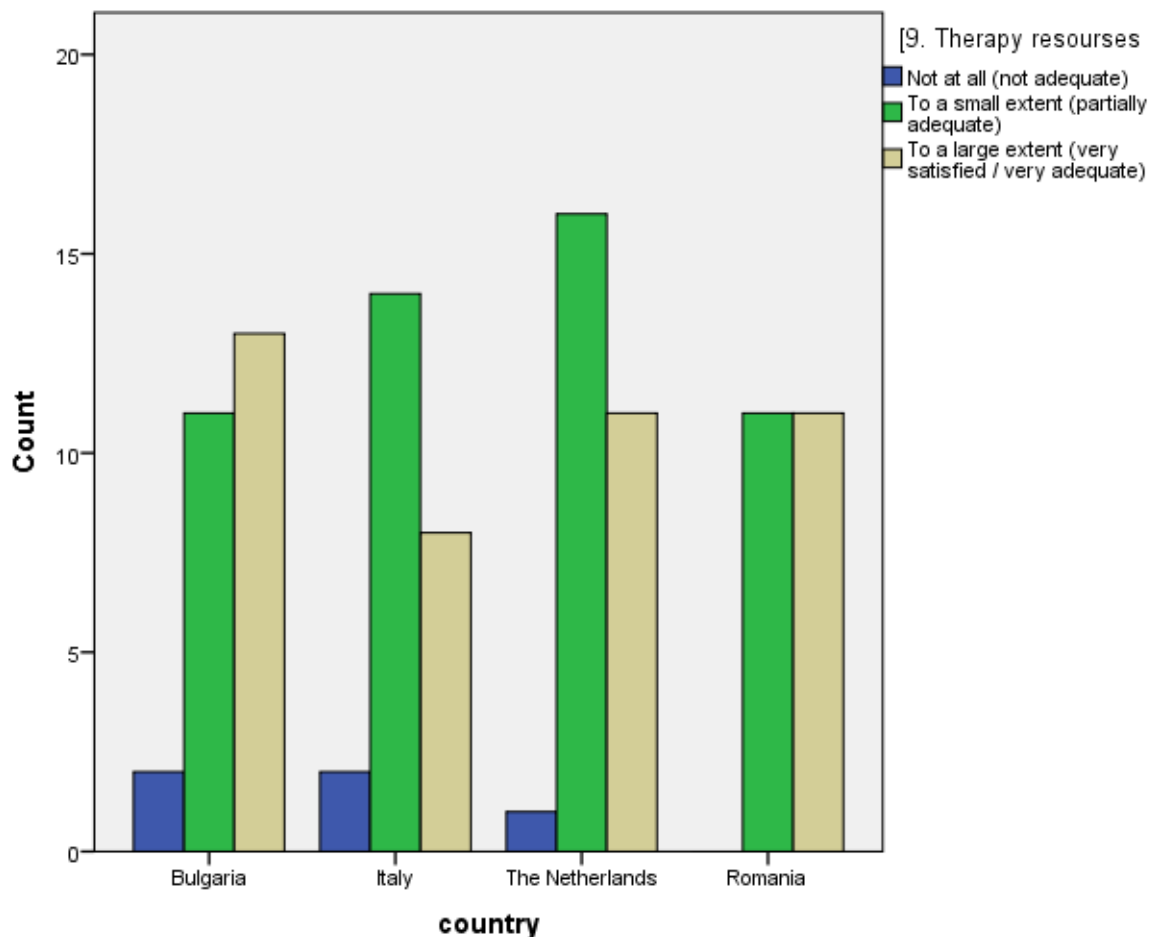
**Family support and training:** parent groups, psychoeducational programmes, and participation in therapy sessions were identified as a non-material but essential category of resource, particularly emphasized in the Italian responses.

Taken together, the eight items analysed so far paint a picture of an early intervention landscape that is partially functional but marked by consistent gaps. Timely support (item 5) and adequate ECI referrals (item 6) are the most critical pain points, while communication of transition and exit (item 7)

is the area of greatest relative strength. Across almost all items, partial adequacy is the modal response, suggesting that services exist but are not yet meeting the full needs of children and families, in the opinion of specialists included.

### 9. Are parents provided with the necessary therapeutic resources for their children?

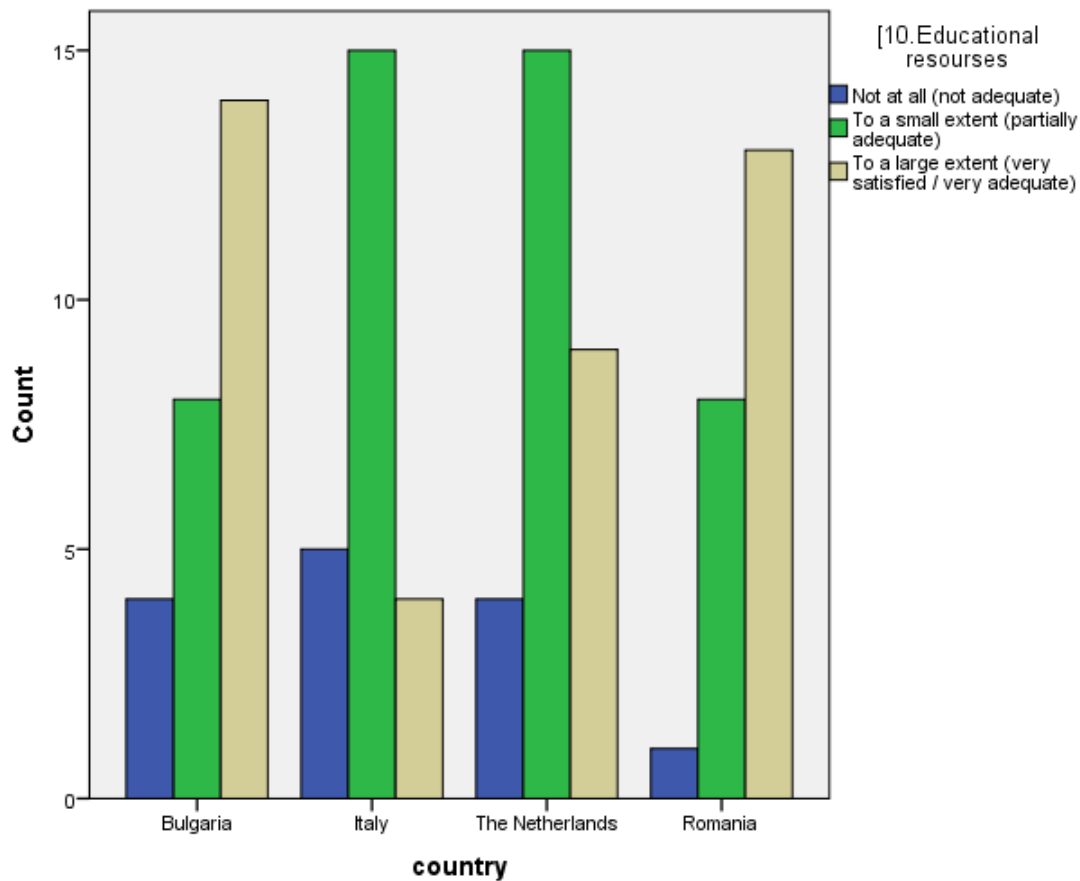
Responses	Frequency	Percent
Not at all (not adequate)	5	5.0
To a small extent (partially adequate)	52	52.0
To a large extent (very satisfied / very adequate)	43	43.0
Total	100	100.0



Therapy resources receive a **relatively positive evaluation**, with 43% of respondents reporting high satisfaction and 52% partial adequacy. Only 5% found them not adequate at all — the lowest rate of complete dissatisfaction in this section. This suggests that therapeutic tools and resources are the most consistently available component of the service landscape, even if more than half of professionals still experience limitations in their scope or quality.

#### 10. Are parents provided with the necessary educational resources for their children?

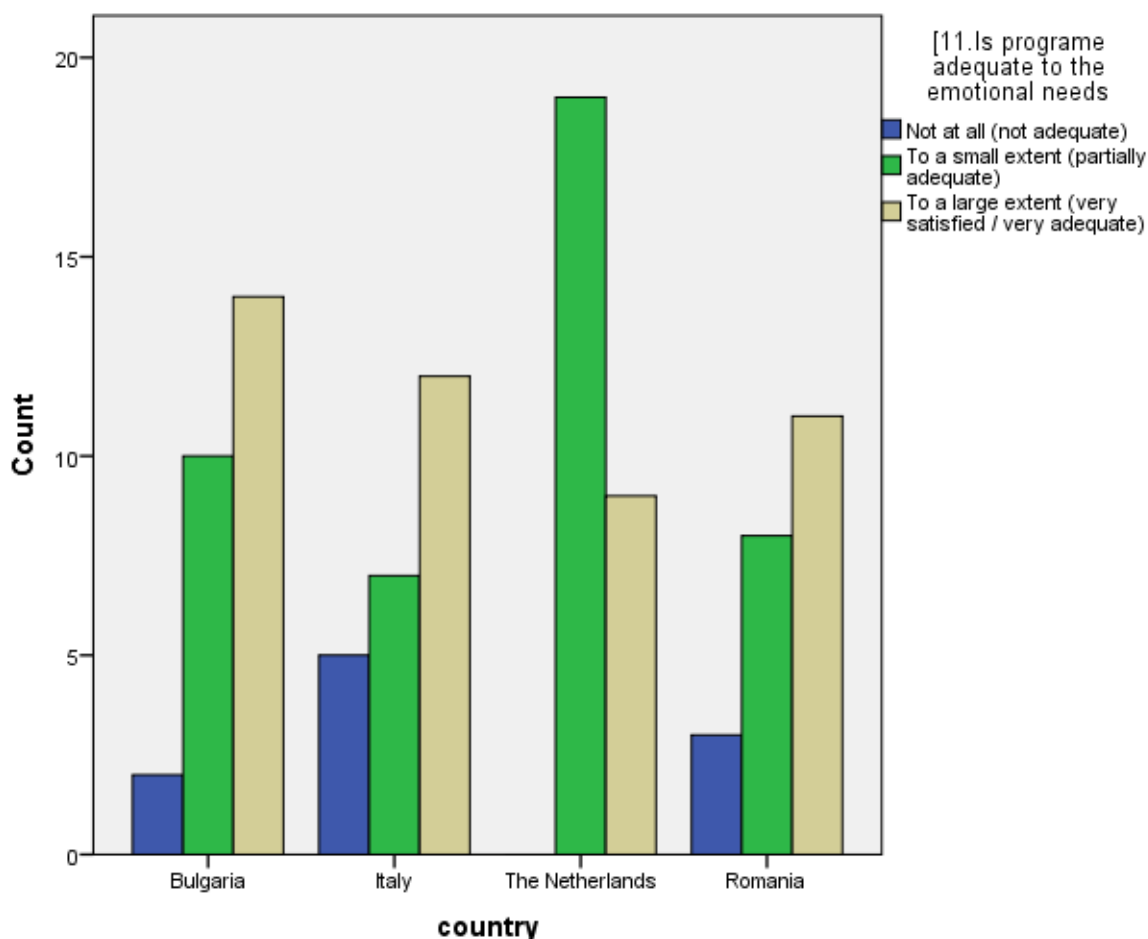
Responses	Frequency	Percent
Not at all (not adequate)	14	14.0
To a small extent (partially adequate)	46	46.0
To a large extent (very satisfied / very adequate)	40	40.0
Total	100	100.0



Educational resources were assessed considerably worse than therapy resources, with 14% reporting complete inadequacy, the joint highest alongside item 18 and only 40% expressing high satisfaction. The 46% reporting partial adequacy confirms that educational materials and supports are available in many settings but remain insufficient in depth, variety, or accessibility. This gap between therapy and educational resources may reflect a structural prioritization of clinical over pedagogical tools in early intervention programs, in the specialists' opinion.

