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# Parents' self-assessment of burnout prevention needs in early childhood intervention

Sonja Alimović[*], Ana Wagner Jakab[**], Andrea Paulik[***]

*University of Zagreb, Faculty of Education and Rehabilitation Sciences, Zagreb, Croatia*

*Introduction*. Parents of children with developmental disabilities in early childhood intervention (ECI) face sustained demands increasing burnout risk. Identifying needs is essential for effective, family-centred services. *Objective*. By centring on parental perspectives, this study aims to bridge the gap between existing frameworks and the requirements necessary to support well-being during long-term caregiving. *Method*. A cross-sectional survey was conducted with 44 parents receiving ECI services. The questionnaire included demographic information and 47 statements describing support relevant to burnout prevention. Parents rated their need for each support using a three-point Likert scale. *Results*. Factor analysis identified three domains: ECI organisation, emotional support, and rehabilitation support. Findings underline the central role of well-organised, coordinated ECI systems in preventing parental burnout. *Conclusion*. Reduced fragmentation and stronger organisational support enhance well-being, indirectly supporting child development. Results highlight the need for transdisciplinary approaches, designated professionals, and efficient information exchange.

*Keywords:* parental burnout, early childhood intervention, burnout prevention

## Introduction

The World Health Organisation (WHO) defines health as a holistic entity characterised by complete physical, mental, and social well-being, rather than merely the absence of disease (WHO, 2022). From this perspective, experiences that place sustained demands on psychological and social resources, such as those associated with parenting, are increasingly recognised as relevant to overall health and well-being. *Parental burnout* describes a set of symptoms

Correspodence: Andrea Paulik, andrea.paulik@erf.unizg.hr
[*] https://orcid.org/0000-0003-2122-7944
[**] https://orcid.org/0000-0002-8974-9514
[***] https://orcid.org/0009-0005-5502-8662

that emerge in the context of the parental role as a result of chronic parenting-related stress. It results from a chronic imbalance of risks over resources in the parenting domain (Mikolajczak & Roskam, 2017).

Parents of children with disabilities are prone to burnout, especially if they have the primary responsibility for the care of their child. They are more likely to experience higher levels of parental stress than parents of children without disabilities (Hoffman et al., 2009; Lopez et al., 2008; Park & Lee, 2022). Mothers, who are often the primary caregivers, face particular stressors associated with caring for children with disabilities, especially in the early years of life (Azad et al., 2013; Kelso et al., 2005). A recent study by Duong et al. (2023) showed that mothers of children with developmental disabilities experience elevated stress primarily due to cumulative caregiving demands, emotional burden, and systemic stressors such as fragmented services and insufficient organisational support. Parents involved in early childhood education are often confronted with complex and emotionally challenging situations that can lead to exhaustion and feelings of detachment. Parents who are exposed to prolonged and unbalanced parenting-related stressors may experience emotional exhaustion and reduced emotional availability, which can negatively affect the quality of parent-child interactions (Liang & Chen, 2025). When coping resources are insufficient, parents may gradually distance themselves emotionally, struggle to express warmth and responsiveness, and perceive themselves as ineffective in their parental role (Roskam & Mikolajczak, 2021; Stathopoulou et al., 2023). Such patterns of emotional withdrawal and reduced engagement can, over time, increase the risk of parental neglect. Recent research has shown that parental neglect is a significant predictor of socio-emotional and moral development difficulties, as well as behavioural problems in children, highlighting the developmental consequences of compromised early parent–child relationships (Utku et al., 2023). In this context, early identification of parental stress and timely preventive support are crucial to protecting both parental well-being and children's developmental outcomes.

Early recognition and monitoring of parental stress are crucial for preventing the escalation of stress-related difficulties and protecting child well-being. This highlights the importance of awareness-raising and early screening of parental stress within early childhood intervention services (Ribas et al., 2024). To prevent adverse social consequences, such as emotional detachment from children and neglect of children's needs, a range of policies and practices have been developed at cross-national, European, and international levels to address burnout among parents and professionals in early childhood intervention.

