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[Adrian-Nicolae DAN](#) \* and [Nina Stănescu](#)

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Article

# Raising Awareness of the Importance of Early Diagnosis of Children with Autism Spectrum Disorders (ASD)

Adrian-Nicolae DAN <sup>1,\*</sup> and Nina Stanescu <sup>2</sup>

<sup>1</sup> Faculty of Sociology and Social Work / University of Bucharest

<sup>2</sup> Faculty of Theology, Social Work Department, Ovidius University Constanța nina.stanescu13@gmail.com

\* Correspondence: adrian.dan@sas.unibuc.ro; Tel.: +0040731700460

**Abstract:** The article discusses early diagnosis and intervention for developmental delays in children, emphasizing the role of specialized services and personnel in supporting recovery and development. It presents findings from a pilot project<sup>1</sup> initiated in Bucharest, aiming to assess the incidence of developmental delays in children aged 1-3 years in selected kindergartens, including ASD. The study involved children, parents, and specialists, utilizing systematic behavior observation (SBO) and semi-structured interviews. Results indicate that out of 613 evaluated children, 81 received specialized control recommendations, with 4 cases showing potential risk of ASD. Additionally, 8 children were diagnosed with autism. The incidence of autism in children aged 1-3 years was 1 in 51. Although exploratory, these findings suggest a model of good practice for future early diagnosis campaigns nationally. Conclusively, the study underscores the importance of early diagnosis and intervention for developmental delays, advocating for a responsive community and emphasizing the significance of national-level efforts to address these issues effectively.

**Keywords:** Autism Spectrum Disorders (ASD); early diagnosis / screening; early intervention; social services

## 1. Introduction

This research aims to promote the need to raise awareness of the importance of an early diagnosis for children aged 1-5 who are suspected of suffering from an ASD disorder. In this context "a comprehensive autism diagnosis procedure requires using gold-standard tools and integrating information from multiple sources, with parents playing an essential role in this process." [1] of the therapeutical process of children recovery.

Research has shown that the average age of autism diagnosis is between 3 to 4 years. "Autism can be observed at ages when communication, relating, imagination - the affected areas - become more complex and the deviation from <normal> more obvious. Often, however, parents suspect the presence of autism in their children as early as age 2 or even earlier." [2]

The positive influences of such an early diagnosis and treatment are widely documented in the literature [3];[4];[5];[6]. "Receiving an early diagnosis (between the ages of two and five) can provide opportunities for therapies that could help in developing specific areas in a young child, such as communication, social interaction, and movement skills. Opting for therapy at a young age could reduce the child's frustration and potentially enhance their quality of life." [7]

In the context of this type of evaluation, non-participatory observation ensures obtaining detailed information about the analyzed child, with a minimal intervention in his activity, so that his behavior can really be analyzed and not the interaction with the evaluation tool or the evaluator. In the research, the use of a Systematic Behavior Observation (SBO) grid, applied by 4 therapists,

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<sup>1</sup> "Campaign for early diagnosis of developmental delays" - Project implemented by the Help Autism Association, in partnership with the General Directorate of Social Assistance and Child Protection Sector 3 Bucharest, co-financed by a grant from Switzerland through the Swiss contribution to the European Union.

provided useful information regarding the areas of development analyzed: sensory, motor, language, body use and interaction.

In the absence of a specialized support network, many children with developmental delays do not have access to early diagnosis and appropriate early intervention to help them in their recovery and to match their needs. In Romania, until 2022, there were very few specialized centers where children could have benefited from free psychological assessment activities. They are usually concentrated in big cities, and the population in the countryside and in small towns with less than 20,000 inhabitants (which add up to just over 50% of Romania's population<sup>2</sup> [8]) do not have access to them or do not even know of their existence. In 2022, the Government launched the National Program - "Out of care for children"<sup>3</sup> [9] through which access was offered to 70,000 hours of free psychological counseling and psychotherapy for children identified with psycho-emotional disorders generated by the COVID Pandemic 19.

Where these possibilities do exist, they are very expensive, requiring many resources, both human and material. In nurseries, kindergartens and schools where there is a psychologist, it is very difficult to carry out such an approach, the number of children falling under the care of a psychologist is between 800 and 1500 [10] or even 1 in 3,000 (Prahova, Giurgiu, Neamț counties), and the allotted time is 5 minutes / month / child. In 2023, the number of psychologists in schools was increased by 1,200 new positions, adding to the 2,288 positions of counselors in psycho-pedagogical assistance offices, for a total of 2,751,233 students and preschoolers in public education<sup>4</sup>. Therefore, most developmental delays end up being detected much too late.

The research carried out as part of this pilot project, on the group of investigated subjects, is intended to be the starting point for future such research on a nationally representative sample, with the aim of extrapolating the results and achieving a current, scientifically validated "mapping", which to support and confirm the constant, periodic need for such a diagnosis in nurseries and kindergartens in Romania.

This study is organized as follows: section 2 discusses the conceptual foundations of necessity of early diagnosis of ASD; section 3 discusses materials and methods; section 4 provides the results; section 5 presents a discussion; and section 6 provides the conclusion.

In the conceptual foundations section, we define the ASD and underline the importance of early diagnosis which can provide opportunities for improving their quality of life. In the materials and methods section, we define the way the fieldwork was carried out, including the quantitative & qualitative data collection – research design (conceptual operationalization; the starting point in research; the lot of investigated subjects; the analysis criteria; the characteristics of the personnel in nurseries and kindergartens; characteristics of parents; the family partnership – nursery / kindergarten (public / private). In the results section, we present the analyses of collected data, both in statistical terms but also a content analysis based on excerpts from interviews. In the discussion, we compare relate the data, and in the conclusion, we provide the final considerations of this research.