### 11. Does the program address parents' emotional needs?

Responses	Frequency	Percent
Not at all (not adequate)	10	10.0
To a small extent (partially adequate)	44	44.0
To a large extent (very satisfied / very adequate)	46	46.0
Total	100	100.0

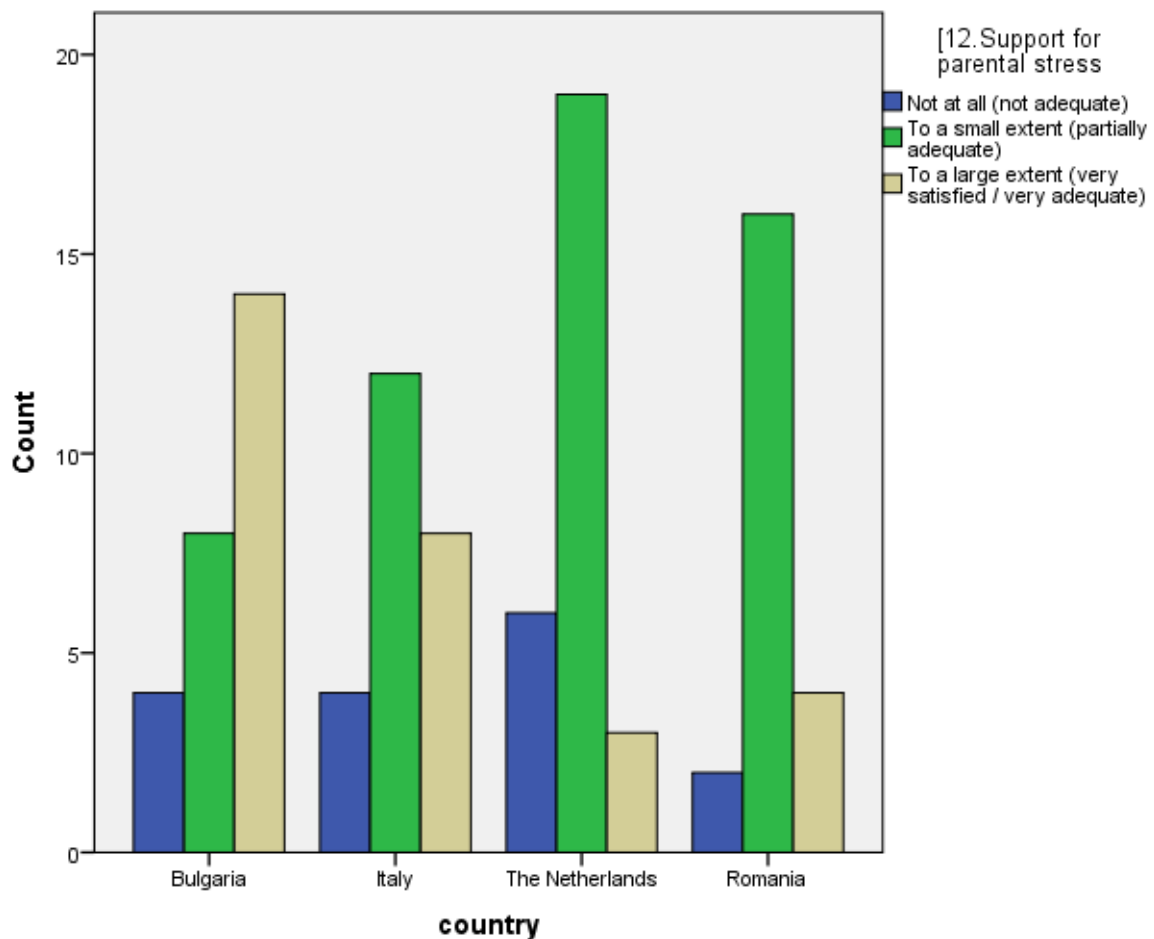


This item yields a relatively balanced result, with 46% highly satisfied and 44% partially satisfied, but 10% reporting complete inadequacy. The near-even split between high and partial satisfaction suggests that emotional responsiveness of the programs varies considerably across programs and settings, with some demonstrating good practice while others lack structured approaches to addressing the socio-emotional dimensions of early childhood intervention in the case of the parents.

## 12. Does the program provide support for parental stress management?

Responses	Frequency	Percent
Not at all (not adequate)	16	16.0
To a small extent (partially adequate)	55	55.0

To a large extent (very satisfied / very adequate)	29	29.0
Total	100	100.0

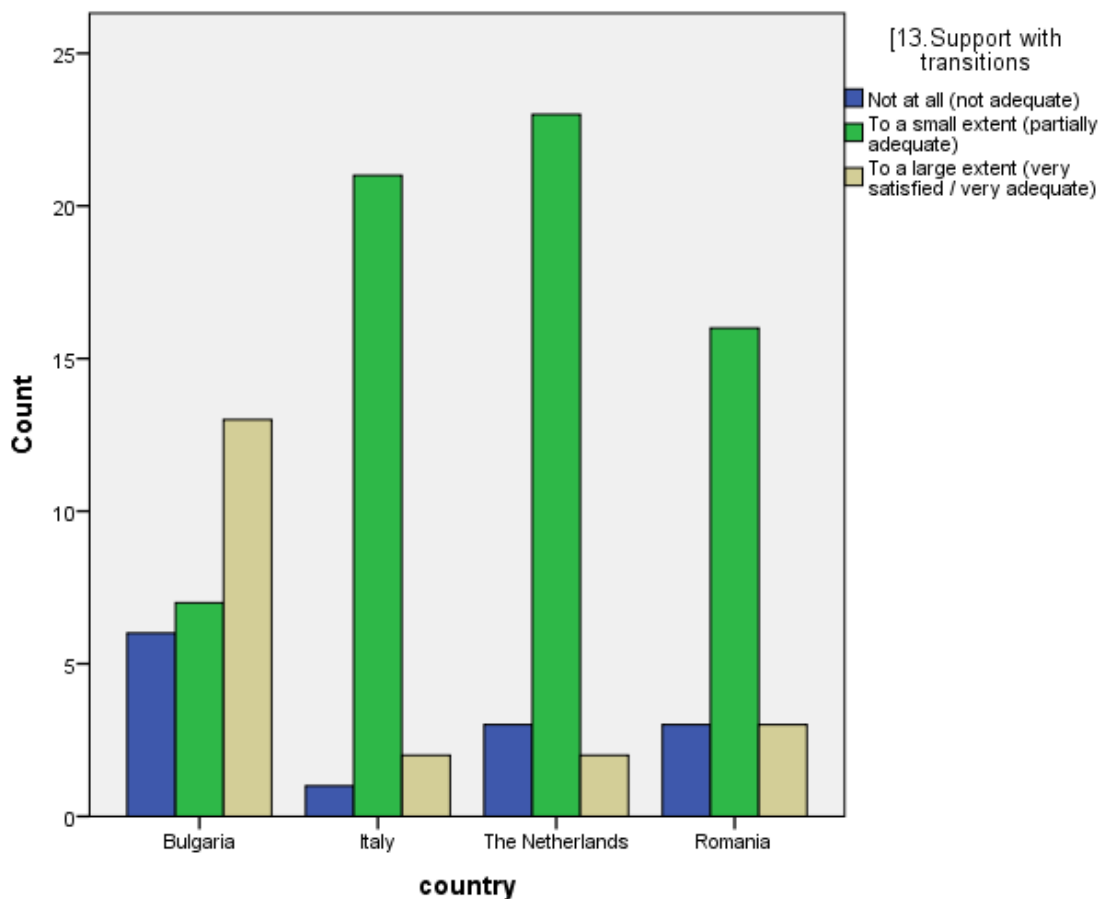


**Support for parental stress** emerges as one of the weakest areas in this section. Only 29% of respondents rated it as very adequate the lowest rate of high satisfaction in the entire section, while 55% found it only partially adequate and 16% reported complete inadequacy. These figures indicate a significant and systemic gap in the emotional and psychological support offered to parents, who are often under considerable strain when navigating complex service systems with a child with developmental needs.

### 13. Is adequate support provided during transition periods (hospital to home, home to EI, EI to

preschool)?

Response	Frequency	Percent
Not at all (not adequate)	13	13.0
To a small extent (partially adequate)	67	67.0
To a large extent (very satisfied / very adequate)	20	20.0
Total	100	100.0

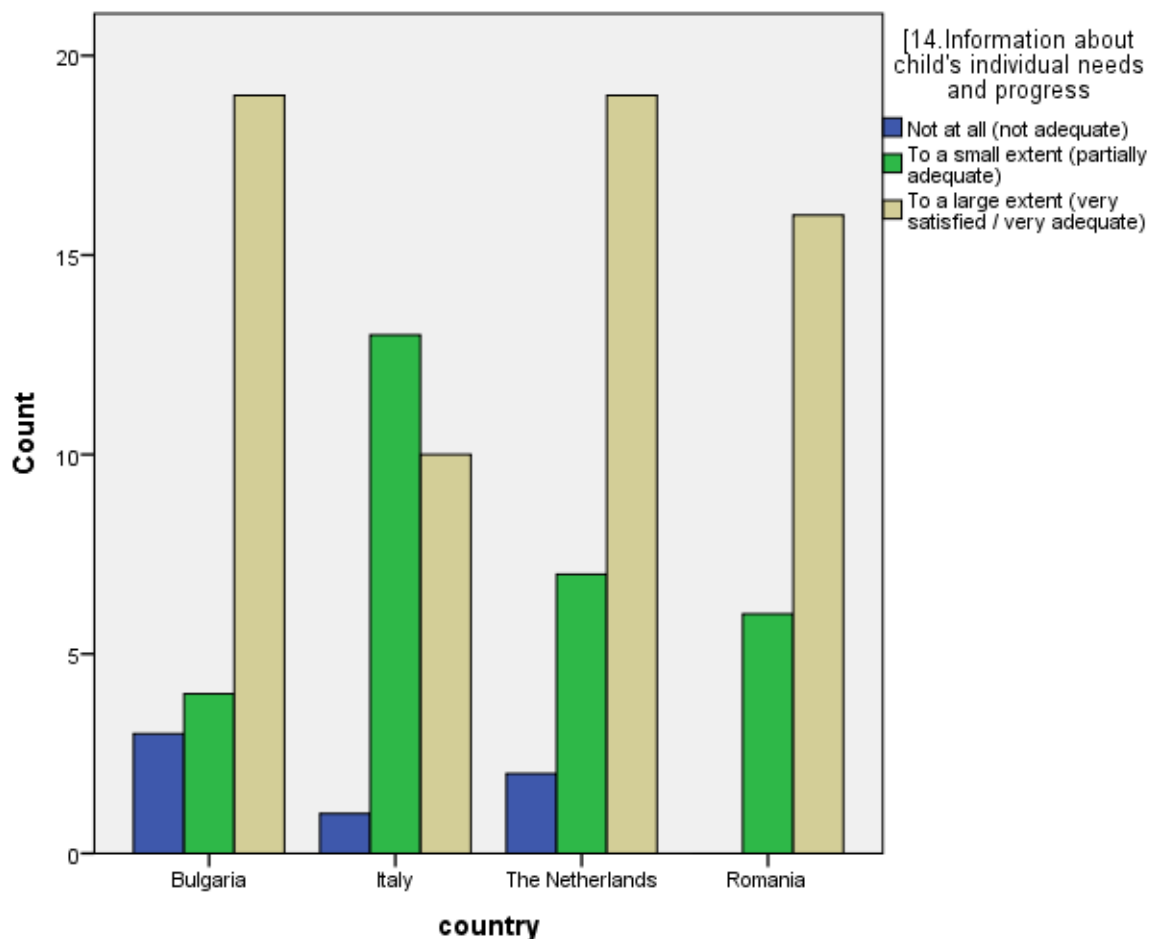


**Support with transitions** produces a concerning result in the entire survey. A striking 67% of respondents rated support with transitions as only partially adequate, with just 20% expressing high satisfaction and 13% reporting complete inadequacy. The combined 80% who found this area lacking signals that transitions, whether between services, developmental stages, or institutional contexts, are poorly managed and insufficiently supported. This is a critical finding, as poor transition planning can

undermine continuity of care and family wellbeing.

**14. Do families receive clear information about their child’s individual needs and developmental progress?**

Response	Frequency	Percent
Not at all (not adequate)	6	6.0
To a small extent (partially adequate)	30	30.0
To a large extent (very satisfied / very adequate)	64	64.0
Total	100	100.0

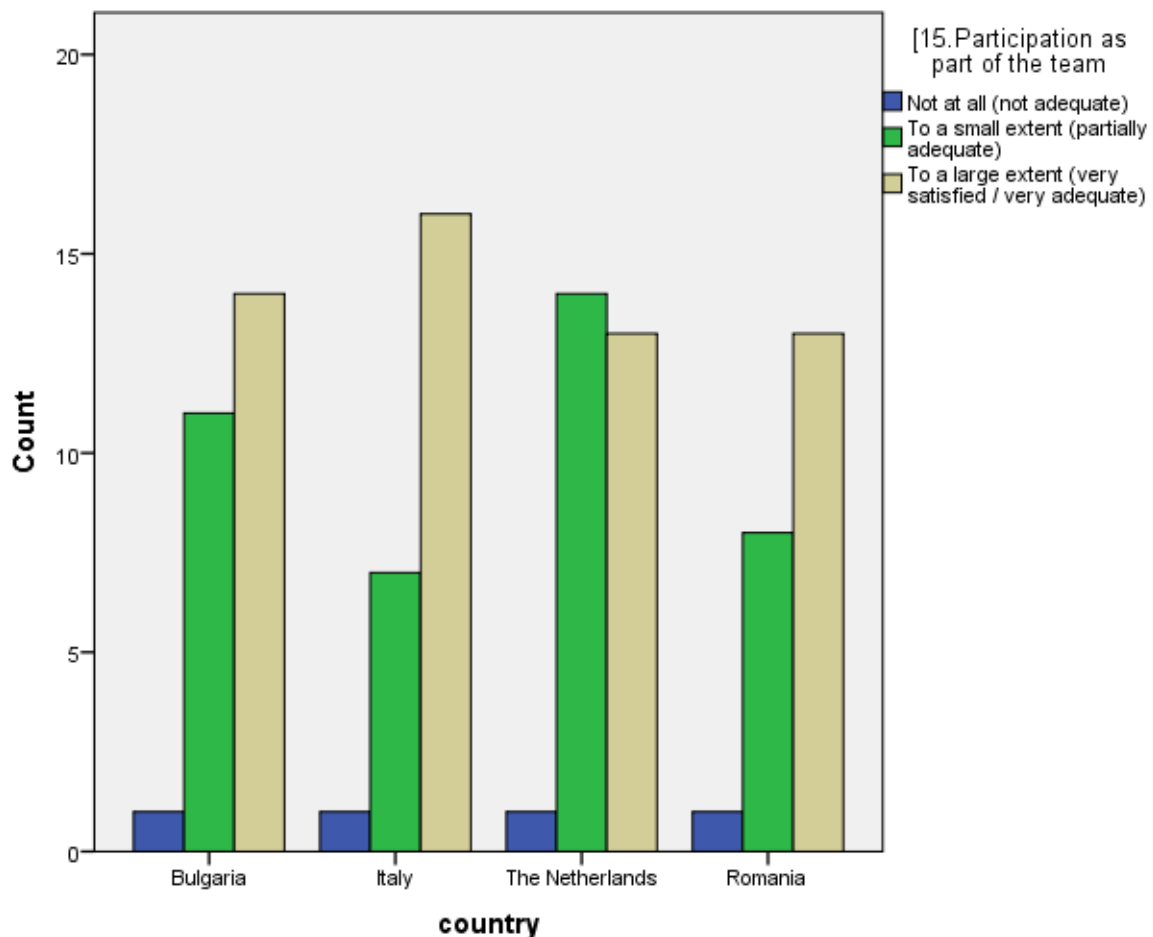


This is one of the stronger-performing items in the dataset. A clear majority (64%) reported high satisfaction with the information that parents receive about their child's individual needs and progress,

with 30% partially satisfied and only 6% expressing complete dissatisfaction. This suggests that professionals are generally considering that they are effective at communicating child-specific information, which may reflect well-established assessment and reporting practices within most services.