Family-centred early childhood intervention has an important preventive role in parental burnout by addressing not only the child's developmental needs but also the well-being of the family as a whole. By actively involving parents, strengthening parental resources, and embedding support within

everyday family routines, such an approach can reduce the risk of chronic stress and burnout in families of children with disabilities (Störbeck, 2024). While relational and emotional support are fundamental components of early childhood intervention, some parents experience elevated levels of stress or burnout that exceed what informal support alone can address. In such cases, structured and targeted interventions are necessary to effectively reduce stress, restore parental functioning, and prevent further negative consequences for family well-being (Dinç & Çok, 2026). However, knowledge and application of various techniques such as mindfulness, cognitive behavioural therapy, restoring balance between parental stressors and resources, stress management and resilience training programmes could be helpful to support parents with more severe burnout symptoms (Brianda et al., 2020; Findling et al., 2022; Urbanowicz et al., 2024).

These services are delivered by professionals from diverse educational backgrounds who are trained to provide emotional support to families and colleagues. As ECI services follow a family-centred approach that combines home-based and centre-based activities, professionals are closely involved in family life and well positioned to recognise early signs of parental burnout (Narodne Novine, 2022). This study is part of a larger research project examining burnout among both parents and professionals in ECI organisations; however, the findings presented here relate solely to parents' perspectives on important prevention measures.

In Croatia, early childhood intervention is organised across several sectors, primarily social welfare, health care, and education, and is delivered through public institutions, social welfare homes, and non-governmental organisations. Early development support services are available for children with developmental difficulties and their families from early infancy until the age of seven and are provided either in the family home or in centre-based settings for up to five hours per week (Early Development Support - Gov.hr, 2026). Early childhood intervention is conceptually grounded in a family-centred approach, which emphasises partnership with parents, recognition of family priorities, and support embedded within everyday family routines; however, services remain largely sector-based, contributing to fragmented provision and underscoring the need for better coordinated ECI services.

Given the increasing recognition of burnout in families of children with developmental disabilities, it is necessary to investigate the methods which would decrease stress and prevent burnout in those parents. While most research focuses on the effects of burnout on parents' psychological well-being, this study shifts the focus toward the probable triggers of that exhaustion, filling a critical gap in the literature. By investigating the relationship between service delivery and parental stress, this research extends current knowledge by highlighting an area rarely addressed in academic discourse: the functional collapse and effects

of fragmented support systems. Although theoretical models of Early Childhood Intervention (ECI) advocate for a holistic, family-centred approach, in practice parents navigate a disconnected system between sectors with no organised inter-sectoral cooperation. This study is part of a larger research project examining burnout among both parents and professionals in ECI organisations; however, the findings presented here relate solely to parents' perspectives on important prevention measures. It serves to amplify the voice of parents regarding what truly works and what does not within these systems.

## Objective

The main objective of this study was to determine what parents consider useful regarding burnout prevention strategies. Two research questions were posed: (1) Which methods, approaches, and techniques for burnout prevention are of greatest interest to parents? and (2) Are there significant differences in parents' perceived needs based on the type of support (organisational, emotional, or rehabilitative) they are getting?

## Method

This survey was part of the international project Burnout of Professionals and Parents with Children with Disabilities: Prevention, Common Challenges and Mutually Empowering Methodologies and Practises in Early Child Intervention Services (No:2021-1-EL01-KA220-ADU-000035230), co-funded by the ERASMUS 2021 Programme, KA220-ADU-Cooperative Partnerships in Adult Education and managed by the Greek National Agency.

A questionnaire was developed and distributed to a larger number of parents in early childhood intervention (ECI) in order to examine which methods, approaches, and techniques for burnout prevention are of greatest interest to parents.

As the project partners came from different language areas and all spoke English, the questionnaires were initially developed in English. They were subsequently translated into Croatian using the double (back) translation method, which is considered a rigorous approach for ensuring valid and reliable data (Eremenco et al., 2005). The experts involved in developing the questionnaires were not engaged in the translation process. Instead, the translation was carried out by four independent professionals with training and experience in early childhood intervention. Two experts translated the questionnaires from English into Croatian, while the remaining two performed the back-translation from Croatian into English, with all translators working independently. The original English version of the questionnaire was compared with the back-translated English version and found to be equivalent in all essential aspects. Minor differences in word order were observed due to linguistic differences between Croatian and English; however, the Croatian version complied with grammatical rules. Prior to distribution, the questionnaire was reviewed by two parents involved in early

childhood intervention, who confirmed its clarity and relevance, and no changes were made. These parents did not participate in the study.

