M·POWER

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HUMAN RESOURCE DEVELOPMENT CENTRE

Summary Report

Supports and Services for Families of Young Children with Disabilities

Professionals' Perspective

1. Introduction and Methodology

This Summary Report presents the main findings of a survey conducted under the Erasmus+ M-Power project, which focuses on strengthening family empowerment and resilience through shared learning between parents and professionals. The study explores parents' experiences with Early Childhood Intervention (ECI) services across countries with diverse social support systems. The report highlights emerging patterns and statistical trends to inform future project activities, learning resources, and policy recommendations.

The survey instruments were developed collaboratively by project partners through a literature review and analysis of existing practices. A comprehensive questionnaire consisting of 37 items was administered online based on voluntary informed consent. A parallel version was also deployed for professionals.

The questionnaire combined open-ended questions for qualitative insight with closed-ended questions using a three-point Likert scale ("Not at all", "To a small extent", and "To a large extent"). A total of 174 parents of children with disabilities (ChwD) participated from Bulgaria, Italy, the Netherlands, and Romania.

The survey explored five core thematic areas:

- [ ] Diagnosis, information, and referral pathways.
- [ ] Access to early childhood intervention and therapeutic services.
- [ ] Quality of professional support and family-centred practices.
- [ ] Parental emotional wellbeing, empowerment, and resilience.
- [ ] Unmet needs and recommendations for improving support services.

Quantitative data was analyzed using descriptive statistics, while open-ended responses underwent thematic analysis to capture qualitative experiences, recurring systemic challenges, and examples of effective family support.

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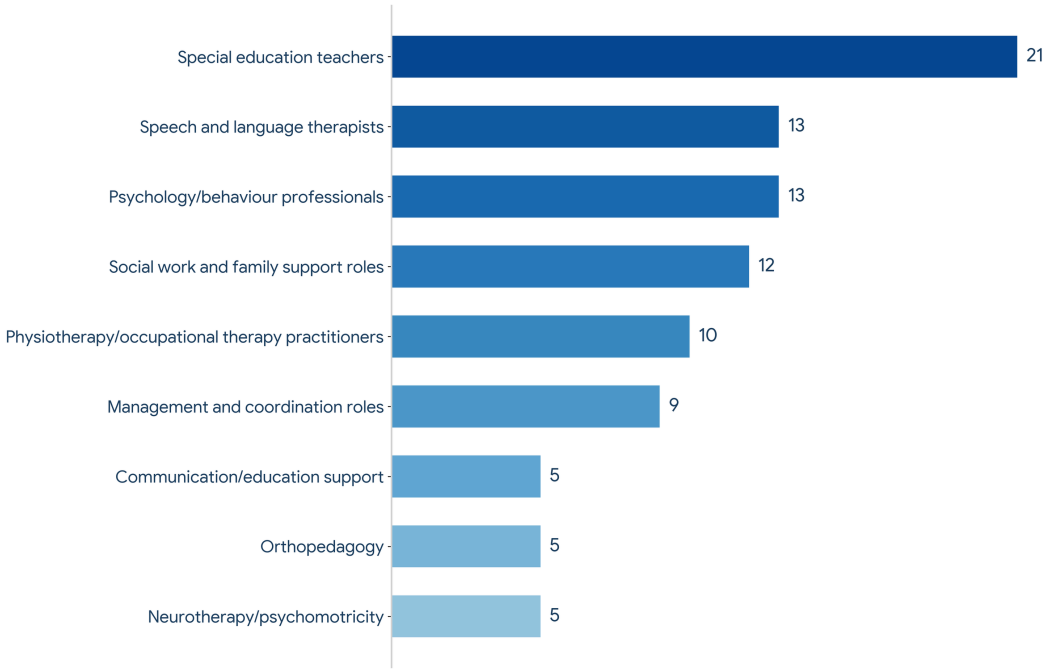
2. Participants in the survey

This survey collected the views of 100 professionals working in early childhood intervention (ECI) across four partner countries about the services provided to children with disabilities (ChwD) and their families -

A total of 100 professionals working in early childhood intervention (ECI) participated in the survey, with a relatively balanced distribution across the four partner countries: Bulgaria (26), Italy (24), the Netherlands (28) and Romania (22). The respondents were predominantly women (94%), reflecting the gender composition of the early intervention workforce. The average age was 41.3 years (SD 10.2), ranging from 22 to 68 years.