## 2. Literature Review/Conceptual Foundations

Childhood development is a complex and dynamic process that involves the interplay of various physical, cognitive, social, and emotional factors. Harmonious development refers to the balanced and sequential progression of these domains, ensuring that children reach their full potential. Detecting developmental delays, especially those associated with Autism Spectrum Disorders (ASD), is crucial for early intervention and optimal outcomes. Since the beginning of 90's, in the western societies "has been a tremendous interest in whether children with [...] ASD can be identified at

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<sup>2</sup> According to the data of the National Institute of Statistics of Romania, in 2019 there were 214 cities with less than 20,000 inhabitants (out of a total of 319) and 2862 rural localities, totaling 53.3% of Romania's population (MDLPA, 2021).

<https://www.mdlpa.ro/uploads/articole/attachments/618cf35802670303726314.pdf>

<sup>3</sup> "Din grijă pentru copii" in Romanian, in original.

<sup>4</sup> Ministry of Education / Ministerul Educației (ME). 2023. "Ministerul Educației anunță repartizarea celor 1.200 de posturi de consilieri școlari". ["The Ministry of Education announces the distribution of the 1,200 positions of school counsellors."]

[https://www.edu.ro/comunicat\\_presa\\_08\\_2023\\_repartizare\\_1200\\_posturi\\_consilieri\\_scolari](https://www.edu.ro/comunicat_presa_08_2023_repartizare_1200_posturi_consilieri_scolari)

younger ages [also because] many parents of children with ASD are aware of differences in their child's development long before the children receive appropriate diagnoses" [11]. This is not an easy task [12] because in most cases the early diagnostic is based on parents' awareness of uneven or unusual behavioral development of their child and acceptance of probability that their child behaves „abnormal" [13,14].

Although there is a great consensus among professionals regarding the importance of early diagnosis for a more pronounced recovery [3,11,15,16,17], there are studies that show that in some situations "changes [improvements] were not related to amount or type of intervention but were related to the children's characteristics. Higher functioning children with milder autism were the most improved." [18].

ASD is a neurodevelopmental disorder characterized by persistent deficits in social communication and interaction, as well as restricted and repetitive patterns of behavior; it "is a pervasive neurodevelopmental condition with symptoms that affect the whole personality and everyday behavior patterns and persist throughout life" [19]. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) outlines specific criteria for diagnosing ASD. Recognizing early signs of ASD is crucial for early intervention. These may include a lack of social responsiveness, delayed speech or language development, repetitive behaviors, and intense focus on specific interests [20]. Research indicates that both genetic and environmental factors contribute to the development of ASD. Studies by experts like J. Buxbaum [21] and D. Geschwind [22] explore the complex interplay of genetics, prenatal influences, and environmental factors in ASD etiology. ASD, characterized by social, communication, and behavioral abnormalities, "is estimated to affect about 1 in 36 children in the United States by age 8 according to the CDC" [23] showing an increase from 2011 (1 in 44 kids) and from 2000 (1 in 150 kids) [24]. According with WHO, at a global level, about 1 in 100 children has autism. [25]. The UT Health organization [26] underline that the highest autism rates in the world is recorded by "the United Kingdom with 700.07 per 100k. Not far behind is Sweden, with a rate of 661.85 per 100k, followed by Japan at 604.72 per 100k. The United States of America also ranks highly with an autism rate of 603.38 per 100k". In Romania, the estimated rate is 335.89 per 100k, with Children Autism Rate of 418.17 per 100k (13,036 children) [27].

So, how we can generally define „Harmonious Development in Children"? Different societies and cultures may emphasize certain characteristics, but 4 standard dimensions transcend these differences. Physical development - encompasses gross and fine motor skills, as well as sensory and perceptual abilities. Milestones include crawling, walking, hand-eye coordination, and the refinement of fine motor skills. Scholars like Arnold Gesell [28] and Jean Piaget [29] have contributed foundational theories on physical development, emphasizing the importance of exploration and interaction with the environment. Cognitive development involves the acquisition of knowledge, problem-solving abilities, and intellectual skills. Jean Piaget's stages of cognitive development and Lev Vygotsky's sociocultural theory and theory of Zone of Proximal Development (ZPD) [30] provide frameworks for understanding how children develop thinking processes and learn to interact with their surroundings. Social and emotional development encompasses the ability to form relationships, regulate emotions, and develop empathy. E. Erikson's psychosocial stages [31] and J. Bowlby's attachment theory [32] are foundational in understanding how children develop a sense of self and relate to others. Language development is a crucial aspect of harmonious development, involving the acquisition of communication skills, vocabulary, and grammar. The theories of B.F. Skinner and N. Chomsky have contributed significantly to understanding language acquisition and its role in cognitive development [33].

Detecting developmental delays is a complex task, both for professionals, but mainly for parents, who hardly accept the diagnosis, but especially in most cases, they hardly make the decision to submit the child to a medical / psychological investigation for the diagnosis of ASD. Identifying early warning signs is essential for detecting developmental delays. Regular screenings and assessments conducted by healthcare professionals, educators, and parents play a pivotal role in early detection. Advancements in neuroimaging techniques, such as magnetic resonance imaging (MRI) and electroencephalography (EEG), contribute to understanding brain development and detecting anomalies associated with developmental disorders like ASD. Additionally, biomarkers, such as specific genetic markers, are increasingly becoming part of diagnostic assessments [34]. Parents are crucial observers of their children's development. The use of structured observations and daily diary

entries allows parents to provide valuable insights into their child's behavior, communication, and social interactions, aiding in early detection.