The questionnaire included a section on demographic information, such as parental age, children's age, type of child impairment, and type of services received. In addition, the burnout prevention questionnaire consisted of 47 statements. Each statement described a different type of support that can contribute to burnout prevention (e.g. psychological counselling, peer support, parenting training, service coordination). The possible supports were identified based on previous research on burnout and ECI. The statements were rated on a Likert scale from 1 to 3 (1 – have no need for the support described in the statement; 2 – have some need for the support described in the statement; 3 – really need the support described in the statement). To assess how closely the statements are related, Cronbach's Alpha was calculated using the Statistical Package for the Social Sciences, version 26, with support from a psychologist. The scale had a very high internal consistency. Cronbach's Alpha was .962. Although these high results indicate that some statements in the questionnaire could be redundant, we did not exclude any statement as each was considered potentially relevant for parents and contributed to the content validity of the instrument.

To disseminate the questionnaire, we contacted institutions providing ECI programmes and non-governmental organisations for parents of children aged one month to eight years in Croatia. Professionals working in ECI organisations informed eligible parents about the study and forwarded them the link to the online questionnaire. The questionnaire contained all essential information about the study, including its aims, procedures, voluntary nature, anonymity, and data protection. Parents provided informed consent electronically by completing and submitting the questionnaire. Responses were collected anonymously and submitted directly to the research team. The survey remained open for one month. The study was approved by the relevant institutional ethics committee.

## Participants

A total of 44 questionnaires were collected from parents of children with various developmental disabilities who were receiving ECI services.

The average chronological age of the parents was 37.25 years (range 25– 49). There were more responses from mothers (n=40; 90.9%) than from fathers (n=4; 9.1%). Most families participated in centre-based ECI programmes (n=36; 81.8%) and then in home-based ECI programmes (n=8; 18.2%). Children were on average 38 months old (range 6– 96). The average age of children at the start of the ECI programme in their families was 13.84 months (range 1– 60). The most common ages of children at enrolment in the ECI programme were 3 months (n=6; 13.6% of families). Most children from families participating in the survey had multiple disabilities (n=20; 45.5%), then autism spectrum disorders (n=7; 15.9%), visual impairments (n=5; 11.4%), motor problems (n=4; 9.1%), Down syndrome (n=3; 6.8%), communication problems and intellectual disabilities (n=2; 4.5% each), and only one child (2.3%) had a hearing impairment.

## Data Analysis

We analysed the results using the Statistical Package for the Social Sciences, Version 26 (IBM, SPSS). Using factor analysis, we extracted three underlying variables es: (a) *ECI Organisation*; (b) *Emotional Support*; and (c) *Rehabilitation Support*.

We used descriptive statistics and non-parametric tests to analyse the results: the Kruskal– Wallis test to calculate differences in demographic characteristics of parents; the Friedman test to calculate differences between self-rated importance of the various needs.

## Results

Although parents considered all types of support mentioned in the questionnaires as necessary (Table 1), a significant difference was found between the grouping variables *ECI Organisation, Rehabilitation Support* and *Emotional Support* ($\chi 2$=10.504; n=2; p=.005). Pairwise analysis shows that parents need significantly more support in the form of ECI services organisation (*ECI Organisation*) than support for rehabilitation methods in working with their children (*Rehabilitation Support*) (p=.014). As shown in Table 1, the grouping variable *ECI Organisation* is classified as most needed. In addition, the individual elements of this grouping variable are also categorised as most needed (Table 1).

**Table 1**

*Results of Parents' Self-Assessment of Burnout Prevention Needs*

| Statements | Mean score | Range |
|---|---|---|
| Obtain information to help you identify existing social and support services in the community (benefits, services, schools, legal rights, etc.) | 2.91 | 2–3 |
| Get all the services a child needs in one place | 2.91 | 2–3 |
| Get a team approach to assessment and a team report on the child | 2.91 | 1–3 |
| ECI[a] Organisation Total | 2.77 | 1.91–3.0 |
| Get support in coping with parental stress | 2.86 | 2–3 |
| Receive information and education about burnout | 2.80 | 2–3 |
| Receive support in coping with current problems | 2.77 | 1–3 |
| Emotional support Total | **2.66** | **1.69–3.0** |
| Get support to deal with the child's challenging behaviour | 2.77 | 1–3 |
| Get support to be an equal member of the team helping their child | 2.77 | 2–3 |
| Get advice on how to become more involved in the rehabilitation team working with the child | 2.75 | 1–3 |
| Rehabilitation support Total | **2.56** | **1.40–3.0** |

[a]Early Childhood Intervention

The lowest mean score found for the single item on the parent questionnaire was 2.2 (range 1–3), suggesting that they were least likely to need counselling support for family difficulties.