Professional backgrounds were diverse:



Respondents were generally experienced, with 52% having over 10 years in the field. Most worked in specialized centers (52%), followed by schools or kindergartens (23%), home-based services (12%), and mixed settings (7%). Regarding institution type, 40% were employed in public healthcare, 27% in private institutions, and 25% in NGOs or foundations.

Interpretation note: Participants were recruited through the partner organisations and their service networks. Therefore, the findings presented in this report reflect the experiences of the participating families and should be interpreted in the context of the participating sample rather than as nationally representative estimates of service provision.

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3. Survey Results by Topic

This section presents professionals' perceptions of the quality, accessibility, and effectiveness of Early Childhood Intervention (ECI) services across participating countries. The findings are organised into seven thematic areas reflecting key components of family-centred ECI, including diagnosis and referral, resources, emotional support, transitions, family participation, and perceived outcomes. Rather than comparing countries directly, the analysis identifies common strengths, recurring challenges, and emerging patterns across different service systems.

3.1 Diagnosis, Referral and Guidance

This section summarizes the respondents' evaluations regarding the process of diagnosis, referral, and guidance within the early childhood intervention framework.

Support in clarifying the child's diagnosis was viewed positively by most respondents. Overall, 41% rated this support as very adequate, while 54% considered it partially adequate and only 5% not

adequate at all. Although diagnostic support appears to be widely available, the findings indicate opportunities to improve its clarity, depth, and timeliness.

Guidance following diagnosis received slightly lower ratings. While 42% of respondents considered post-diagnostic guidance very adequate and 50% partially adequate, 8% reported that it was not adequate at all. These findings suggest that families may not always receive sufficiently clear or structured guidance on the next steps after diagnosis.

Referral to screening and assessment services emerged as a comparatively weaker aspect of service provision. Overall, 39% rated referral processes as very adequate, 49% as partially adequate, and 10% as not adequate at all (two respondents did not answer). The findings point to inconsistencies in referral pathways to screening and formal assessment services. Responses from Bulgarian professionals showed the greatest variation, with some reporting limited access to referral pathways and others describing good availability, indicating considerable differences even within the same national context.

Information about available therapies and support options followed a similar pattern. Overall, 38% of respondents rated the information provided as very adequate, 53% as partially adequate, and 9% as not adequate at all. While information is generally available, it may not always be comprehensive, well coordinated, or sufficiently tailored to the individual needs of families.

Timeliness of support was identified as one of the weaker aspects of service delivery. Only 36% of respondents considered support to be provided in a timely manner, while 44% rated it as partially adequate and 20% as not adequate at all—the highest level of dissatisfaction within this section. These findings highlight delays and waiting times as persistent barriers to timely access to services.

Referral to appropriate early intervention services also received relatively modest ratings. Only 32% of respondents considered referral processes very adequate, compared with 52% who rated them partially adequate and 16% who rated them not adequate at all. Given the central role of referral in ensuring timely access to Early Childhood Intervention (ECI), these findings indicate that referral mechanisms are not sufficiently standardized or consistently communicated across service systems.

Communication regarding transition or exit planning represented a relative strength within this domain. More than half of respondents (55%) rated this aspect as very adequate, while 38% considered it partially adequate and only 7% not adequate at all. Overall, professionals appeared confident in supporting families through service transitions or programme completion, although respondents from Italy expressed somewhat lower levels of satisfaction than those from the other participating countries.

Key Takeaways: Professionals generally perceive diagnostic support and transition planning as adequate, but identify important weaknesses in the pathway that follows diagnosis. While families are usually informed about their child's condition, referral processes, timely access to services, and guidance through the early intervention system remain less consistent.