Early intervention is pivotal in supporting children with ASD. Applied Behavior Analysis (ABA), speech therapy, occupational therapy, and social skills training are commonly employed intervention strategies. The efficacy of early intervention in improving outcomes for children with ASD is highlighted in many studies [35,36].

### 3. Materials and Methods

The research had both a quantitative and a qualitative component. The objective of the research was to underline the need for early diagnosis of ASD and early intervention in order to recover these children. The group of investigated subjects was numerous and diverse, in order to collect as diverse and complementary information as possible: a) children with developmental delays; b) children with autism; c) parents of typical children; d) parents of children with developmental delays; e) parents of children with autism; f) specialists working in the area of social services.

The conceptual operationalization covered 4 dimensions: a) delays in development; b) ASD; c) specific social services; d) integrated and inclusive psycho-pedagogical strategies in preschool education.

The analysis criteria were guided by the psycho-pedagogical strategies used in nurseries and kindergartens - the principle of normalization and the principle of integration. We also took into account: a) parents' characteristics (level of information; defense mechanisms used in the process of relating to the project implementation team; projections regarding the child's current and future development); b) organisational and staff characteristics in nurseries and kindergartens ((in)existence of a multidisciplinary work team specialized in the issue of developmental delays; the need to ensure specialized staff for children with developmental delays; initial and ongoing staff training); c) the family-nursery/ kindergarten partnership (the existing differences between state pre-school and private pre-school educational institutions).

The *quantitative component* of the study had as a working tool the SBO grid, which provided useful information regarding the areas of development (sensory, motor, language, body use and interaction) analyzed in the 613 children (360 boys and 253 girls), in 13 nurseries and kindergartens in sector 3 of Bucharest, by 4 therapists from the Help Autism Association. The distribution of children evaluated according to the age variable was as follows: children between 1 and 2 years old – 21%; children between 2 and 3 years old – 44%; children between 4 and 5 years old – 35%. The distribution of developmental delays according to the gender variable was: 24 girls (30%) and 57 boys (70%). Observation was limited to visible behaviors without making value judgments. The observational practice carried out helped the specialists involved in the evaluation to identify the developmental delays and direct the parents, where appropriate, to specialized control. The conclusions reached by the therapists following the observational process were quantified by ticking the grids regarding the presence or absence of the analyzed behaviors. Where appropriate, additional details were also provided for some specific behaviors that did not fit within normal developmental parameters.

The behavioral indicators tracked in the psychological assessment covered 5 developmental areas: sensorial, relational, body use, language and socialization<sup>5</sup>. Other 4 important behavioral variables were tracked that delimited the child's placement within the parameters of a developmental delay: frequency, duration intensity, the context in which the behavior occurs. The observational practice ensured obtaining detailed information about the analyzed child, with minimal intervention in his activity, without making value judgments, helping us to identify developmental delays and to direct parents, where appropriate, to specialized control.

The *qualitative component* of the study concerned the application of 25 semi-structured interviews to the most representative pillars involved in the issue of developmental delays, namely: a) parents of typical children, b) parents of children with developmental delays and c) specialists to whom these parents can call if there is a need for early diagnosis.

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<sup>5</sup> See Appendix 1 – The behavioral indicators tracked in the psychological assessment by developmental areas

The interview applied to the parents<sup>6</sup> was structured on 5 thematic dimensions, the related questions concerning aspects of a) demographic data and the socio-familial context, b) the child's development in normal parameters, diagnosis and intervention c) integration in the nursery/kindergarten and social stigmatization, d) the parent's expectations regarding the child's evolution and, last but not least, about e) the campaign for early diagnosis of developmental delays.

The interviews conducted with specialists<sup>7</sup> sought to capture a series of data about their profession and the challenges they faced, if there are enough specialists that parents can call on, their involvement in the process of educating, growing and developing a child, about the perceived image of social services, the usefulness of critical thinking in their current activity, about stigmatization/marginalization/social exclusion, etc. The interview guide applied to specialists was structured in 3 dimensions, the corresponding answers to their questions providing details on a) the socio-professional context in which the interviewees have carried out their activity up to now and b) the current situation of specific social services and c) the image that they think social services will have in the future.

#### 4. Results & Discussion

The text continues here.

Out of the total of 613 evaluated children<sup>8</sup>, 81 children received recommendations for a deeper specialized investigation, being identified with a delay in one of the monitored development areas, and 532 were evaluated as showing a development within the normal parameters of their age. Out of the total of 81 children who received recommendations to a specialized control, in 36 of the cases meetings were organized with their parents, during which the children were screened and various behaviors identified by Help Autism therapists in the process of behavioral observation. In 4 of these cases, the scores following the application of the SBO grid recorded a risk of ASD, and the parents received a recommendation to consult a specialist doctor. Of the 4 cases identified with autism risk following the application of the screening, 2 parents went to a specialist consultation with the child - who received a diagnosis of ASD, and 2 parents vehemently refused to consult the specialist doctor. Previously, a number of 8 children had already been diagnosed with autism in the nurseries included in the study.

From the total of 613 children evaluated, the highest scores in terms of developmental delays were recorded in the language area, followed by socialization, body use, relational and sensory areas. The descriptive-statistical results were obtained by ticking the grids in terms of the presence or absence of the observed behaviors. Where appropriate, additional details were also provided for some specific behaviors that did not fit within normal developmental parameters.

The data obtained show that the incidence of autism in children aged between the ages of 1 and 3 is as follows: overall incidence of autism: the overall occurrence of autism is 1 child out of 51; incidence of autism in girls: 1 in 84; incidence of autism in boys: 1 in 40.