### 15. Are parents actively involved as members of the intervention team?

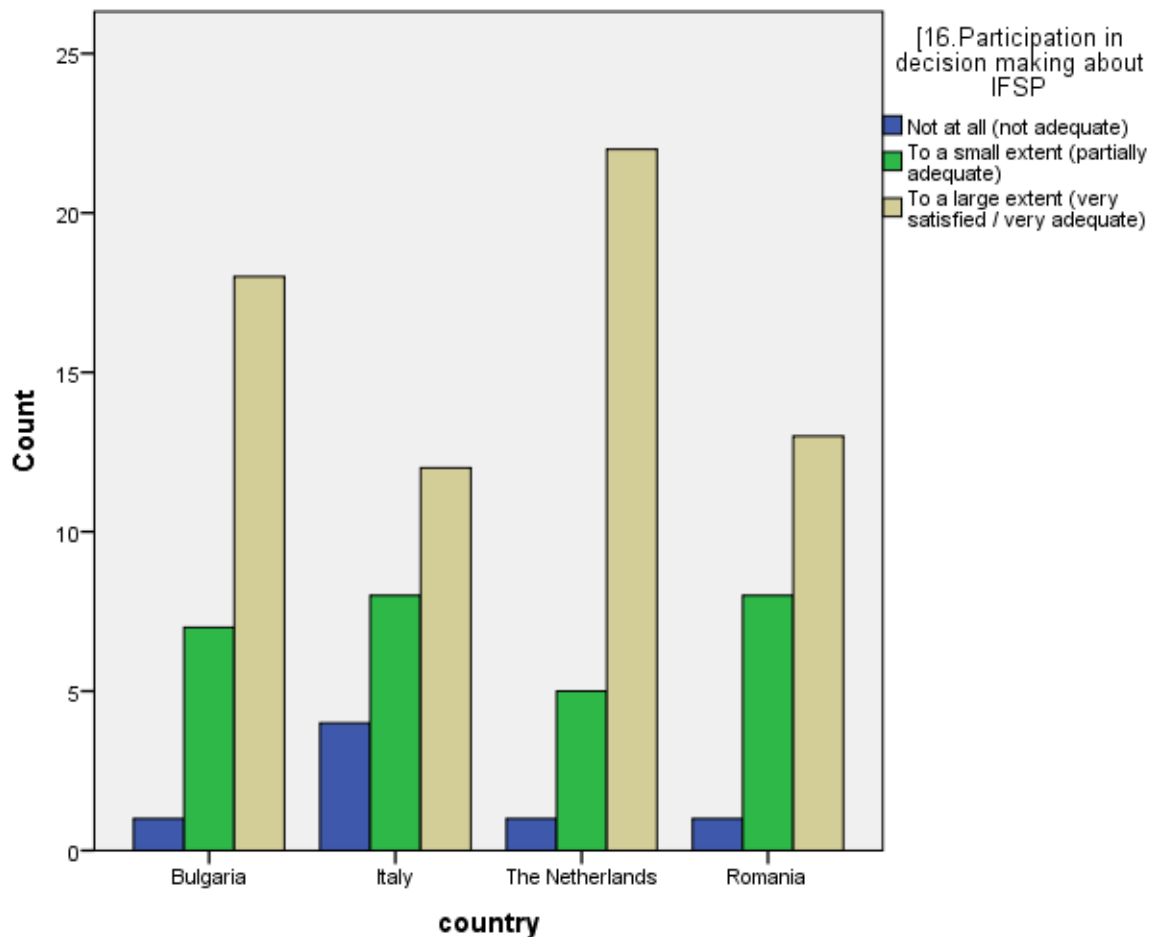
Responses	Frequency	Percent
Not at all (not adequate)	4	4.0
To a small extent (partially adequate)	40	40.0
To a large extent (very satisfied / very adequate)	56	56.0
Total	100	100.0



**Participation of parents as part of the intervention team** is rated positively by 56% of the total number of respondents, with 40% partially satisfied and only 4% completely dissatisfied. This relatively high rate of satisfaction suggests that collaborative, team-based models of working are reasonably well embedded in the professional culture of this sample, even if a substantial minority still experiences limited involvement of parents in interdisciplinary processes.

#### 16. Are parents involved in decision-making regarding the Individualized Plan / IFSP?

Response	Frequency	Percent
Not at all (not adequate)	7	7.0
To a small extent (partially adequate)	28	28.0
To a large extent (very satisfied / very adequate)	65	65.0
Total	100	100.0

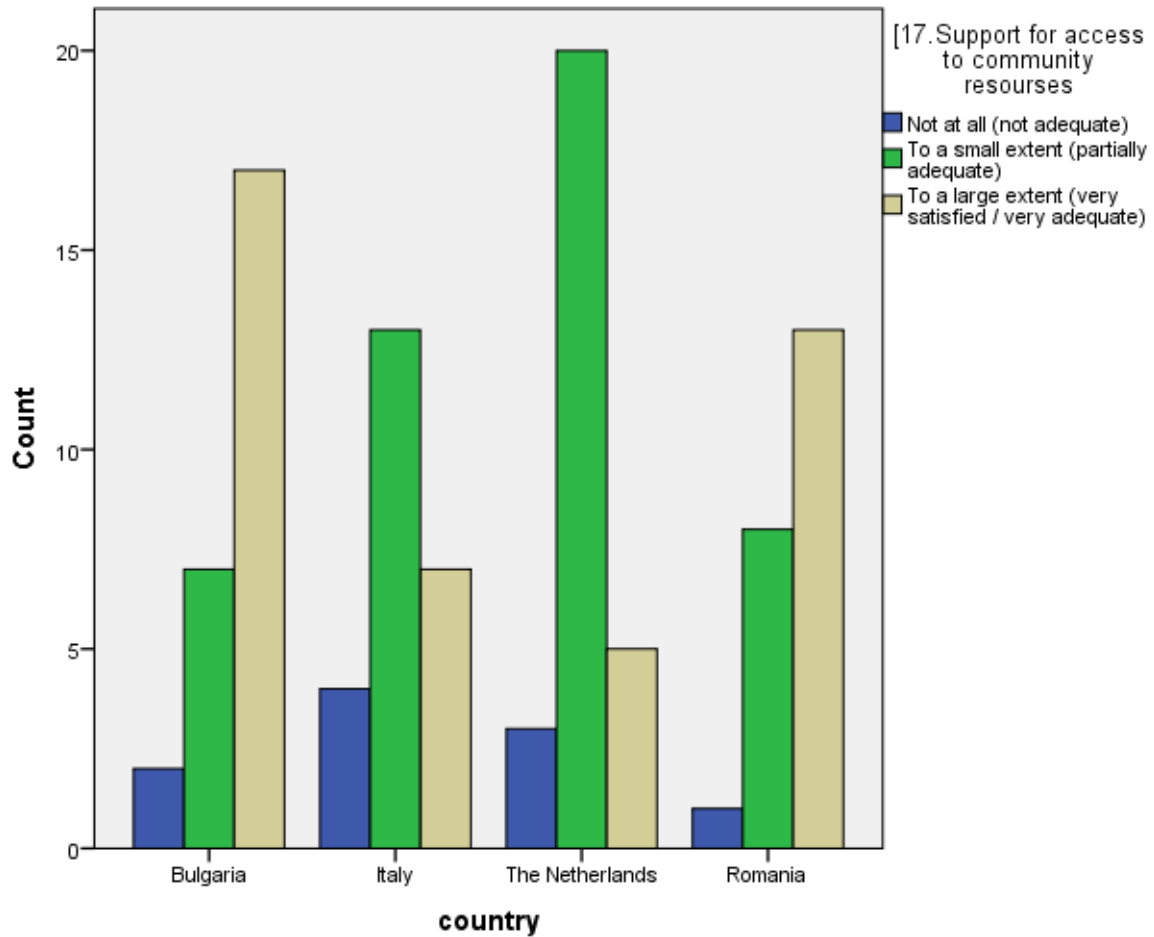


Family participation in Individualized Family Service Plan (IFSP) and their child’s individualized intervention plan decision making receives a high rate of full satisfaction in the questionnaire (65%), with only 28% partially satisfied and 7% completely dissatisfied. This is a notably strong result, indicating that participatory planning processes are well-established for a majority of the sample, and that professionals consider that they generally succeed in involving families meaningfully in the design of their child's intervention plan.

**17. Do families receive support in accessing community resources and services?**

Responses	Frequency	Percent
Not at all (not adequate)	10	10.0

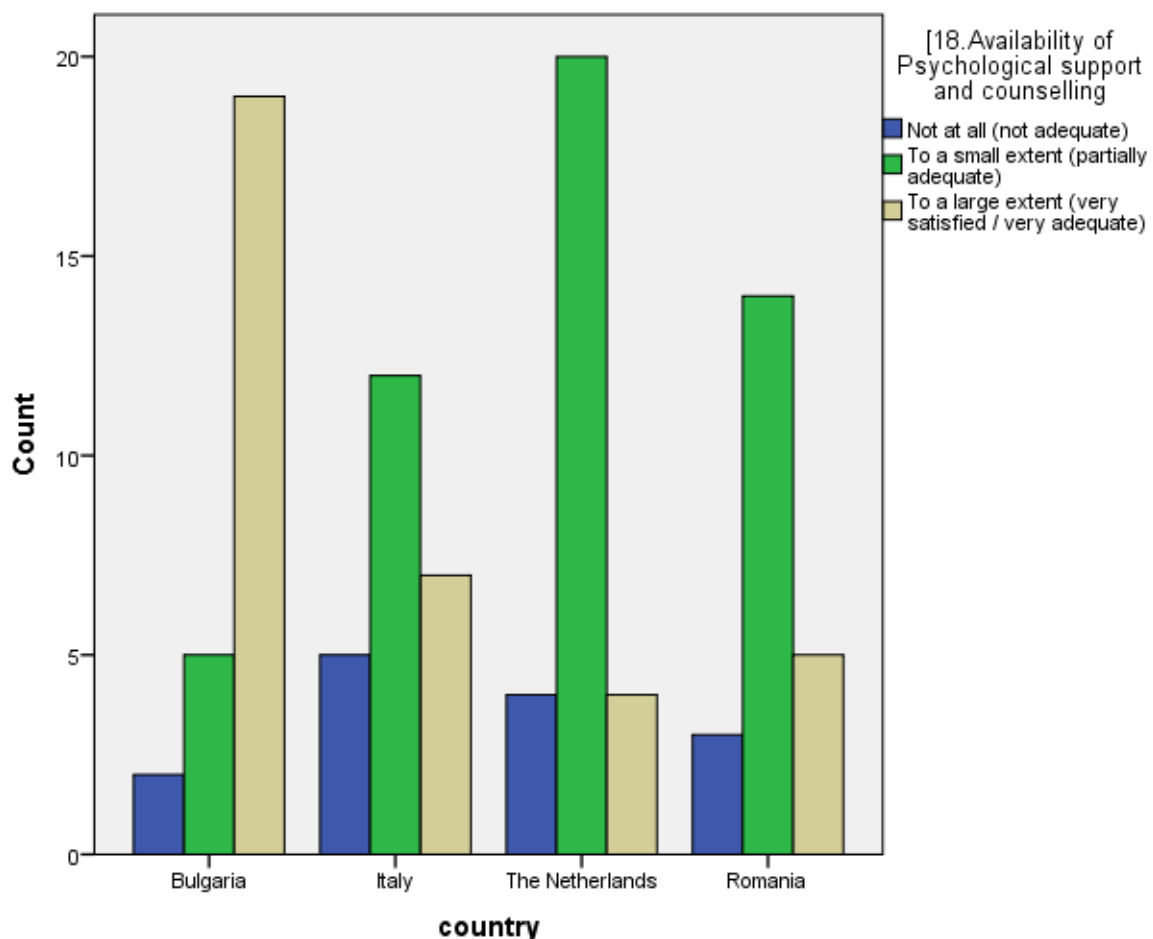
To a small extent (partially adequate)	48	48.0
To a large extent (very satisfied / very adequate)	42	42.0
Total	100	100.0



Support for community resources and services access shows a more mixed picture, with 42% highly satisfied, 48% partially satisfied, and 10% completely dissatisfied. The relatively high proportion of partial responses suggests that professionals are aware of community resources and make some effort to connect families with them, but that these efforts are inconsistent or that community resources themselves are insufficient or poorly signposted across different national and local contexts.