3.2 Resources

Material and technical resources were generally perceived as available, although not always sufficient. Overall, 37% of respondents rated these resources as very adequate, 55% as partially adequate, and 8% as not adequate at all (one respondent did not answer). These findings suggest that while essential resources are available in many settings, their provision may be affected by uneven distribution or limited funding.

Therapeutic resources for parents received the most positive ratings within this domain. Overall, 43% of respondents considered these resources very adequate, while 52% rated them partially adequate and only 5% not adequate at all. This was the lowest level of dissatisfaction in the section, indicating that therapeutic resources are generally more consistently available than other forms of support.

Educational resources for parents were evaluated less positively than therapeutic resources. While 40% of respondents rated them as very adequate and 46% as partially adequate, 14% considered them not adequate at all, representing one of the highest levels of perceived inadequacy across the survey. Compared with therapeutic resources, educational resources were perceived as less adequate, suggesting that this remains an area requiring further attention.

The open-ended responses provided additional insight into the types of resources available to families. Eight recurring categories were identified: assistive and mobility devices (particularly emphasised by respondents from the Netherlands); augmentative and alternative communication (AAC) tools, ranging from high-tech speech-generating devices to low-tech picture-based systems; digital technologies and educational software, especially in Romania; therapeutic and sensory materials for use in both professional settings and at home; adapted environments, including sensory rooms and physiotherapy facilities; educational and informational materials such as handbooks, worksheets, and individualised plans; financial and social support, highlighted particularly by respondents from Bulgaria and Romania; and family support initiatives, including parent groups and psychoeducational programmes, which were most frequently mentioned by Italian professionals.

Key Takeaways: Professionals generally consider therapeutic and material resources to be available; however, important gaps remain in the provision of educational resources and in the equitable distribution of support. Resource availability varies across countries and service settings. Overall, the findings suggest that clinical resources are prioritised over educational and family-oriented materials.

3.3 Emotional and Psychological Support for Parents

Addressing parents' emotional needs received moderately positive ratings. Overall, 46% of respondents considered this aspect very adequate, 44% partially adequate, and 10% not adequate at all. These findings suggest that while emotional support is commonly incorporated into service provision, its quality and consistency vary across programmes.

Support for parental stress management emerged as one of the weaker aspects of family support. Only 29% of respondents rated this support as very adequate, compared with 55% who considered it partially adequate and 16% who rated it not adequate at all. The relatively low level of high satisfaction indicates that structured support for managing parental stress remains insufficient in many settings.

Access to psychological or counselling services for parents was also evaluated less positively. Overall, 35% of respondents rated access as very adequate, 51% as partially adequate, and 14% as not adequate at all, representing the highest level of dissatisfaction within this domain. Together with the findings on parental stress management, these results point to continuing gaps in the availability of psychosocial support for families.

Key Takeaways: Although professionals recognise efforts to address parents' emotional needs, psychological support remains one of the weakest components of early intervention services. The findings indicate that stress management and access to counselling continue to be insufficiently developed.

3.4 Transitions and Continuity

Support during transition periods (e.g., hospital to home, home to early intervention, and early intervention to preschool) received comparatively low ratings. Only 20% of respondents considered this support very adequate, while 67% rated it as partially adequate and 13% as not adequate at all. The predominance of partial ratings indicates that transition processes are often only partly effective, pointing to a need for stronger coordination between services and better continuity of care.

Preparation for life after completing services was evaluated somewhat more positively but still revealed opportunities for improvement. Overall, 39% of respondents rated this support as very adequate, while 57% considered it partially adequate and 4% not adequate at all. These findings suggest that exit planning and support for families in continuing their child's developmental journey could be strengthened across participating service systems.

Key Takeaways: Transitions between services and developmental stages represent one of the most challenging areas identified in the survey. While professionals report relatively positive experiences with exit planning, support during key transition periods remains inconsistent and suggest family empowerment for this stage.

3.5 Family Involvement and Communication

Information about the child's needs and developmental progress was rated highly by respondents. Overall, 64% considered this support very adequate, 30% partially adequate, and only 6% not adequate at all. These findings suggest that families are generally well informed about their child's development throughout the intervention process.