A. The Parents perspective. The interviews conducted with the parents sought to highlight 5 fundamental dimensions:

##### 1. Demographic data and the socio-familial context

Discussions with parents attempted to "break the ice" with a question that provided some details about the challenge of being a parent of a child with developmental delay:

Q. "Can you tell us about the challenges of being a parent?"

A large part of the parents interviewed (both of children with developmental delays and typical children) emphasized on meeting the basic needs of children, both physical (food, cleanliness) and

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<sup>6</sup> See Appendix 2 – Semi-structured interview guide for parents of children with autism.

<sup>7</sup> See Appendix 3 - Semi-structured interview guide for specialists. They are employees of the General Directorate of Social Assistance and Child Protection, Sector 3, Bucharest, psychologists from the nurseries where the psychological assessment was carried out, psychotherapists who provided free specialist services during the campaign.

<sup>8</sup> In 11 nurseries in Sector 3, Bucharest: Nursery / Creșa Trapezului, Creșa Potcoava, Creșa Titan, Creșa nr. 255, Creșa Cerceluş, Creșa Puşica, Creșa Aurora, Kindergarten / Grădinița Camy, Grădinița Spectrum, Grădinița Mica Prințesa.

psychological - attention, love, patience, emphasizing the fact that they are practically dealing with a kind of all day work.

A. "First, constant care and 100% dedication. Anyway, it should be 100%, but we don't always get it." (C.V., parent of an atypical child)

Parents also talk about the constant worries they have, the huge challenges involved in caring for and educating a child with developmental delays, the important role and support the family can provide, but also the determined desire to overcome, to move on, seeing the beauty of life with the child and the family beyond the huge daily worries.

Things are even more complicated in families with one typical and one developmentally delayed child.

A. "It's a challenge to be able to do more and do it better than before." (O.D., parent of a typical and an atypical child)

There is no doubt that the appearance of a child with a developmental delay in a family can represent, for most families, a major change, sometimes a huge disruption of the status quo. Transition and adaptation are not easy, most of the time they may not even be completely achieved. In this sense, we wanted to find out from the parents of these children...

Q. "How did your life change once the child was born?"

In the case of parents who already had experience with another child (typical or atypical), things obviously went more simply, more normally, but in the case of parents whose first parental experience was with an atypical child, adapting to the situation involved adjustments and great efforts, re-prioritization, but in most situations crowned with success:

A. "I am much more responsible and serious. I mean, I think it's too much sometimes. Maybe I don't realize it, but from the outside I was told that I was exaggerating, to let it go, that nothing happens if it hits a little or things like that, and I admit that, even now, I still have..." (A. C., parent of an atypical child)

A. "Radical... I don't know, it's not that we don't have time for us anymore, we still have time for us, but now, he's in the foreground." (M. S., parent of an atypical child)

Of course, the roles of parents in a family are different and complementary, but the perception of their fulfilment is different, both inside the family and outside it.

Q. "Are there differences between the role of mother and father in a family, or can a father quite well be an 'effective mother' and vice versa?"

Parents emphasized (especially mothers) that there are such differences, related to roles, but especially to the attachment that the child develops in the first year of life, but fathers also play a fundamental role in raising, educating and integrating children. Even if they are sometimes more focused on earning resources for the family (bread-winner), beyond this otherwise important role, they must pay more attention to the child in the moments when they are together with him, in the family and not only, to switch roles with the mother when needed:

A. "If needed, yes, he can very well take the place of mother. [So basically, no differences?] There aren't very big ones. There are also differences, that it is different when there is a mother who gives birth and who breastfeeds the child, as was the case with us, there are also differences, but I believe that a father can always replace a mother when needed." (M. C., parent of an atypical child)

However, one of the interviewed parents emphasized very well the stereotypes still massively present in Romanian society regarding the "traditional" roles of women/mothers and men/fathers:

A. "At the level of society and at the level of individuals – because we live in society, right? - there are influences, that is, it seems to me that education was not so good in the family, there are influences, however my husband and I share our tasks, he takes the child to daycare, I take him, I cook, he washes or vice versa, one walks D., the other disinfects him, things at the family level, but I always received objections from those around me. [In what sense?] The woman must take care of the children and the man must take care of the house. I noticed that in society there are still influences from that old cultural environment, communists, according to which the education of the child belongs to the woman but not to the man, what can I say..." (B.H. parent of an atypical child)

The opinion previously expressed by Mrs. B.H. is reinforced by the opinions expressed by one of the mothers interviewed, who has a typical child. If in families where children with developmental delays are born, fathers constantly take up the mother's responsibilities and participate actively in child care. However in families with typical children, traditional roles tend to be maintained:

A. "In theory, both parents are capable of the same things. It can no longer be said that women can be capable of one thing and men not and vice versa. Theoretically, there should be no differences between the two categories, but in practice they do." (O. D., parent of a typical child)

## 2. Diagnosis and intervention

In the case of typical children, especially the first child, the worries that parents can have about their child's development are very high, before birth but also when it is very small, and the parents are hyper-concerned and often panic about various aspects of their child's development.

In the case of atypical / developmentally delayed children, we tried to capture the worries and reactions that parents had when they noticed (justified or not) any developmental deficit of their child (the vast majority of them on the speaking area).

We formulated and addressed the same question to both categories of parents:

Q. "Each child has his own pace of growth and development. Have you ever worried that something is wrong with your child's development?"