We found no significant difference between parents' self-assessed needs in relation to their age, the age of their child, the type and the severity of the child's impairment, or the age of the child when they began receiving ECI services.

## Discussion

The aim of our study was to identify which burnout prevention practises parents consider beneficial in ECI.

According to parents' survey responses, they need good organisation of ECI services in early childhood. They need concise and unified information and, if possible, everything in one place. Many professionals also consider this important (Demarin, 2019). When parents receive all support in one place, they have more time for their children and can be more relaxed. In addition, the information and advice they receive is consistent and not confusing, unlike when they receive different information from different professionals. Consistent information also helps them build the parenting resources they need for effective parenting, which prevents burnout and detachment from their children (Mikolajczak et al., 2018). In some countries, ECI is therefore organised in such a way that families have a service coordinator (Bruder, 2005), whose role is to coordinate services and help families get the services and support they need. In Croatia, ECI is defined by the Social Welfare Law (Narodne Novine, 2022). As our results show, most professionals provide ECI services in educational rehabilitation centres under social welfare. However, parents also receive support from institutions in the health and education sectors, and there is no organised cooperation between these three sectors (Milić Babić et al., 2013). Recognising the need for a unified service, both in practise and in this study, ECI professionals in Croatia are now trying to bring all ECI providers under one umbrella. For this reason, Croatia has been working for some time on the development of digital applications to connect different service providers (Matijaš, 2020).

In addition, the authors found that parents of children with disabilities who receive home-based ECI experience less stress than parents who receive centre-based ECI (Cameron, 2021). Despite the change in the approach to early intervention over the last 30 years and the shift from the child to the family and thus to the provision of support in the home environment, it is still not sufficiently implemented in Croatia. Thus, ECI is still mainly implemented through ECI programmes in centres. This is reflected in our study by the fact that most families use ECI programmes in centres (81.8%) and less at home (18.2%).

Home-based ECI focused on the family presupposes that ECI professionals have broad knowledge of child development, support techniques in emotionally difficult situations, etc. (Milić Babić et al., 2013). Nevertheless, they need to be a bridge between parents and other professionals, so they need to be familiar with different professions, their terminology, methods and approaches. This enables them to give parents what they need – unified information.

Statements that parents need support for themselves in order to be a better parent to their child are also rated highly in our study. This suggests that they are aware of the demands of the parenting role and the associated stress, which is very important as there is a reciprocal and transactional relationship between parental well-being and childcare outcomes, with both influencing each other (Estes, 2019; Karst, 2012). In addition, their parental role has higher demands compared to parents of typically developing children. Since most children with disabilities have special developmental and care needs, such as therapeutic feeding, nutritional needs, handling, medical treatment, etc., parents might often be afraid of unintentionally hurting their child (Hollar, 2012). Therefore, they feel inefficient in their parental role, which can lead to emotional exhaustion and detachment from their child (Stathopoulou et al., 2023).

The lowest mean score we found in the questionnaire for parents suggests that they need the least support in counselling family problems. Although this finding could suggest a certain level of satisfaction with relationships with partners and family members, such an interpretation remains hypothetical as relationship quality was not directly measured in this study. Alternatively, it is possible that the parents in our study prioritised the immediate developmental needs of the child and their professional support network over partnership dynamics during this early stage of parenthood. At this juncture, relational conflicts might not yet have surfaced or been recognised as a primary concern requiring intervention. Therefore, these interpretations should be treated with caution, and future research should explicitly incorporate standardised measures of marital satisfaction to better understand these mechanisms. Previous research in Croatia (Löw et al., 2022) on satisfaction with the partnership and interactions between the partners of children with autism has shown that, on average, participants had a high level of relationship satisfaction.