Parents' involvement as members of the intervention team also received positive ratings. Overall, 56% of respondents rated this aspect as very adequate, while 40% considered it partially adequate and only 4% not adequate at all. This indicates that collaborative approaches are widely adopted across participating services.

Parents' participation in decision-making regarding the Individualized Family Service Plan (IFSP) or equivalent intervention plan represented one of the strongest results within this domain. Overall, 65% of respondents rated this aspect as very adequate, 28% as partially adequate, and 7% as not adequate at all. The findings indicate that shared decision-making is well embedded in service planning for most respondents.

Support in accessing community resources and services received more mixed ratings. Overall, 42% of respondents considered this support very adequate, 48% partially adequate, and 10% not adequate at all. Compared with other aspects of family involvement, connecting families with community-based services appears to remain an area requiring further attention.

Support for parents in understanding child development (including language, social, cognitive, and motor development) was evaluated positively. Overall, 64% of respondents rated this support as very adequate, 32% as partially adequate, and only 4% as not adequate at all, indicating that developmental guidance is a consistent strength across participating services.

Support for improving parent-child interaction received one of the highest ratings in the survey. Overall, 69% of respondents considered this support very adequate, while 28% rated it partially adequate and only 3% not adequate at all. These findings highlight the strong emphasis placed on relationship-based intervention practices.

Behavioural management guidance was also evaluated positively. Overall, 60% of respondents rated this support as very adequate, 36% as partially adequate, and only 4% as not adequate at all, indicating that families generally receive appropriate guidance when behavioral challenges arise.

Parents as equal partners in supporting their child received consistently high ratings. Overall, 70% of respondents considered this aspect very adequate, while 26% rated it partially adequate and only 4% not adequate at all. The findings reflect the strong implementation of family-centred principles across participating programmes.

Consideration of families' needs, priorities, and daily routines was also evaluated positively. Overall, 52% of respondents rated this aspect as very adequate, 45% as partially adequate, and only 3% as not adequate at all. The relatively high proportion of partial ratings suggests that opportunities remain to further individualize support according to each family's circumstances and priorities.

Key Takeaways: Family-centred practices emerged as one of the strongest areas identified in the survey. Professionals consistently reported that parents are actively involved in planning, decision-making and intervention, reflecting a well-established partnership approach. However, support for accessing community resources and adapting interventions to each family's daily routines and priorities remains less consistent.

3.6 Overall Impact on Families

Impact on family quality of life received one of the strongest ratings in the survey. Overall, 76% of respondents considered the impact very positive, while the remaining 24% rated it partially positive. No respondents reported a negative impact.

Parents' confidence in supporting their child at home was also evaluated very positively. Overall, 68% of respondents rated this impact as very positive, 31% as partially positive, and only 1% as not adequate at all.

Reduction of parental stress related to the child's development received comparatively lower ratings. Overall, 50% of respondents considered this impact very positive, while 47% rated it partially positive and 3% not adequate at all. Compared with other family outcomes, stress reduction remains an inconsistent outcome, reflecting the challenges identified earlier in relation to emotional and psychological support.

Improvements in daily family routines and overall functioning were rated similarly to parental confidence. Overall, 68% of respondents considered this impact very positive, 31% partially positive, and only 1% not adequate at all, suggesting that ECI services make a meaningful contribution to everyday family life.

Key Takeaways: Professionals overwhelmingly agreed that early intervention has a positive impact on families, particularly by increasing parents' confidence and strengthening everyday family functioning. However, improvements in parental stress were less consistently reported, reinforcing earlier findings that psychological and emotional support remains an area requiring further investment.

3.7 Overall Impact on Children

Impact on the child's quality of life received the most positive ratings of all survey items. Overall, 87% of respondents considered the impact very positive, while the remaining 13% rated it partially positive. No respondents reported a negative impact.

Contribution to children's developmental progress was evaluated almost as positively. Overall, 85% of respondents rated this impact as very positive and 15% as partially positive, with no reports of complete inadequacy. These findings reflect a high level of professional confidence in the developmental benefits of ECI.