A. "Normally, on the language side a little, but otherwise I had no worries. On the motor side, it is far above the others. But that was at a certain point, gradually we realized that it is normal for each child to have his own pace of development and growth". (A.G., parent of a typical child)

A. "Yes [I was worried] [Why?] He walked very early, but when it came to talking ... very difficult! And that's why we asked ourselves a lot of questions [...] [about] after a year. The family doctor and the paediatrician kept telling me, wait, but we didn't agree." (M. S., parent of an atypical child)

We also wanted to find out how important it is for them, as parents, to get involved in the growth process (and eventual recovery) of their own child, when and how they turned to specialists for routine or specialized check-ups.

A. "It's essential [for parents] to get involved and be there when they need it, when they ask, not for you to impose your help. [...] We were in the premature baby program and then we had to go to the neurologist every 3 months. [...] I went twice and, for the rest, the routine checks." (O. D., mother of a typical child)

A. "It is paramount. In the beginning, we are the only support for them, the ones who raise them, later models in life, landmarks. It's more than important. [...] I went to the routine consultations." (Maria S., parent of a typical child)

Beyond care, medical checks, attention, treatment, what should be the attitude and goal of a parent regarding the "social success" of his child? In a society animated by a revolution of values and false needs, the reflections below could be a benchmark for all parents:

A. "And I'm not trying to force the child to be a certain way, and in my case, the most important thing is that she's happy and able to handle herself in life. I don't know if that's the goal for every parent, but it is for me. I try to put aside my ambitions, so to speak, because everyone maybe wants their child to be good, to be beautiful, to have achievements, but in reality, that's not what makes us even a little bit better, even if we have certain performances, they don't make us happy either. And in the end what is the purpose? Isn't that the purpose of life? Let's be happy?!" (C. V., parent of an atypical child)

However, reaching "social success" is a long road, with many challenges, obstacles, failures and successes alike, the latter being, probably, to a large extent, the result of parents' involvement in the recovery process of their children. All the parents interviewed emphasized that their involvement in recovery must be total, 100%, in most situations the other concerns take a back seat:

Q. "How important do you think it is for parents to be involved in their child's recovery?"

A. "Well, without a parent it cannot develop, I don't know. Otherwise, he would have grown alone, right?! Otherwise... he didn't need parents..." (A. C. the parent of an atypical child)

A. "Well, I think it's very important, because they basically start learning from us, they learn the first things from us and they copy us in many things, then it's clearly very important." (M. C., parent of an atypical child)

Although parents consider the expertise of various specialists (paediatricians, psychologists, neurologists, etc.), most went with their children to a series of routine check-ups, or to a first assessment, following their evolution closely. It seems that more important for their development / integration is rather the attention given by parents, as well as the frequency and quality of interaction with them, as well as with other children of their age.

Q. "Did you go to various specialists who monitored the growth process of the child, or did you just limit yourself to routine checks?"

A. "Routine ones, I mean not until I got here. I was just going to the pediatrician and the family doctor and they were telling me, keep calm, that his time will come." (M. S., parent of an atypical child)

A. "Exactly, apart from routine checkups, I haven't seen any specialists." (M. C., parent of an atypical child)

In order to better observe and analyse the possible differences between the lives of parents with typical children and those with a child with developmental delay, we asked them to describe the schedule of a typical day. For single mothers, obviously the activities take place differently, having to compensate for the absence of a partner or a secondary helper. Sometimes the choices regarding the division of time are difficult to make. Obviously, the day starts with the routine activities, waking up, washing, eating, getting dressed, going to nursery or work, returning, but beyond these activities, the "qualitative details" of these processes make the difference between an integrated and happy child and one that is less integrated and less happy...

A. "Woke up, dressed, got the baby ready, made breakfast, ate, left. After that nursery and service. Then, in the evening we go to the nursery again, pick up the child and go home. At home, in the little time we have, we try to do it in such a way that we manage around the house and also allow a little time for play." (A.G., father of a typical child)

A. "I think that often, because I don't have time, everything is done in a hurry. Yes, but also doing the husband's part, so to speak, that I have no help from anyone, rarely, when R. is still sick, I take sick leave to stay with him. [...] I am alone and I have to do it all. Plus, the job. And that's why I say that I would like to allocate [the time dedicated to the job] to R. and maybe things would be different if I took care of him more and then he wouldn't be so behind with the talking part and not he was rolling around on the floor, maybe I could have spent more time in the morning to be with him instead of rushing to get to work faster, I don't know." (A. C., parent of an atypical child)

### 3. Integration in nursery/ kindergarten and social stigmatization

This dimension tried to capture the possible difficulties that parents and children have faced / may face in the process of integration into groups of relatives (nursery, kindergarten) especially in public education system and to what extent social stigmatization phenomena occur. Thus, parents were asked to what extent they consider that:

Q. "Does placing the child in a form of pre-school education (nursery, kindergarten, together with normal children of your child's age) present more disadvantages or advantages?"

In the case of typical children, the parents unanimously expressed themselves in the direction of the benefits brought by such participation / integration, emphasizing, among other things, the fact that in such an environment children learn new things, develop their intelligence, language, make friends, learn through imitation, they are encouraged to socialize and enter into the collectivity.

A. "It presents only advantages because even if they also learn bad things, because this happens in any kindergarten or nursery school, 99% are only advantages because they copy the behavior of other children and learn, they must be encouraged to enter the collectivity." (C.A., parent of a typical child)

In the case of children with developmental delays (atypical), contact with other children or even other adults, if initially problematic, later led to good integration and the development of "social skills". Including on the side of development and language, these children have progressed significantly, having to face new stimuli, which they integrate into their own lives and learn to "manipulate" them for their own benefit.