### 18. Is psychological or counselling support accessible for parents when needed?

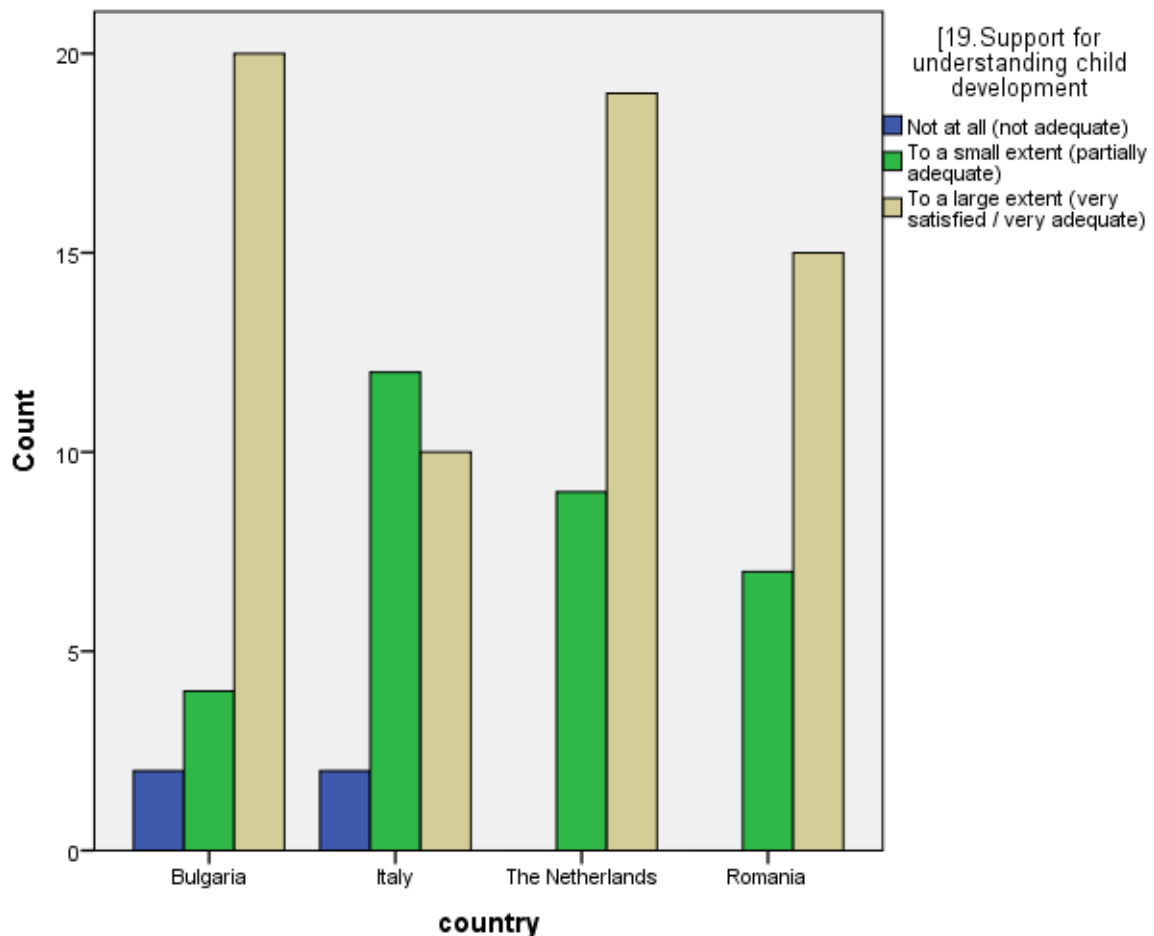
Response	Frequency	Percent
Not at all (not adequate)	14	14.0
To a small extent (partially adequate)	51	51.0
To a large extent (very satisfied / very adequate)	35	35.0
Total	100	100.0



**Availability of psychological support and counselling** for parents when needed records the highest rate of complete inadequacy (14%), with 51% partially satisfied and only 35% highly satisfied. The limited availability of psychological support and counselling for families is a recurring theme across the dataset and represents a structural gap in the early intervention offer. This finding reinforces the concerns raised in item 12 regarding parental stress, pointing to a broader deficit in the psychosocial support dimension of services.

**19. Are parents supported in understanding child development (language, social, cognitive, motor)?**

Responses	Frequency	Percent
Not at all (not adequate)	4	4.0
To a small extent (partially adequate)	32	32.0
To a large extent (very satisfied / very adequate)	64	64.0
Total	100	100.0

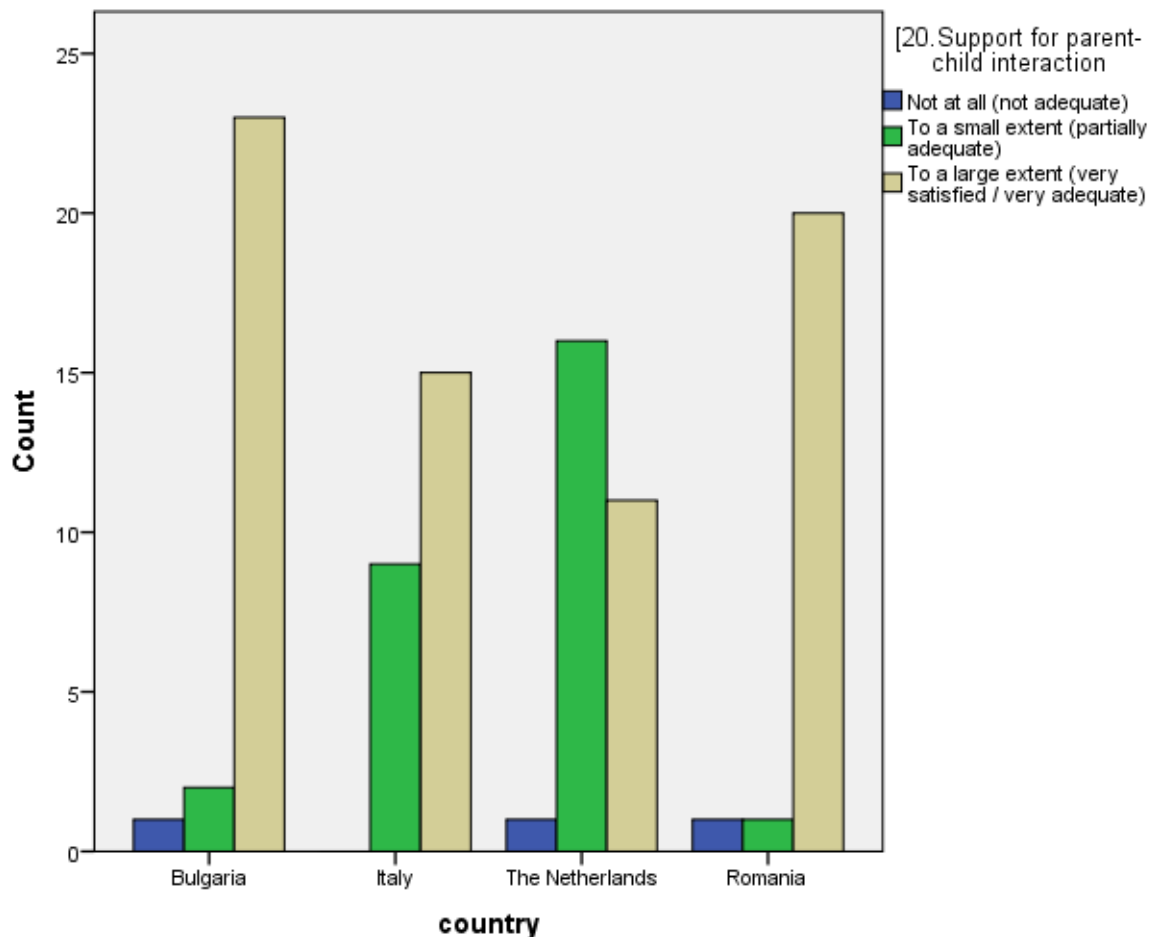


**Parental support for understanding child development** is an item that produces strong results, with 64% reporting high satisfaction and only 4% complete dissatisfaction. Professionals appear to consider themselves as effective at helping parents understand developmental processes, which is a

foundational competence in family-centred early intervention. The low rate of complete inadequacy suggests this is an area of relative strength and consistency across the sample.

## 20. Do specialists support parents in improving parent-child interaction?

Response	Frequency	Percent
Not at all (not adequate)	3	3.0
To a small extent (partially adequate)	28	28.0
To a large extent (very satisfied / very adequate)	69	69.0
Total	100	100.0

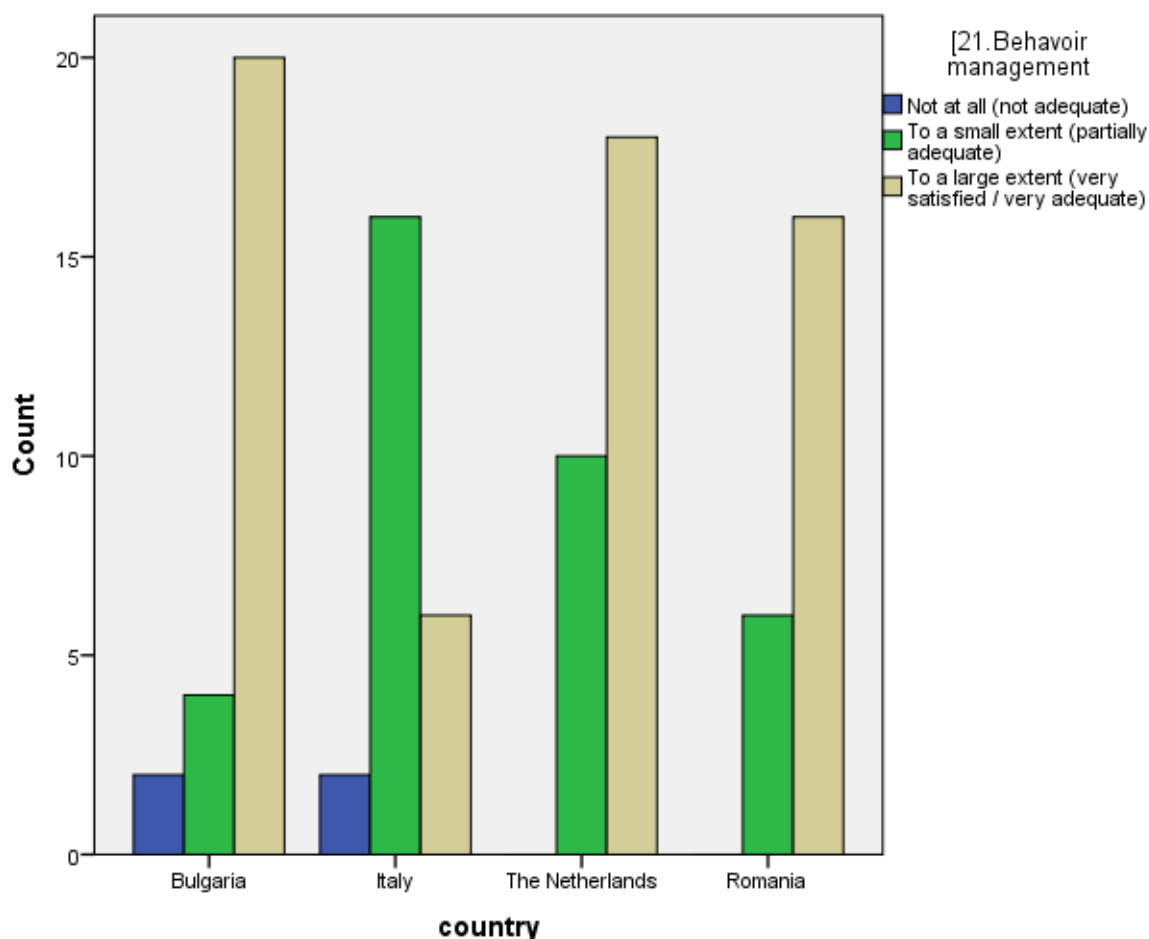


Support for parent-child interaction by the specialists is one of the highest-rated areas in the entire questionnaire, with 69% highly satisfied, 28% partially satisfied, and only 3% completely dissatisfied.

This positive result reflects the strong emphasis on interaction-based and relationship-focused approaches that characterize modern early intervention practice, and suggests that professionals in this sample are considering themselves as well-equipped to support the relational dimensions of child development.

### 21. Is behavioral management guidance provided to families when needed?

Response	Frequency	Percent
Not at all (not adequate)	4	4.0
To a small extent (partially adequate)	36	36.0
To a large extent (very satisfied / very adequate)	60	60.0
Total	100	100.0

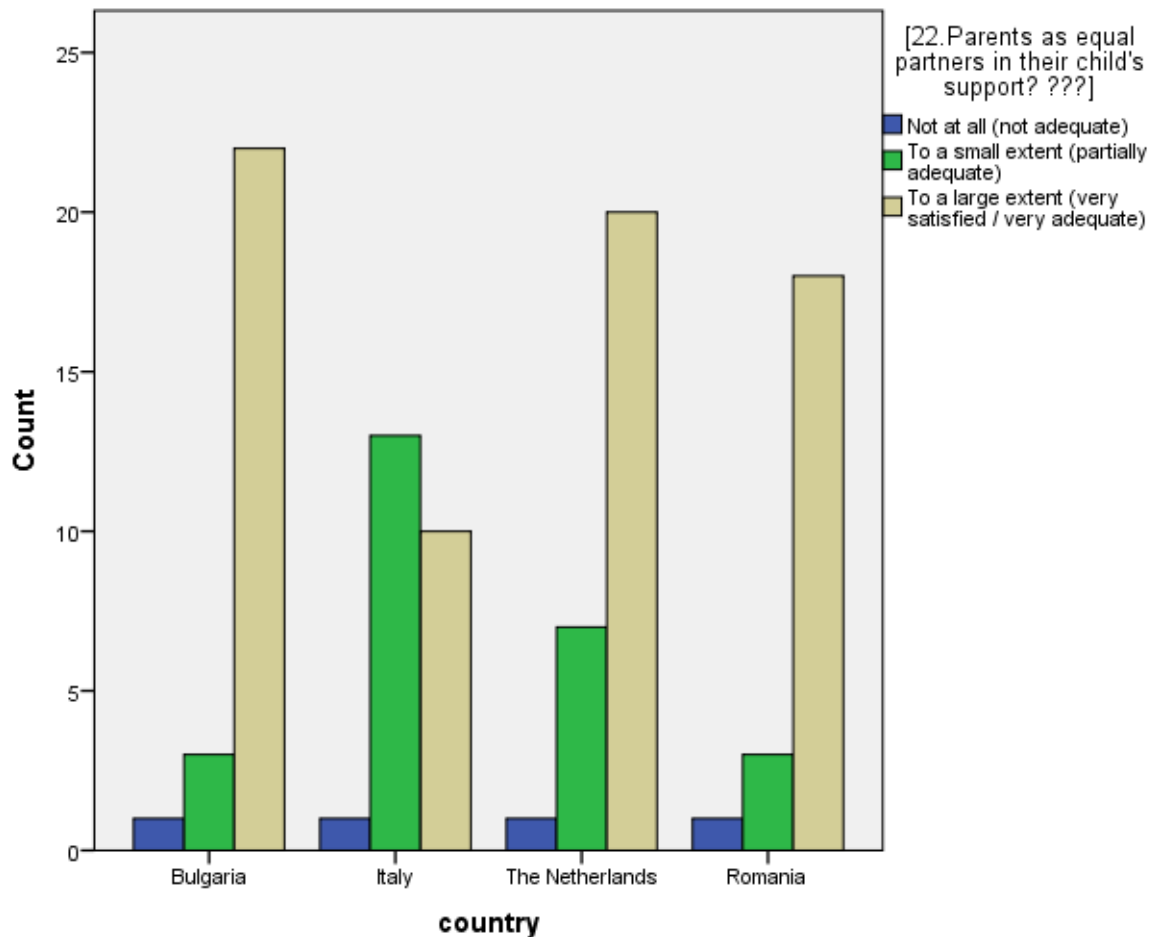


Behaviour management support for parents also scores well, with 60% of respondents highly satisfied, 36% partially satisfied, and only 4% completely dissatisfied. This is a consistently strong result and suggests that professionals feel adequately supported in guiding families through behavioural challenges, possibly reflecting the presence of structured frameworks and specialist expertise in this area within their services.