Improvement in children's participation in everyday activities (at home, in preschool, and within the community) also received highly positive ratings. Overall, 78% of respondents considered this impact very positive, while 22% rated it partially positive. No respondents reported negative outcomes.

Improvement in children's independence and social participation received slightly lower, although still highly positive, ratings. Overall, 74% of respondents rated this impact as very positive, while 26% considered it partially positive. Compared with the other child outcomes, this may reflect the greater complexity of supporting independence and social participation among young children with diverse developmental needs.

Key Takeaways: Overall, the findings highlight considerable confidence in the effectiveness of Early Childhood Intervention, particularly regarding child outcomes and family-centred practice. The strongest ratings were observed for children's quality of life and developmental progress, together with parents' active participation in intervention planning and support. By contrast, comparatively lower ratings were reported for transition processes, parental stress management, access to psychological support, educational resources, and preparation for the continuation of support after programme completion. These areas represent important opportunities for further development across participating service systems.

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4. Professionals' Perspectives: Qualitative Findings

4.1 Services and Support Most Beneficial to Families

Professionals consistently identified psychological support and parent counselling as the most valuable forms of support for families across all participating countries. Many respondents emphasized that helping parents process and accept their child's diagnosis is a prerequisite for effective engagement in subsequent intervention services.

Specialized therapies (speech and language therapy, physiotherapy, and occupational therapy) were the second most frequently mentioned category. Across all countries, respondents stressed that these interventions are most effective when combined with active parental involvement rather than delivered as stand-alone clinical services.

Parent training and empowerment ranked third, reflecting a strong emphasis on coaching parents to become active partners in supporting their child's development.

Home-based and natural-environment interventions were the fourth most frequently identified area, highlighting the importance of delivering support within children's everyday environments rather than exclusively in clinical settings.

Information provision and support in navigating services were also frequently mentioned, indicating that many families experience difficulties identifying, accessing, and coordinating available services.

Parent peer-support groups were consistently identified across all countries, suggesting that opportunities for families to connect with others facing similar experiences are regarded as an important source of emotional and practical support.

4.2 The Path Families Follow to Access Early Intervention

Across participating countries, respondents described a broadly similar pathway to Early Childhood Intervention, although the ease of navigating individual stages varied between service systems. The typical sequence involved identification of developmental concerns, initial professional contact, referral and assessment, administrative procedures, development of an individual intervention plan, and service delivery.

Administrative procedures emerged as one of the most commonly reported barriers. Romanian respondents described families having to navigate multiple bureaucratic processes before services could begin. One Bulgarian specialist reported that premature infants were sometimes unable to access early intervention because vaccination requirements conflicted with the immunization schedules recommended by their neurologists.

Across countries, several respondents emphasized that children identified as being at developmental risk (e.g., following premature birth or the diagnosis of a genetic syndrome) should be referred automatically by hospitals or maternity services. However, respondents indicated that such referral pathways are often inconsistent, leaving many families to identify and access services through informal contacts or personal initiative.

4.3 Challenges Specialists Face

The most frequently reported challenge was parental resistance or difficulty accepting the child's diagnosis (38 mentions), making it the most commonly identified issue across all participating countries. Respondents described situations in which parents initially struggled to come to terms with the diagnosis, delaying their engagement with intervention services despite recognising their child's developmental needs.

Waiting lists and limited service capacity (35 mentions) represented another major challenge. This issue was particularly prominent in Italy and the Netherlands, where respondents highlighted growing demand for publicly funded services. Romanian professionals more frequently referred to shortages of specialist appointments than to formal waiting lists.

Limited transfer of intervention strategies into everyday family life (20 mentions) was identified across all countries. Respondents noted that while many families attended therapy sessions regularly, they often found it difficult to continue recommended activities consistently within daily routines at home.

Fragmentation between professionals and services (22 mentions) was particularly evident in Romania. Respondents described children receiving support from multiple providers with limited coordination between healthcare, education, and social services, resulting in fragmented communication and discontinuity of care.