A. "[My child] has changed a lot. He was a year and 7 months old when I took him and he has clearly changed. He didn't play with children before, and especially not of his age. He went to the older ones, when he was in the park, for example, he wanted to see what was going on. But it didn't work for the little ones. Instead, after a good period of going to the nursery, he plays with the children, he even wants to play, we see a child in the park, we go there too, I mean, it doesn't matter, let them be children. And clearly, the pre-school environment matters." (A.C., parent of an atypical child)

The parents of atypical children unanimously agree that participation in collectives, such as nursery and kindergarten, were 100% beneficial for their development, even if in some cases there were slight fears of contracting some diseases (as a result of children's participation in large

collectives) to reluctance regarding the success of such an approach (generated by the fact that things did not improve suddenly, but in stages, or even through the change of some educational institutions).

A. "[...] there are many advantages, first of all the socialization with the children, he was very scared, until I brought him to the nursery, he did not communicate, he saw 3 children in one place and did not go there, he ran away or a child would come to him, others more sociable, to speak in their language or take him by the hand or something – no, I. was crying, running away from that child as if you were saying that ... For me it was a very big advantage, to his good, so that he is no longer so distant from the children, that he is no longer scared of the children, of a scream, anything like that... that there one screams, one cries... this helped me a lot, the collective and the schedule, it's bedtime, it's mealtime, to know when to take a biscuit from the plate when told, for me this is education, that's how I perceive the nursery and kindergarten..." (E.B., parent of an atypical child)

Discussions about integrating children with special needs into mainstream public education is an old one and has both supporters and opponents. Beyond the arguments generated by the type of need to be met and satisfied<sup>9</sup>, the participation of these children in mainstream education seems to be rather beneficial for children with developmental delays, even if sometimes the parents of typical children feel that the educator gives more time and interest (or should it be?) in atypical children.

Q. "What do you think about integrating these children into mainstream education, children with autism?"

A. "I have a very good opinion, it is normal for them to be integrated, regardless of the severity of the disease, they are also children, they are people and with the help of the community and people those children can have a future, this is my opinion, but if we all marginalize them, then we're doing nothing." (E.B., parent of an atypical child)

The choice of an institution and related educational services is, in many cases, both the result of constraints and the need to find a balance between these constraints and the achievement of the child's needs. The parents of atypical children emphasized the fact that the location of the nursery/kindergarten near their home or job is an important factor, as it allows them to get to work more easily, bring and pick up the child at kindergarten/home, the time spent in traffic, etc. Parents of typical children had the same set of motivations, to which were added costs as well as quality of services and previously held information about the respective institutions.

Changing a familiar and safe environment, such as the family one, with a new, unfamiliar one, represented by the nursery/kindergarten, can generate difficulties for the child's adaptation, for an indefinite period.

Q. "Did you encounter difficulties in the process of integrating your child into the nursery/kindergarten?"

In the case of the typical children, 3 parents told us that everything went normally, naturally, the children integrating extremely quickly, while for another child things went more difficult.

In the case of the atypical children, 4 parents told us that everything also went normally, even if it was a little more difficult at the beginning, the children integrating quickly, while for another two children ...

A. "For the first two weeks it was terror, so God, I was leaving here crying, he was crying on one side, I was crying on the other." (M. S., parent of an atypical child)

A. "If there was something to change, I would change the child's integration, it seemed to me that from that period at home, to the integration period, the child had not a regression, but he had a panic, it's about adaptation, I thought seemed brutal, for a year and 7 months he stayed only with us, the parents, and it seems very brutal to me to leave him there to scream for an hour just to settle down." (B. H., parent of an atypical child)

Marginalization, stigmatization and social exclusion are endemic phenomena of societies undergoing profound transformation, where multiculturalism, acceptance of difference, "unity in diversity" are rather concepts shared by a minority than realities practiced by the majority. Factors such as competition for limited resources (including symbolic resources), outdated mentalities, lax social control, etc., lead to the manifestation (exacerbated in the case of some social groups) of serious

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<sup>9</sup> In the case of children with severe, associated disabilities, it is very clear that integration into mainstream education is not possible.

forms of stigmatization, marginalization and social exclusion. For children with "problematic" behaviors, different from typical ones, the risk of stigma seems to be higher. We tried to capture the opinion of the parents about this phenomenon, both those of typical and atypical children being unanimously in disagreement with such an attitude.

Q. "Currently, there is more and more talk about an increasingly current phenomenon in our country, social stigmatization. What do you think about this phenomenon?"

Parents of atypical children have slightly nuanced their experience in this regard:

A. "When you're sensitive, it affects you. [...] I think that the stigma starts from the lack of education and that is why those who do this end up stigmatizing them and, as far as I know, it is a frequent phenomenon among children, and it affects them a lot." C. V., the parent of an atypical child)

A. "[This is] how things happen! Initially, when I divorced, I took it as a tragedy, but then analyzing, going to a psychologist, I realized that it happens, yes, such things happen, an illness or autism, it happens. We have nothing to do, we have to move on, integrate, accept." (A. C., parent of an atypical child)

The parents of the typical children were also very radical in this regard, emphasizing however that it is a common feature of Romanian society:

A. "It's a thing that society does. It's a label. Society does. People do it. That's why I said, children who suffer from autism, adults who spend time with these children must be very careful. We're all used to it." (O.D., parent of one typical and one atypical child)

#### 4. Early diagnosis and early intervention campaign

Many parents have defensive or even rejection reactions to such early diagnosis and early intervention campaigns, which they probably consider invasive and with a high risk of disturbing the balance and status-quo of the family. There don't seem to be many parents who go by the idea that it's better to prevent early than to treat harder later.