## 22. Does the program actively involve parents as equal partners in supporting their child?

Response	Frequency	Percent
Not at all (not adequate)	4	4.0
To a small extent (partially adequate)	26	26.0

To a large extent (very satisfied / very adequate)	70	70.0
Total	100	100.0

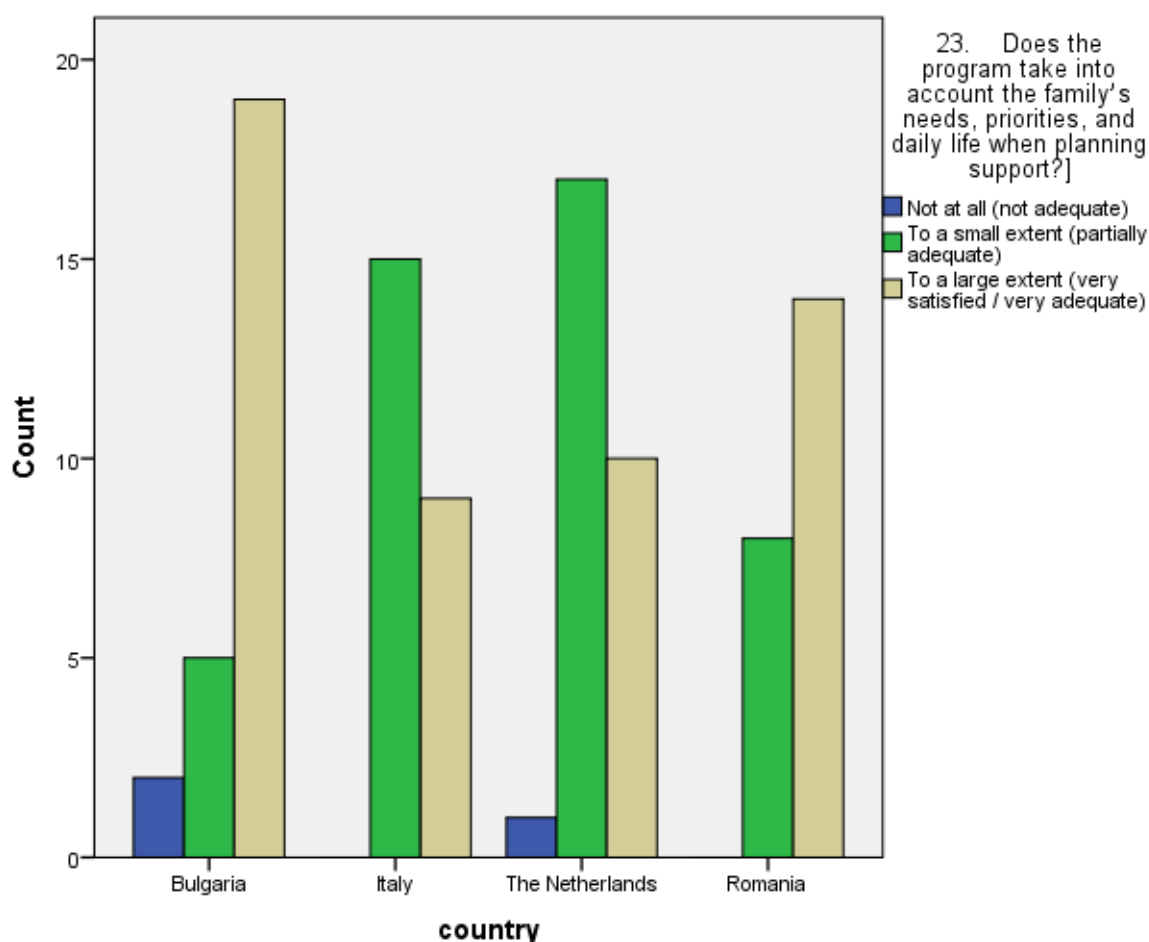


This item receives a high rate of full satisfaction in the survey (70%), with only 26% partially satisfied and 4% completely dissatisfied. The strong result reflects a broadly embedded family-centred philosophy in which parents are recognized and treated as active co-participants in their child's intervention journey. This is an encouraging finding and suggests that partnership values are well-operationalized in the majority of services represented in the sample.

### 23. Does the program take into account the family's needs, priorities, and daily routines when

**planning support?**

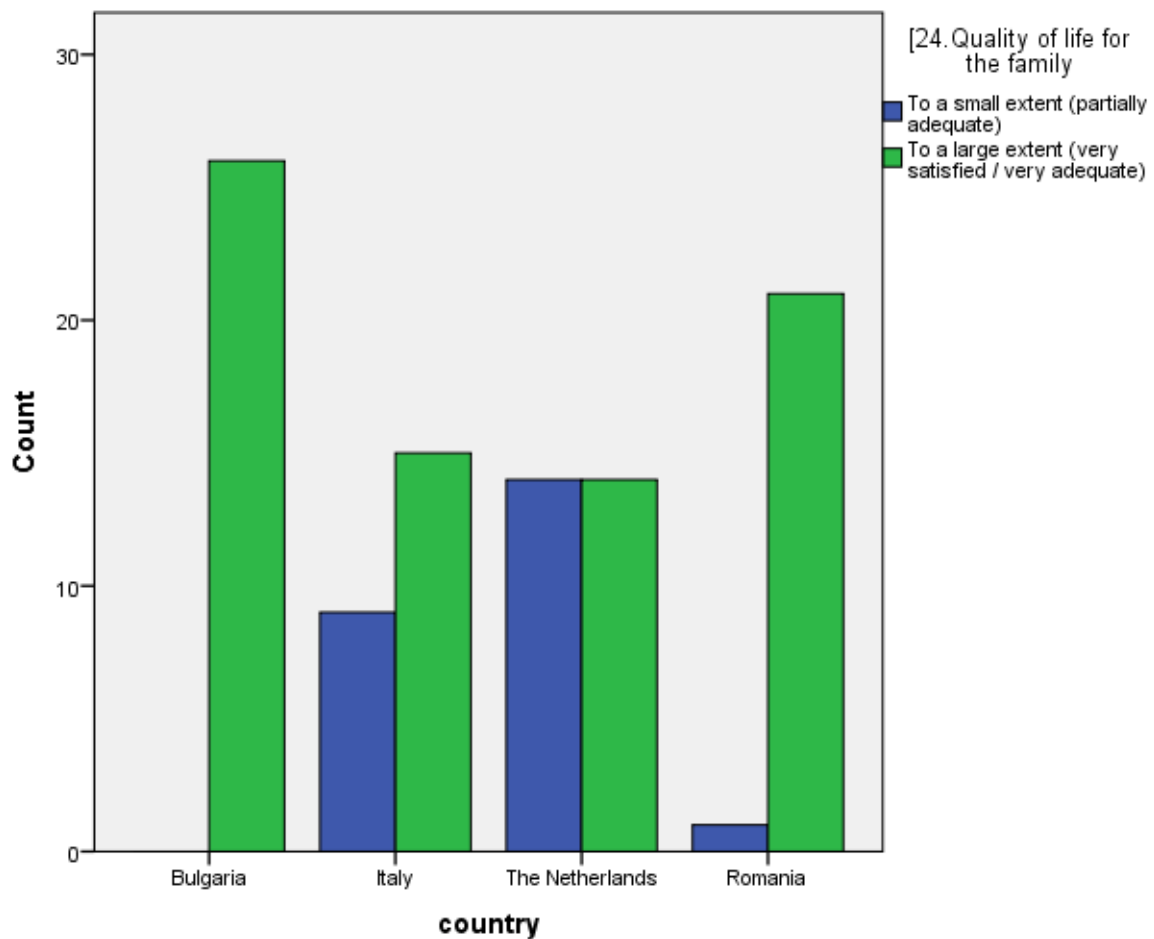
Response	Frequency	Percent
Not at all (not adequate)	3	3.0
To a small extent (partially adequate)	45	45.0
To a large extent (very satisfied / very adequate)	52	52.0
Total	100	100.0



A slight majority (52%) reported high satisfaction with the degree to which programs are tailored to family context (needs, priorities, context), while 45% found this only partially the case and 3% not at all. The large proportion of partial responses suggests that while family-centred planning is an aspiration in most services, full individualization of support around the family's lived reality remains inconsistent, with many programs still applying more standardized approaches.

**24. Do early intervention services positively impact the quality of family life?**

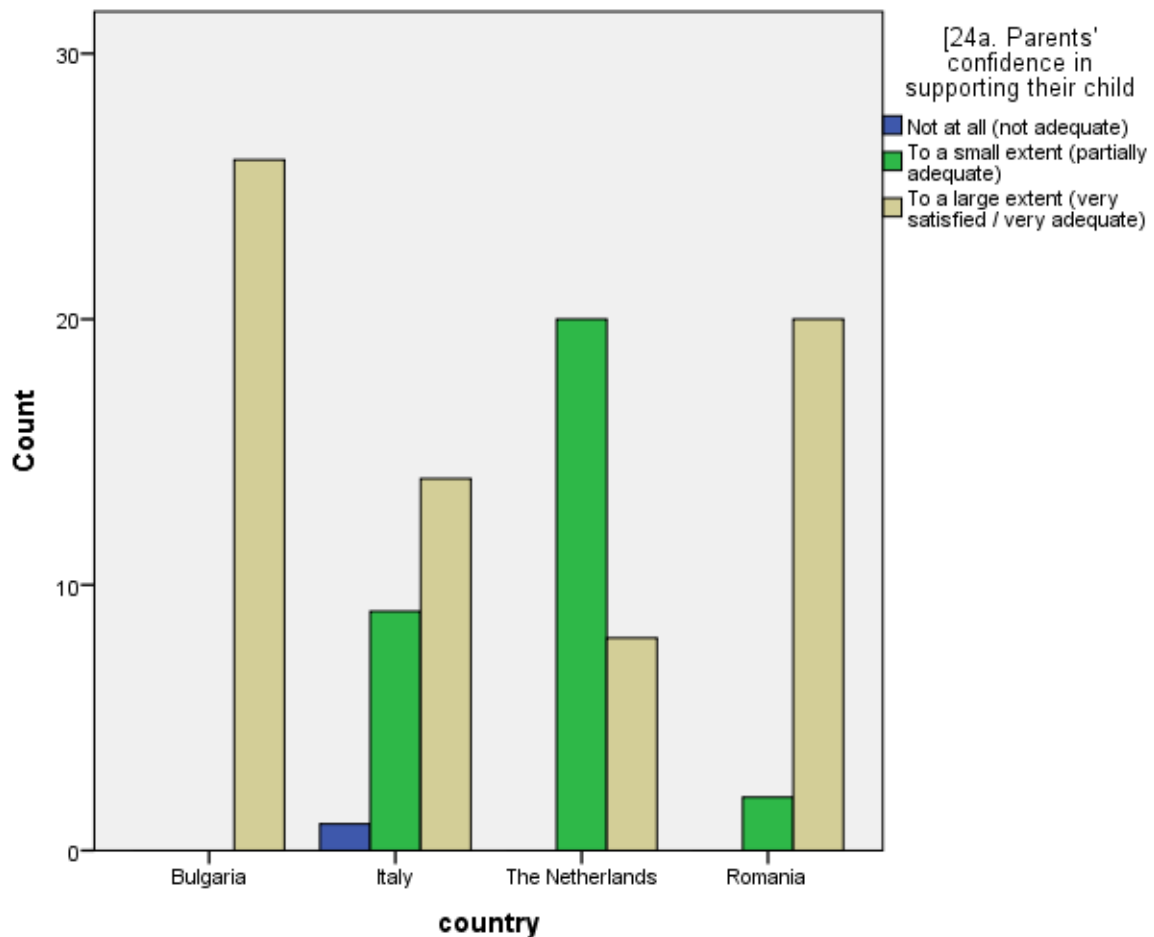
Response	Frequency	Percent
To a small extent (partially adequate)	24	24.0
To a large extent (very satisfied / very adequate)	76	76.0
Total	100	100.0



This item stands out as it records no cases of complete inadequacy, with 76% highly satisfied and 24% partially satisfied. This is one of the most uniformly positive results in the entire questionnaire and suggests that professionals broadly perceive their work as contributing meaningfully to family quality of life, even where specific aspects of service delivery remain imperfect.