4.4 Support Currently Missing

The most frequently identified unmet need was psychological counselling and emotional support for parents, reinforcing the findings presented in previous sections of the survey. Respondents consistently highlighted that families often require additional emotional support alongside intervention for the child.

Home-based and outreach services were the second most frequently identified gap, underlining the need to strengthen the connection between clinic-based interventions and children's everyday environments.

Integrated services and case management were also identified as important priorities. Respondents described fragmented service systems in which families are required to coordinate support across multiple providers without a designated professional overseeing the overall intervention process. Romanian specialists, in particular, highlighted the absence of a dedicated case manager.

Financial support for families was raised primarily by Romanian respondents, who reported that the cost of therapy could limit continued participation in intervention services and, in some cases, lead families to discontinue support altogether.

4.5 Recommended Improvements

Across all four countries, the most frequently identified recommendation was the need to increase staffing capacity, expand the availability of specialists, and reduce individual caseloads. Although expressed differently across national contexts, respondents consistently highlighted workforce capacity as a key factor affecting the accessibility and quality of Early Childhood Intervention services. Romanian specialists particularly emphasized the need for smaller caseloads and increased intervention time per child, while Dutch and Italian respondents focused more on reducing waiting lists through additional recruitment and improved team organisation.

The recommendations closely reflected the challenges identified by professionals. Difficulties related to parental acceptance of diagnosis were linked to the need for stronger psychological support and emotional guidance for families. Concerns regarding fragmented collaboration between services corresponded with recommendations for improved inter-institutional coordination, while the identified gap between intervention settings and everyday family life was associated with the need for stronger parental involvement and home-based intervention approaches.

Several country-specific patterns emerged. Romanian respondents placed greater emphasis on expanding therapy hours and improving access to material resources, reflecting concerns about limited reimbursed intervention time and insufficiently equipped services. Dutch respondents focused more strongly on coordination and integration, highlighting the challenge of ensuring coherence across a complex network of existing services. Italian recommendations concentrated on professional training in communication skills, particularly regarding how diagnoses are delivered and how parents can be engaged as partners from the earliest stages of intervention.

4.6 Training Needs

The most frequently identified training need across all four countries was specialized clinical knowledge and therapeutic approaches. Romanian respondents provided particularly specific examples, identifying approaches such as Applied Behaviour Analysis (ABA), sensory integration, psychomotor therapy, and visual impairment protocols, as well as training focused on specific age groups (particularly 0–3 years). These responses indicate a strong demand for structured, practice-oriented, and domain-specific professional development.

Parent counselling and family support skills represented the second most frequently identified training area. This finding is consistent with the earlier identification of parental acceptance and

emotional adjustment as major challenges. Professionals expressed a need to strengthen their ability to support families emotionally and relationally, alongside developing their clinical expertise.

Peer learning, professional exchange, and supervision ranked third among training priorities and appeared across all countries, although expressed in different ways. Italian specialists referred to the importance of dialogue between colleagues, Dutch professionals highlighted supervision and concerns related to burnout, and Romanian respondents emphasized the value of practical supervision, including observation of intervention sessions. Across contexts, these responses reflect a shared need for structured opportunities for reflection, professional support, and learning within emotionally demanding work environments.

Intercultural and trauma-informed approaches were mentioned less frequently overall. These needs were particularly visible among Dutch and Italian respondents, reflecting the challenges of supporting migrant families who may face additional language and cultural barriers alongside their children's developmental needs. Such themes were less prominent in the Romanian responses.

Bulgarian respondents raised broader systemic concerns compared with professionals from the other participating countries. They highlighted that developmental difficulties are often identified at a later stage, that systematic developmental screening practices remain limited, and that current approaches place greater emphasis on physical growth monitoring than on broader developmental assessment. Bulgaria was also the only country in which a respondent explicitly called for legislative changes and the establishment of a national Early Childhood Intervention system. While respondents from other countries generally focused on improving existing systems, Bulgarian specialists highlighted the need to further develop the system itself.

Training needs identified by Bulgarian professionals also reflected a desire for greater international exchange and access to evidence-informed approaches already implemented elsewhere, particularly when such opportunities can be made financially accessible.