Q. "Do you think early intervention can influence a child's development?"

To this question, the parents of children with developmental delays argued that such an intervention is vital for the children's recovery as quickly as possible.

A. "It can completely change the course of his life, if he intervenes in time as in any disease. Okay, this is not a disease, it's a direction, a destiny. But what, and in a disease if you intervene in time, it can change your life, it is the same in this case! The awareness of the parent [is important] when he sees that the child is not behaving as he should behave in certain situations. Let's pay attention to it, even if certain things seem trivial to us, for their age they are very important." (C. V., parent of an atypical child)

In agreement with the other parents, those of typical children also reached the same conclusion:

A. "Early intervention can be the key to a normal life, if we know how to act." M. S., parent of a typical child)

A. "Without a doubt. Through therapy, through integration, through socialization, through work as much as possible." (C. A., parent of a typical child)

Intervention is more than possible, especially given the fact that there are specialists and services that can provide diagnosis and support, as most of the parents interviewed believe:

A. "There are enough specialists but not enough parents to be aware of the danger." (O.D., parent of one typical and one atypical child)

A. "Yes, someone who searches finds what he is looking for. They are specialists, anything is possible when there is will and action is taken." (A.G., parent of a typical child)

However, there are also parents of children with developmental delays who believe that there are not enough specialists:

A. "I don't think there are enough." (C. V., parent of an atypical child)

A. "I don't think there are enough, I didn't even look, but as much as I asked, until I found out that you come to the nursery, I didn't find any..." (E. B., parent of an atypical child)

The level of information is crucial in any field, but especially if children - who are dependent on adults, on their parents - face various problems; a caring, informed, attentive parent, alert to any change or irregularity in development and the child's manifestations (especially according to his age) should act immediately.

What are the steps to follow in this regard? Even if parents know to a large extent what they should do, accepting the fact that their own child might have some particular problems,

developmental disorders, which would make him different from typical children, can represent a long and difficult process - the longer, the more jeopardizing the child's chances to integrate holistically into children's groups and later into society. Parents of typical children expressed their opinion in few words, with more detachment compared to other parents, saying that specialists are able to answer.

In the case of atypical children, their parents brought up their own experience and emphasized the importance of interaction with the specialist and with appropriate, specialized support services centered on the child's needs:

A. "We read a lot of stuff on the internet and say, mine doesn't do this, it doesn't do that, that's where I think the whole thing starts. I say the pediatrician has an important role, I would say. So the pediatrician, the family doctor should raise [an alarm signal]. Okay, first I think we should ask ourselves a question mark, then the pediatrician and, if necessary, the specialist." (M. S., parent of an atypical child)

A. "[It needs] A specialist to give him therapy, that he is differently educated and knows how to take it and at the same time teach me how to behave so that my child is well, I do mistakes as a parent, I don't want, but mistakes come without wanting." (E. B., parent of an atypical child)

However, one of the parents noticed the lack of public and not individual information, which should be combated through mass advertising campaigns, for public awareness of the need for early diagnosis.

A. "It seems to me that in our country there is no information campaign, usually the child is stigmatized - the child is naughty, he is inattentive, the child is good to take home ..., because that's what happens, unfortunately ... [...] There are many cities where there is no question even of doctors, it is very difficult for children to get to a campaign, to an evaluation..." (B.H., parent of an atypical child)

#### 5. The parent's expectations regarding the child's development

Projections regarding the future of the family and the child encompass not only our hopes, but also what we have done in the past to support the present and shape the future, but also our expectations regarding the support of third parties (institutions and individuals). In this regard, we asked the parents:

Q. "How do you think things will develop in the near future in terms of your child's development?"

It is interesting that both categories of parents related to the evolution of their children from the perspective of a normal life, posing the question of their evolution at puberty and adolescence, how they will change, how they will cope with the new rhythm imposed by a technological society/lifestyle, and the conflict between generations ...

A. "Yes, it's hard to say because virtualization is very big. The future is somehow very much related to technology. Adults and other parents must be with the children and take a stand. [Are you against technology?] No, I'm not against technology but access should be restricted and explained that instead of playing with a virtual pet you can buy a cat. Nobody died with a kitten in the house. [That's right. Do you have a pet?] Yes, I have 2 hamsters for half a year. Today I said that we are a house of madmen [laughs]. With two mischievous children, two hamsters, a cat and a crazy mother [laughs]. It's a joke, it's clearly not." (O.D., parent of one typical and one atypical child)

A. "The image of the future will depend on what we, today's adults, do for them." (C.A., parent of a typical child)

B. The specialists perspective. The interviews carried out with the specialists sought to capture a series of data about their profession and the challenges they face, if there are enough specialists that parents can call on, their involvement in the recovery process of a child, about the perceived image of social services, the usefulness of critical thinking in their current activity, about stigmatization/marginalization/social exclusion, etc.

From the point of view of their professional career, the six specialists interviewed are graduates of psychology/social work, with master's degrees in the field, having, in general, a rich practical experience. Characterizing their profession, with its pluses and minuses, was a good ice-breaker.

Q. "Every profession has pluses and minuses. What do you think they are in your line of work?"

The positive aspects nominated include the satisfaction of working with beneficiaries and making progress with them, being involved and enjoying working with people, seeing the people

they work with being satisfied. The cons usually relate to the "red tape" / bureaucratic part of the system.

To do your job well, achieving relevant results, it is assumed that you must be a good specialist, dedicated to the profession and the beneficiaries with whom you interact. A (good) specialist is a person who does his job well, efficient, with in-depth knowledge that (s)he applies in the respective field and that (s)he is able to pass on, having the ability to learn continuously, to find suitable solutions, with the will to persevere regardless of obstacles, a person of integrity, capable and loyal, willing to continuously improve and enjoy doing what (s)he does.