**24a. Do early intervention services help families feel more confident in supporting their child at home?**

Response	Frequency	Percent
Not at all (not adequate)	1	1.0
To a small extent (partially adequate)	31	31.0
To a large extent (very satisfied / very adequate)	68	68.0
Total	100	100.0

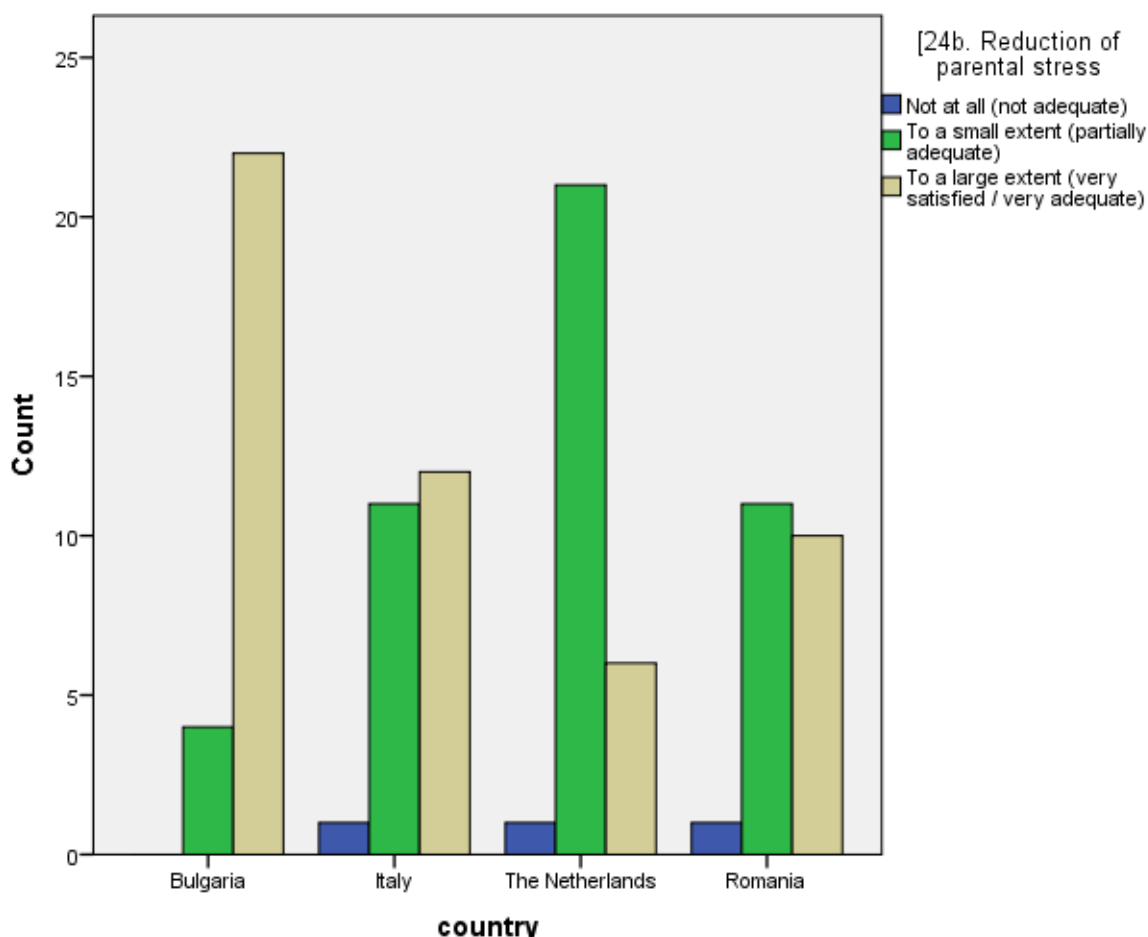


Parents' confidence in supporting their child receives very high ratings, with 68% fully satisfied and

31% partially satisfied. Only 1% reported complete inadequacy. This suggests that empowering parents is a core and largely successful outcome of early intervention in this sample, likely connected to the strong results seen in items 20 and 22 around interaction support and partnership.

**24b. Do early intervention services reduce parental stress related to the child's development**

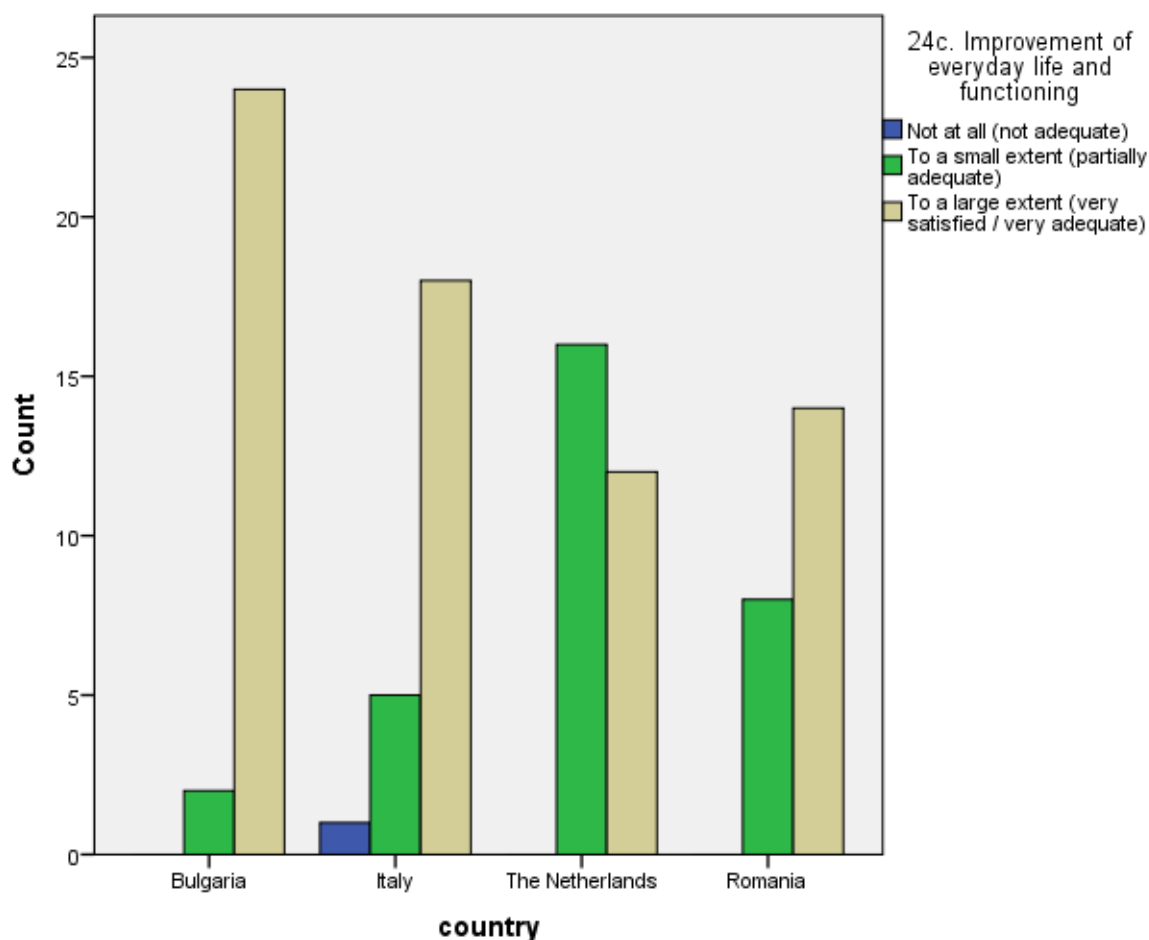
Response	Frequency	Percent
Not at all (not adequate)	3	3.0
To a small extent (partially adequate)	47	47.0
To a large extent (very satisfied / very adequate)	50	50.0
Total	100	100.0



Results here are more moderate: 50% reported high satisfaction and 47% partial satisfaction, with 3% complete dissatisfaction. While the absence of extremely negative responses is reassuring, the near-even split between full and partial adequacy suggests that stress reduction for parents remains an inconsistent outcome, reflecting the systemic gaps in psychological support identified in items 12 and 18.

**24c. Do early intervention services improve the family’s daily routines and overall functioning?**

Response	Frequency	Percent
Not at all (not adequate)	1	1.0
To a small extent (partially adequate)	31	31.0
To a large extent (very satisfied / very adequate)	68	68.0
Total	100	100.0

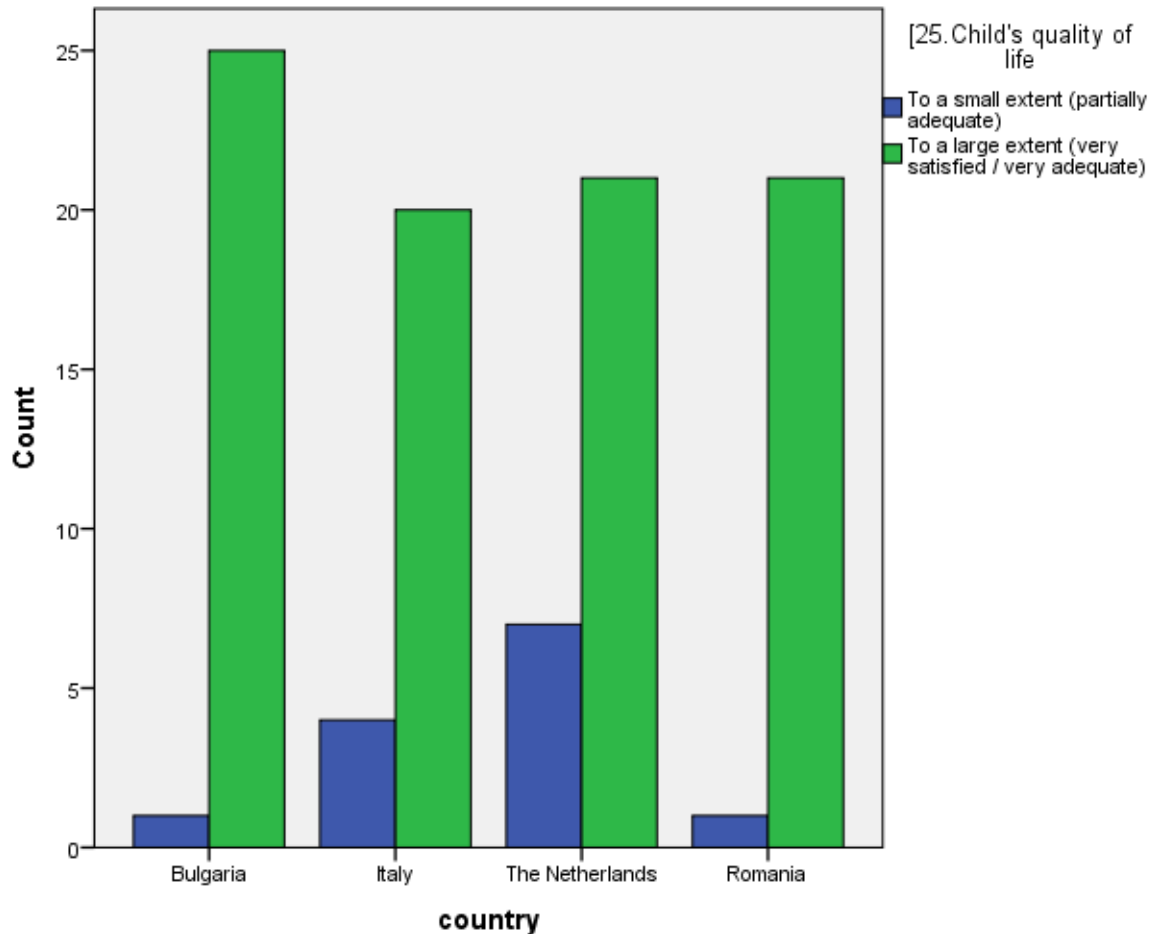


Improvement in everyday family routines and functioning scores equally to item 24a, with 68% highly satisfied, 31% partially satisfied, and only 1% completely dissatisfied. This strong result reinforces the view that early intervention has a meaningful and recognized positive impact on daily family life, even when structural and resource-related gaps persist in the system.