Furthermore, as most of the participants in this survey are mothers, who are most involved with the children at a young age, they are expected to focus on the child and their own parenting skills. Therefore, in this study, they did not express as much need for marital and family relationship support. However, other studies have recognised that parental stress spills over into interactions with partners (Falconier et al., 2015; Neff & Karney, 2009), as shown in some domestic studies (Löw, 2021; Löw et al., 2022). The results also showed an indirect influence of parental stress on relationship satisfaction through more negative and less positive interactions and more conflicts between parents.

They may also point to the important role of social support, as high parental stress was found to be associated with negative interactions between partners and weak social support (Löw et al., 2022). However, marital satisfaction is associated with positive dyadic coping, which helps parents to deal with stressful situations and prevent burnout (Bodenmann et al., 2006). It is therefore important for parents to receive professional support, including support for partnerships and other family relationships. This support would not only help parents with marital satisfaction, but also with positive dyadic coping, which helps to prevent burnout.

Although this survey shows that parents in ECI have a high need for different strategies to prevent burnout, we still lack evidence as to which of these strategies would be truly useful. Therefore, it is necessary to further investigate the effectiveness of the different strategies implemented in ECI. As many parents in our study have very young children and focus on their children's needs rather than their own when it comes to burnout prevention, they may not think about what they themselves need. Therefore, it would be useful to include more parents of older children in the survey, and even families who have participated in an ECI before.

The limitations of the study are the small sample, the small number of fathers compared to mothers, and the research design that does not allow for cause-and-effect conclusions.

Another limitation of this study was that parents did not have the opportunity to suggest strategies themselves but could only choose from the suggested strategies. Therefore, it would be worthwhile to conduct participatory research in the future.

## Conclusion

Our results show that parents in ECI recognise a strong need for support in the prevention of burnout. The most important issue for parents at this early age of their children with disabilities is ensuring good support services, which can reduce parental stress and indirectly increase satisfaction with their parenting role and family relationships. Although it is difficult to have all the necessary professionals and services in one place, this is the most important need from their point of view. It is therefore crucial to provide parents with accessible and high-quality support services that align and unify information, recommendations and work of professionals involved with children with disabilities and their families. One of many possibilities is the development of a digital platform for exchanging information between professionals working in the same or different organisations.

Parental burnout poses a risk to parental well-being and may negatively affect parent-child interactions. The present findings indicate that burnout

prevention in ECI requires coordinated organisational support, accessible services, and complementary practices such as peer support and self-care. Enhancing these components within ECI may improve parental well-being and indirectly benefit children and families.

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# Samoprocena potreba roditelja za prevencijom sagorevanja u ranoj intervenciji u detinjstvu

Sonja Alimović, Ana Wagner Jakab, Andrea Paulik

*Univerzitet u Zagrebu, Edukacijsko-rehabilitacijski fakultet, Zagreb, Hrvatska*

*Uvod*: Roditelji dece sa smetnjama u razvoju u ranoj intervenciji u detinjstvu (RDI) suočavaju se sa stalnim zahtevima koji povećavaju rizik od sagorevanja. Identifikacija potreba neophodna je za efikasne usluge usmerene na porodicu. *Cilj*: Fokusirajući se na roditeljske perspektive, ova studija ima za cilj da premosti jaz između postojećih okvira i zahteva neophodnih za podršku dobrobiti tokom dugotrajne nege. *Metod*: Sprovedeno je poprečno istraživanje sa 44 roditelja koji primaju usluge RDI. Upitnik je sadržao demografske informacije i 47 izjava koje opisuju podršku relevantnu za prevenciju sagorevanja. Roditelji su ocenili svoju potrebu za svakom podrškom koristeći Likertovu skalu od tri tačke. *Rezultati*: Faktorska analiza identifikovala je tri domena: organizacija RDI, emocionalna podrška i podrška rehabilitaciji. Nalazi ističu centralnu ulogu dobro organizovanih, koordinisanih sistema RDI u sprečavanju sagorevanja roditelja. *Zaključak*: Smanjena fragmentacija i jača organizaciona podrška poboljšavaju dobrobit, indirektno podržavajući razvoj deteta. Rezultati ističu potrebu za transdisciplinarnim pristupima, određenim stručnjacima i efikasnom razmenom informacija.

*Ključne reči:* roditeljski *burnout*, intervencija u ranom detinjstvu, prevencija *burnouta*

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