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5. Conclusion

Looking across all analyses reveals highly diverse systemic contexts among partner countries, alongside several consistent, shared challenges.

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

The 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 lacking, and the least systematically provided service type. Although parents are recognized as the most critical factor in a child's development, in most contexts they receive no dedicated psychological accompaniment. Specialists are left to manage both the child's developmental needs and the parents' grief, denial, and exhaustion, often without the necessary training or collegial support.

Parental denial is not a personal failing; it is a system failure

Across all four countries, parental resistance to a diagnosis is the primary challenge specialists face. Bulgarian respondents reframed this issue constructively: denial persists largely because medical professionals at the point of diagnosis do not communicate clearly, compassionately, or with adequate follow-through. When parents leave without understanding the diagnosis, without knowing the next steps, and without emotional support to process the news, denial becomes the predictable outcome. The problem is not that parents refuse to engage, but that the system fails to effectively bring them in.

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

While every country experiences its own version of this problem, the core challenge remains identical: families must navigate multiple institutions, compile extensive documentation, endure long waiting periods, and self-advocate before a single therapy session can even begin. In Romania, families must navigate two bureaucratic tracks simultaneously. In Bulgaria, the Child Protection Department acts as a mandatory gatekeeper, and premature infants can be blocked by conflicting vaccination requirements. In Italy and the Netherlands, waiting lists can stretch so long that the optimal developmental window narrows before intervention begins—all occurring at the exact moment when families are least equipped to cope with such complexity.

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

A consistent theme is the rigid boundary between the therapy room and the family home. Specialists describe strategies that work during sessions but disappear at home, as well as parents who treat appointments as a substitute for engagement rather than as training for it. Paradoxically, the interventions that specialists most consistently identify as effective—such as home visits, natural environment work, and parent-as-co-therapist models—are also those most consistently absent or underfunded.

Coordination failure is structural, not accidental

Across all four countries, specialists describe a fragmented landscape of services, institutions, and professionals operating in isolation. This is evident in the multiple uncoordinated centres in Romania, the lack of communication between schools and therapy services in Italy, the theoretically integrated but practically parallel systems in the Netherlands, and the absence of a systematic transition mechanism between health, social, and education systems in Bulgaria. The role of a case manager—someone who maintains an overview, understands the system, and guides the family—is almost universally identified as missing.

The workforce is stretched, under-trained for actual demands, and isolated

What specialists require most is not additional clinical technique, but support for the relational, emotional, and systemic dimensions of their work. This includes parent counselling, family accompaniment, intercultural practice, trauma-informed approaches, peer supervision, and burnout management. Yet, professional development remains expensive, inaccessible, and disproportionately oriented toward clinical methods rather than the human dimensions that make those methods

effective. Furthermore, specialists are isolated; peer exchange and supervision are identified across all countries as both the most valued and the least available forms of professional development.

What the Data Points Toward

Taken together, these findings suggest that improving early childhood intervention is less about increasing therapy hours—though that remains important—and more about redesigning the system around three fundamental 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 treating them as a passive recipient of specialist services.
- Building the connective tissue between institutions through formalized referral systems, case management, and inter-professional communication protocols, which currently exist only informally, if at all.

Final Remarks

The findings of this survey demonstrate that professionals across four different national contexts share a remarkably consistent understanding of both the strengths and the limitations of current Early Childhood Intervention (ECI) systems. While respondents express strong confidence in the quality of direct child-centred intervention, they also identify persistent systemic weaknesses that extend beyond the therapy room.

Across countries, the most significant challenges relate to timely access, institutional coordination, continuity of care, and the limited availability of psychological support for parents. Addressing these challenges requires more than expanding therapeutic provision alone; it demands strengthening the broader systems surrounding intervention—ensuring earlier identification, coordinated case management, and recognizing parents as active partners.

The professionals who participated in this survey offer a coherent vision for the future of ECI. Taken together, these results provide valuable evidence to inform policy development, service planning, and professional training, ultimately contributing to more accessible, coordinated, and family-responsive early childhood intervention systems.

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