## 25. Do early intervention services positively impact the child’s quality of life?

Responses	Frequency	Percent
To a small extent (partially adequate)	13	13.0

To a large extent (very satisfied / very adequate)	87	87.0
Total	100	100.0

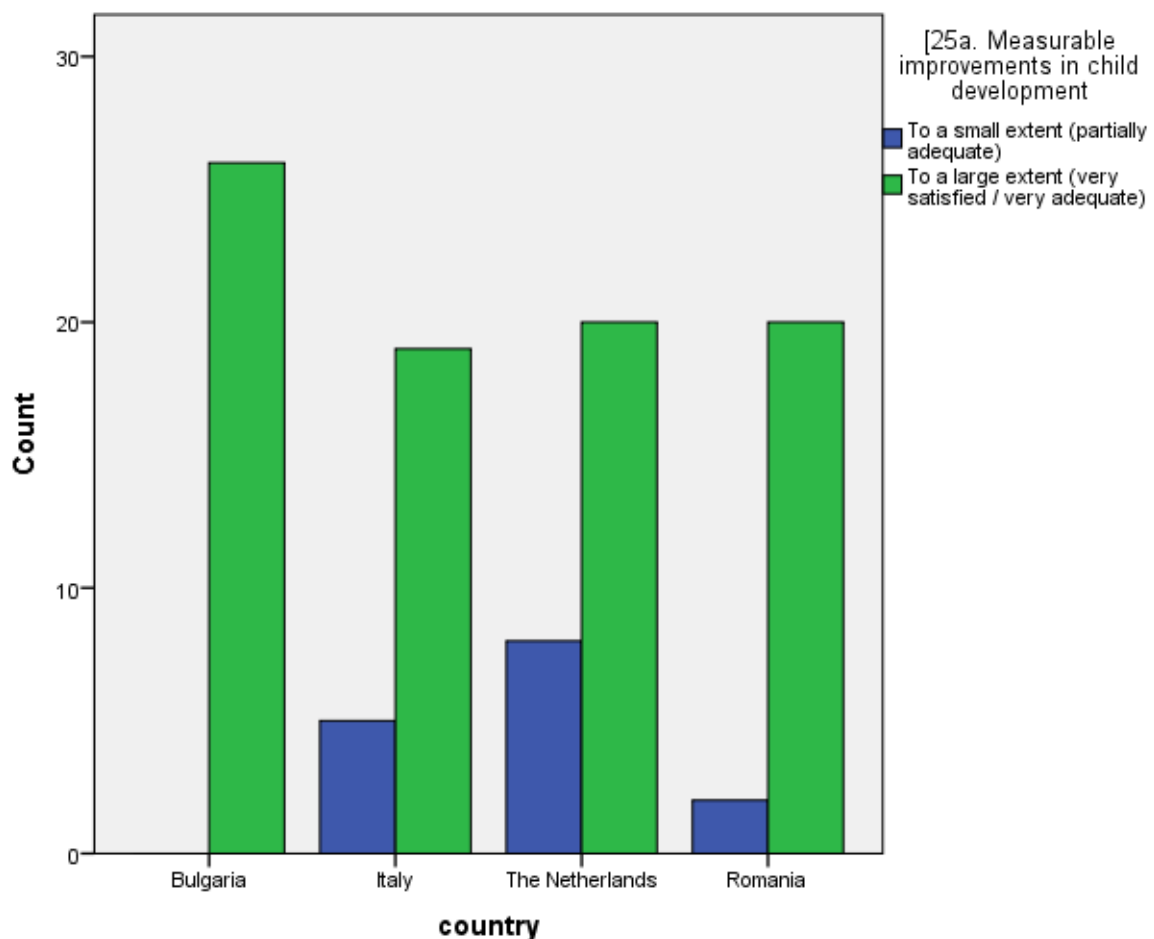


Child quality of life yields the highest level of positive response in the entire document, with 87% highly satisfied and 13% partially satisfied and no cases of complete inadequacy. This is a landmark finding: despite the many systemic gaps identified throughout the questionnaire, professionals overwhelmingly believe that their work makes a significant positive difference to the quality of life of the children they serve.

**25a. Do early intervention services contribute to measurable improvements in the child's**

development (e.g., communication, motor, social skills)?

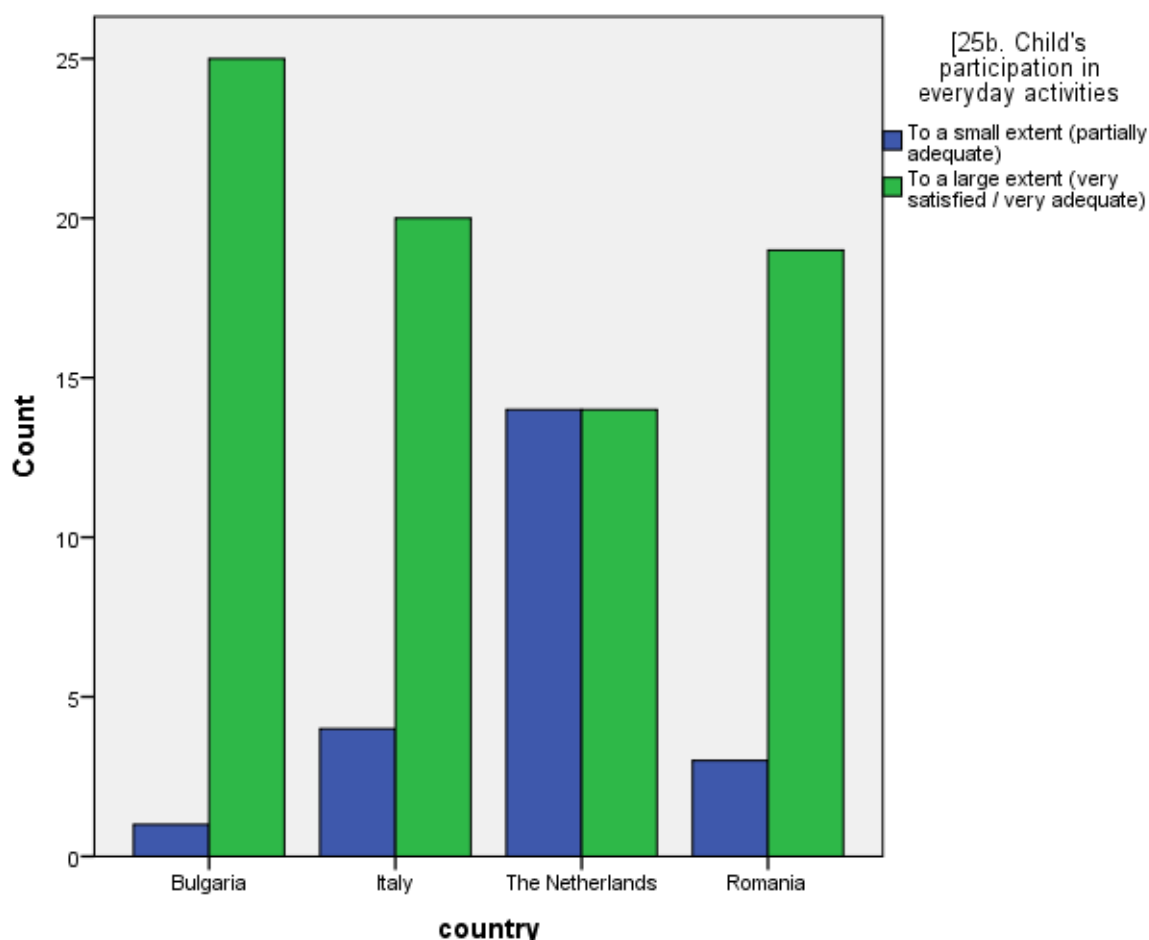
Responses	Frequency	Percent
To a small extent (partially adequate)	15	15.0
To a large extent (very satisfied / very adequate)	85	85.0
Total	100	100.0



Closely aligned with the overall item 25, 85% of respondents reported high satisfaction with measurable developmental improvements and 15% partial satisfaction, with no complete inadequacy. This near-unanimous positive assessment reflects strong professional confidence in the developmental impact of early intervention, reinforcing the evidence base for the field.

**25b. Does the child's participation in daily activities (home, preschool, community) improve as a result of early intervention?**

Responses	Frequency	Percent
To a small extent (partially adequate)	22	22.0
To a large extent (very satisfied / very adequate)	78	78.0
Total	100	100.0

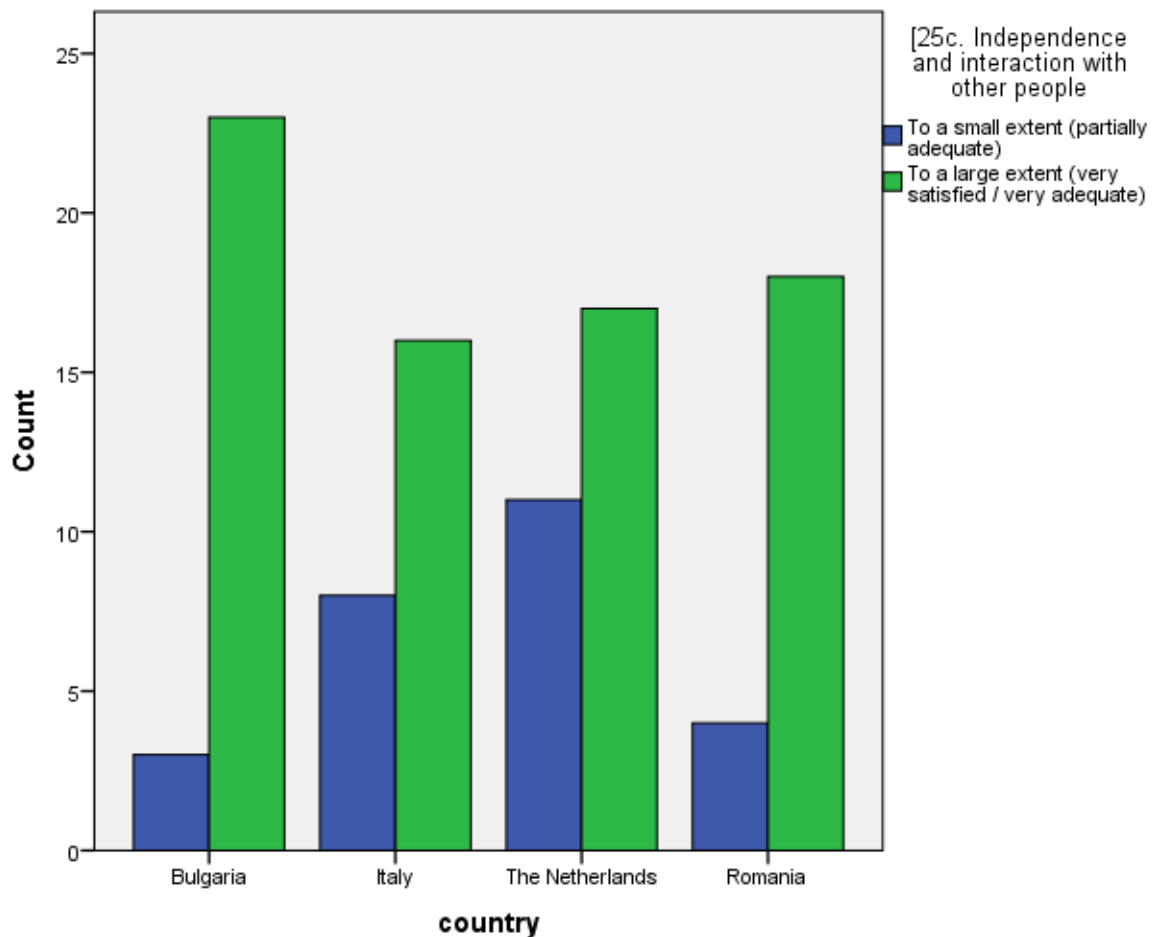


78% reported high satisfaction with the improvement of child's participation in everyday activities, with 22% partially satisfied and no complete dissatisfaction. This strong result suggests that enabling meaningful participation in daily life contexts is a well-achieved outcome, consistent with the activity-

and participation-oriented frameworks that underpin contemporary early intervention practice.

**25c. Does the child become more independent or better able to engage with others due to the intervention?**

Responses	Frequency	Percent
To a small extent (partially adequate)	26	26.0
To a large extent (very satisfied / very adequate)	74	74.0
Total	100	100.0

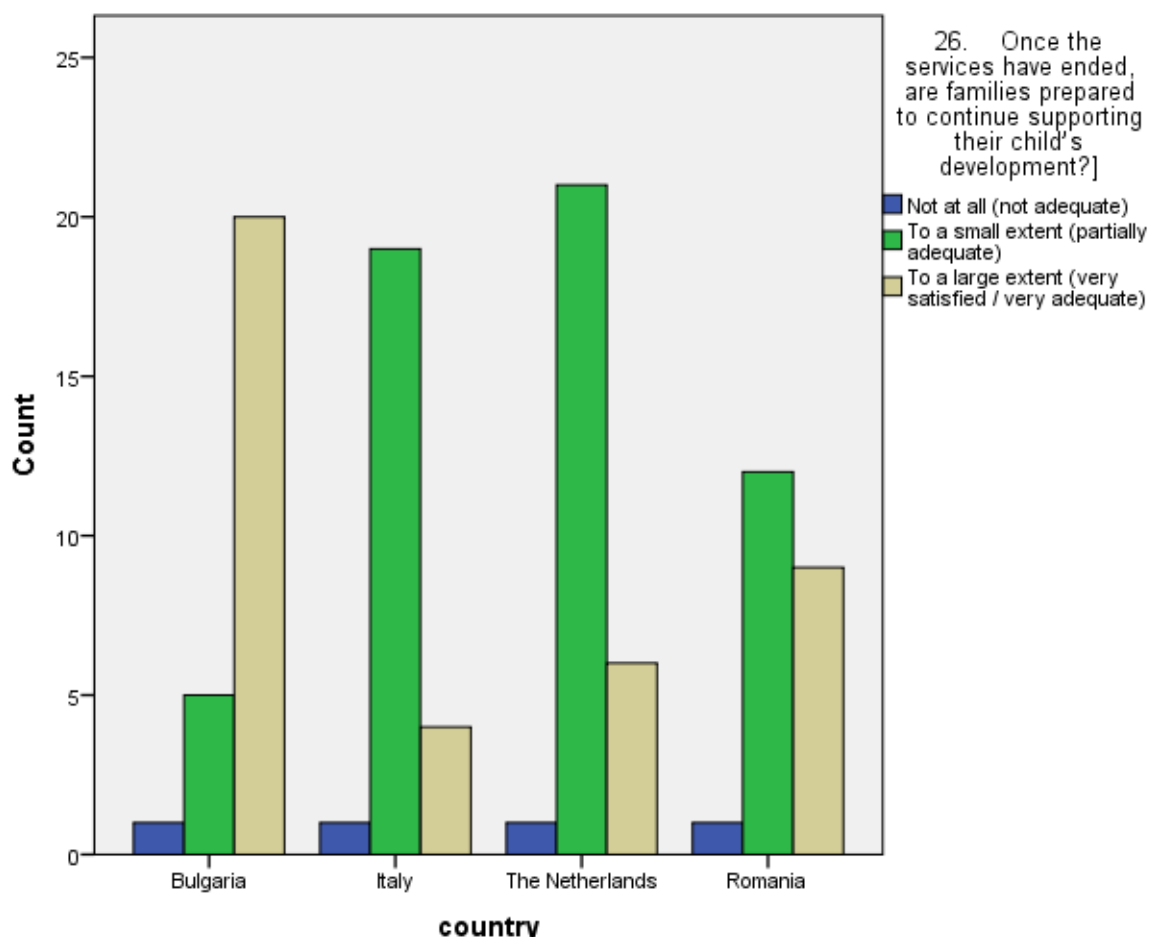


The improvement of independence and interaction with other people represents the weakest of the

child quality of life sub-items, with 74% highly satisfied and 26% partially satisfied, but still no cases of complete inadequacy. The slightly lower rate of full satisfaction compared to other sub-items may reflect the inherent complexity of fostering independence and social interaction in very young children with developmental challenges, particularly those with more significant support needs.

**26. After completing services, are families prepared to continue the child’s developmental pathway?**

Responses	Frequency	Percent
Not at all (not adequate)	4	4.0
To a small extent (partially adequate)	57	57.0
To a large extent (very satisfied / very adequate)	39	39.0
Total	100	100.0



Family preparedness to continue supporting child's development after services end reveals a notable concern: only 39% of respondents felt families were well prepared to continue supporting their child's development after services conclude, while 57% found this only partially the case and 4% reported complete inadequacy. This result suggests that exit planning and family empowerment for post-service life remain underdeveloped across much of the sample, representing a critical area for improvement to ensure that the gains made during early intervention are sustained over time.

In this part of the survey, child-centred outcomes, particularly quality of life (item 25), developmental improvements (25a), and participation (25b), are rated with remarkable positivity and consistency, reflecting strong professional confidence in the impact of early intervention on children. Family partnership dimensions such as parents as equal partners (item 22), IFSP participation (item 16), and parent-child interaction support (item 20) also score highly. In contrast, systemic and structural areas: transition support (item 13), parental stress (item 12), psychological counselling (item 18), educational resources (item 10), and family preparedness at exit (item 26) — emerge as persistent weaknesses,

pointing to gaps in the infrastructure surrounding direct intervention work rather than in the quality of that work itself.

## 27. In your opinion, what types of services and support are most beneficial for families during early childhood intervention?

A very interesting topic for our project, the categories identified by the specialists are striking. Some of the services that were most beneficial for families during ECI were precisely those that were missing in the projects. The categories identified are enumerated in the following:

- **Psychological support & parent counselling** dominates, and it is the single most consistently mentioned need, cutting across every country's responses. Specialists consider that parents' emotional support and acceptance of diagnosis are foundational before anything else can work.
- **Specialized therapies** (speech, physio, OT) come second, but notably, respondents from all the partner countries stress these work best *when paired with parent involvement*, not as standalone clinical services.
- **Parent training & empowerment** ranks third, showing a clear shift in the field toward coaching parents as co-therapists rather than passive recipients of professional services.

A few patterns are worth noting:

- **Home-based / natural environment delivery** ranks 4<sup>th</sup>, showing strong preference for bringing services into real-life contexts rather than clinic-only settings.
- **Information & system navigation** is disproportionately high, reflecting frustration that families waste energy just finding and accessing services.
- **Peer/parent groups** appear consistently across partner countries, suggesting social connection among parents is recognized as therapeutic in its own right.

## 28. Please describe the path that families need to follow in order to access Early intervention services

The pathway that arises from the data reveals a 6-stage journey that is broadly consistent across partner countries, but with very different friction at each stage depending on the system.

The core path is:

- identification → first professional contact → referral & assessment → administrative paperwork → individual plan → intervention.

The paperwork stage (step 4) is the most universally criticized. In Romania specifically, families must navigate two separate bureaucratic tracks simultaneously: DGASPC (the general directorate for social work and child protection) for disability certification and CJRAE (the regional centre for resources and educational assistance) for the school orientation certificate, before any services can begin. A Bulgarian specialist's account is particularly striking: premature infants were being blocked from early intervention because of vaccination requirements that conflicted with neurologist-prescribed individualized immunization schedules.

Referral at birth is the most commonly proposed systemic fix. Multiple respondents across countries noted that at-risk children (premature birth, identified syndrome) should be automatically referred by the hospital or maternity ward. Yet in practice this rarely happens, leaving parents to find their way through other parents' informal networks.

## 29. What challenges do you encounter in providing effective support to families?

Across the whole dataset (from Romania, Italy, Netherlands, Bulgaria), 133 challenge mentions were identified using Claude AI and categorized into 5 thematic clusters.

The most striking finding is the top challenge: parental resistance and denial (38 mentions) ranks first across every country, ahead of systemic problems like waiting lists. Specialists consistently describe a painful dynamic where parents intellectually receive a diagnosis but emotionally cannot act on it, delaying intervention for months or even years.

A few other patterns worth noting:

- **The waiting list problem** (35 mentions) is especially acute in Italy and the Netherlands, where public NPI services and specialist youth care are structurally under-resourced relative to demand. Romanian respondents cited that there were not enough specialist slots, rather than a queue to get into them.
- **The home transfer gap** (20 mentions) surfaces across all countries as a distinct challenge from denial. These are parents who have accepted the diagnosis and attend sessions, but treat therapy as a contained clinic event rather than a practice to generalize at home. Specialists

describe the frustration of strategies working in the therapy room but not being applied elsewhere.

- **Inter-professional fragmentation** (22 mentions) is particularly prominent in Romanian responses — specialists frequently mention that parents attend multiple centers simultaneously without coordination between them, or that communication with schools and medical teams is poor.

### 30. What types of support or services are currently missing from the program?

The dominant finding regarding the types of support missing from the program is the gap in **psychological counselling for parents**, which is a category mentioned by a considerable number of respondents. This is striking because it mirrors the top challenge from the previous analysis (parental denial and emotional resistance). Specialists are essentially naming the same problem from both sides: families struggle emotionally, and the services that would address that emotional dimension are the ones most consistently missing.

A few other patterns stand out:

- **Home-based and outreach services** rank second, reinforcing what came through in the services analysis: therapy delivered only in clinic settings fails to generalize into everyday family life, and specialists across all countries are calling for a bridge between the two environments.
- **Integrated services and case management** reflects a systemic frustration: parents navigate a fragmented landscape of separate providers, schools, and medical systems with no one holding the overview. Romanian respondents specifically named the case manager as an absent role.
- Financial support appeared almost exclusively in the Romanian data, where out-of-pocket therapy costs were cited as the reason families simply stop attending, a structural access barrier that the other countries handle differently through public funding mechanisms.

### 31. What improvements would you recommend to enhance service quality?

The top recommendation made by the specialists included was staffing, specialist capacity, and caseload reduction, that is consistent across all four countries but manifests differently. Romanian specialists call for smaller caseloads for each special educator and more hours per child per week in the ECI program. Dutch and Italian specialists focus more on reducing waiting lists through additional

hires and reorganising team structures.

The challenges and the recommendations mirror each other almost exactly. Parental denial (the top challenge) maps to psychological support and emotional accompaniment (4th in recommendations). Fragmented collaboration (3rd challenge) maps to inter-institutional coordination (2nd recommendation). The home-transfer gap maps to parental involvement and home programmes (3rd recommendation).

A few country-specific patterns are worth noting. Romania disproportionately populates the "expanded therapy hours" and "material resources" categories — reflecting a system where children are legally entitled to very few reimbursed therapy hours and where many centers lack adequate space and equipment. The Netherlands concentrates in coordination and integration themes, pointing to a system that has services but struggles to connect them coherently. Italy's recommendations cluster around staff training in communication, particularly how to break a diagnosis and how to bring parents into the care process from the start.

### **32. What additional training or resources would support you in your professional role?**

The leading need for training was specialist clinical methods and therapeutic techniques, that appears in all four countries, but the Romanian dataset is notably specific: specialists name discrete methods (ABA, sensory integration, psychomotricity, visual impairment protocols) and distinct age bands (0–3), pointing to a workforce that knows what it needs and is asking for structured, domain-specific training rather than general professional development.

The second-ranked theme, parent counselling and family support skills is particularly telling when read alongside the earlier challenge analysis. Specialists identified parental denial and resistance as the number one challenge they face, and here they're naming parent counselling as the second most needed training area. They're not asking for more clinical technique, they're asking to be better equipped to work with the emotional reality of families.

Peer exchange and supervision ranks third and appears across all countries under different framings: Italian specialists mention "comparison" and "dialogue between colleagues," Dutch specialists use the word "supervision" and reference burnout, Romanian specialists specifically call for a practical supervisor who observes live sessions. Across all framings, the underlying need is the same: professionals working in emotionally demanding, complex family situations feel isolated and want structured space for reflection.

Intercultural and trauma-informed practice was almost entirely absent from the Romanian dataset but appeared consistently in the Netherlands and Italy, reflecting the demographic reality of those contexts, where specialists regularly work with migrant families navigating language and cultural barriers alongside developmental challenges.

Bulgarian specialists, compared to the other three countries, make an explicit systemic critique. While Romanian specialists describe bureaucratic obstacles and Dutch and Italian specialists describe capacity and coordination failures within functioning systems, Bulgarian respondents are naming something more fundamental: children's difficulties are often identified late, there is no systematic use of developmental screening tools, and the main emphasis is currently placed on growth tracking. Bulgaria is the only country where a respondent explicitly calls for "changes to the law and the creation of a national early childhood intervention system", while the others assume a system exists and want it improved. The training needs show a country looking outward — specialists want international exposure and access to methods already established elsewhere, at prices they can actually afford.

## Conclusions

Looking across analyses reveals the very different system contexts of the two partner countries, but several similarities in terms of challenges.

### **The family is the unit of intervention, but systems treat the child as the client.**

The single most consistent finding across every survey dimension is that family-centred support, particularly psychological and emotional support for parents, is simultaneously the most valued, the most missing, and the least systematically provided type of service. Parents are named as the most important factor in a child's development, yet in most contexts they receive no dedicated psychological accompaniment. The specialist must manage a child's developmental needs and a parent's grief, denial, and exhaustion, often without any training or collegial support to do so.

### **Parental denial is not a personal failing — it is a system failure.**

Across all four countries, parental resistance to the diagnosis is the top challenge specialists face. But Bulgarian respondents make an important observation that reframes it: denial persists largely because medical professionals at the point of diagnosis do not communicate clearly, compassionately, or with adequate follow-through. When a parent leaves a hospital or a specialist's office without understanding what their child's diagnosis means, without knowing where to go next, and without emotional support to process what they have been told, denial is the predictable outcome. The

problem is not that parents refuse to engage, it is that the system fails to bring them in.

**Access is the first barrier, and it is often the highest.**

Every country has its own version of this problem, but the shape is the same: families must navigate multiple institutions, compile documentation, wait, and self-advocate before a single therapy session begins. In Romania, families cross two separate bureaucratic tracks simultaneously. In Bulgaria, the Child Protection Department acts as a mandatory gatekeeper before any service can be accessed, and premature infants can be blocked by vaccination requirements that conflict with their neurologists' recommendations. In Italy and the Netherlands, waiting lists can stretch long enough that by the time a child reaches intervention, the optimal developmental window has narrowed. All of this happens at the moment families are least equipped to cope with complexity, immediately after receiving a diagnosis.

**The home is where development happens, but services stop at the clinic door.**

A consistent theme in both the services valued and the gaps identified is the boundary between the therapy room and the family home. Specialists describe strategies that work in sessions and disappear at home. Parents treat appointments as a substitute for engagement rather than as training for it. The interventions that specialists most consistently identify as effective: home visits, natural environment work, parent-as-co-therapist models — are also the ones most consistently absent or underfunded. The transfer of learning between clinic, home, school, and community is where early intervention either compounds or collapses.

**Coordination failure is structural, not accidental.**

Across all four countries, specialists describe a fragmented landscape of services, institutions, and professionals that do not communicate with each other. In Romania, a child may attend multiple centres without any coordination between therapists. In Italy, the school and the therapy service rarely talk. In the Netherlands, the neighbourhood team, the municipality, the specialist provider, and the family are theoretically integrated but in practice operate alongside each other. In Bulgaria, the health, social, and education systems have no systematic handoff mechanism. Every specialist who has a child on their caseload is quietly managing this fragmentation without structural support to do it. The case manager role — someone who holds the overview, knows the system, and guides the family — is almost universally identified as missing.

**The workforce is stretched, under-trained for what the work actually requires, and isolated.**

The training needs analysis reveals that what specialists most want is not more clinical technique — it

is support for the relational, emotional, and systemic dimensions of their work. Parent counselling, family accompaniment, intercultural practice, trauma-informed approaches, peer supervision, and burnout management are the training needs that appear most urgently. Yet professional development is often expensive, inaccessible, and oriented toward clinical methods rather than the human dimensions that make those methods work or fail. Specialists are also isolated: peer exchange and supervision are identified across all countries as among the most valued forms of professional development, and among the least available.

### **What the data points toward.**

Taken together, these analyses suggest that improving early childhood intervention is less about adding more therapy hours — though that matters — and more about redesigning the system around three shifts: moving the entry point earlier and making it automatic for at-risk children rather than dependent on family initiative; investing in the parent as the primary therapeutic environment rather than as a passive recipient of specialist services; and building the connective tissue between institutions — referral systems, case management, inter-professional communication protocols — that currently exists only informally, if at all.

The specialists who responded to this survey largely know what is needed, they were professionals with a wide experience in the field, deeply immersed in the ECI work.

### **Final Remarks**

The findings of this survey provide valuable insights into the strengths, gaps, and challenges of early childhood intervention systems across the partner countries. Despite differences in national contexts, the results reveal a remarkable consistency in the issues identified by professionals, particularly regarding family-centred support, access to services, inter-institutional coordination, and workforce development.

The specialists who participated in the survey represent a highly experienced group of professionals with extensive knowledge of the realities faced by children with disabilities and their families. Their responses highlight not only the challenges within existing systems but also practical directions for improvement.

The evidence gathered through this survey will serve as an important foundation for the next stages of the project, supporting the development of resources, training materials, and recommendations aimed at strengthening family empowerment and parent-to-parent support. Ultimately, the findings reinforce the need for more integrated, accessible, and family-centred early intervention systems that recognize parents as key partners in their children's development.