Bureaucratic performance evaluation uses fixed, sometimes rigid tools, centered on the idea of efficiency (cost-benefit ratio). However, in working with these children and their parents, we believe that the principle from the Talmud "You saved a life - you saved a whole world" could rather be applied.

A. "The evaluation is done like in the administration, hierarchically. It is an assessment sheet. [...] Sometimes, when the goals of the organization are not shared by everyone, or they are only written formally, but in reality they are not followed, when Social Assistance is written on paper but Social Assistance is not done and you start looking for where does Social Assistance or what type of Social Assistance is done, then it is clear that you have this state of dissatisfaction." (I.G., psychologist)

Designing the intervention plan by the specialist and his team (together with the parents, possibly) is an approach of major importance. How the plan is designed and then implemented can be a significant factor on the success-failure continuum.

"What are the criteria that must be taken into account when creating a specialized intervention plan in the field of social services?"

As another psychologist interviewed points out, in social services:

A. "Defining the problem cannot be done instantly, but is a process in which each problem is considered, both horizontally - in the sense of its ramifications in the present, and vertically - in the sense of past causality. The concept of the problem in the social field changes over time as the work with the assisted person progresses. As the original problem resolves, it may lead to another problem related to the original one. Rarely does the psychologist have only one problem to solve. It usually has to do with a constellation of problems, all related to each other." (A.M.S., psychologist)

The interviewed specialists show that these criteria must take into account a) the technical set up of the intervention plan and its components (according to procedures, legislation, protocols, etc.):

A. "[...] take into account the eligibility criteria in the legislation in force that we apply. [...] You have to make a development sheet for each child, see which side has problems, whether cognitive, verbal or socio-affective behavior, and only then make an intervention plan. [...] You have to take into account first the age and then the level of development that he has and then you set the plan."

... and b) the execution of this plan centered on the needs of the beneficiary:

A. "[...] be centered on the beneficiary's needs; [not to do] differentiation, discrimination, to think and act with impartiality because everyone ultimately has his right; [to have] empathy, understanding towards the person [...] in need, to think freely, without any fear and to find a favorable solution."

Unfortunately, in many situations, the small number of specialists compared to the large number of children/beneficiaries makes the workload huge or even unmanageable - as the interviewees also pointed out. In this sense we wanted to find out if they consider that there are few specialists in the field of social services.

Two of the specialists interviewed agreed that there are fewer and fewer specialists in the field of social services:

A. "That is very true. I have colleagues who have worked for over 20 years, I think they were in the field for a long time, but they left. I still have colleagues I keep in touch with, but the vast majority are leaving. [in our organization] We hire, but the possibility that they will be very good is rarer and rarer."

Three other professionals presented a contrary opinion, but emphasizing aspects related to their differences in training and their "human quality":

A. "Specialists, if you mean those who have a diploma, there are many, but not all of them have the same training, the same education in the field. In the end, it also depends on each person's values, on the education he received from childhood and on his life principles, as a human being."

A. "I don't think there are fewer and fewer, but more recently, at least, I think there are more specialists than there were before. Before there were neither psychologists nor educators, now lately, in the last year or so, things have changed, the hiring criteria have started to be different. That is, if before there were assistants and nurses, now there are also educators and psychologists. I think that helps

This question regarding the existence of specialists in the sphere of social services is closely connected with another question which expressly deals with whether, in their opinion, there are sufficient specialists to whom a parent can turn in case of suspicions that his own child would not develop within normal parameters.

Two specialists considered that there are enough specialists in this specialized field, and another 2 considered the opposite. However, one of the specialists emphasized that "there are shortcomings, obviously, but there are, at the same time, steps that have been taken over the years and there is a difference." The nuanced response of those who believe that there are not enough specialists seemed worthy of mention and analysis:

A. "There are definitely not enough specialists that a parent can turn to, bearing in mind that in recent years in our country, unfortunately, more and more children are born who do not develop within normal parameters. Both parents and therapists complain that there is no national strategy, and diagnosing children is very difficult. Also, there are not enough specialists to help children with different problems integrate, so most remain isolated."

A. "No, in my opinion, there are not enough specialists. There are parents whose children have been diagnosed, for example, with autism, and they still haven't found specialists to help them."

In this context, we wanted to find out what a parent can do, and what are steps to follow in this regard.

A. "A greater expansion of information, in different fields of activity, collaboration with several state institutions, and taking into account that the mass media has the greatest impact on society, should be insisted on through different means (news, advertisings)."

A. "The first is for a parent to accept that the child is diagnosed, this is the most important because here is the most work first and foremost. After getting a diagnosis, I think the second big problem is helping the child because often there is no money and sometimes when there is money there are no specialists, and so on. It's like a chain of problems."

Taking into account the fact that the vast majority of them have been working for a long time / have experience in the field of social services, organized either in the public system or in the private system, we wanted to find out what are the expectations regarding the future development of social services and how they see a possible such a process.

Q. "What should be improved to meet European work standards, in your opinion?"

Those interviewed nominated the following aspects: a) bringing specialists into the system, remunerated in accordance with the activity they perform; b) better information and collaboration between services; c) not to (anymore) work only on the image; to work on the needs of the beneficiary; less bureaucracy and more concrete results, more interventions granted; d) changing / improving legislation in the field; e) better information to the public.

A. "I think there should be more attention per se, not just taking [the children], putting them in, putting them... I think there should be more attention for every child who has problems, not it's enough just to put it in a degree of disability and leave them there, in a statistic and that's it... you have to work with them a lot more to manage to integrate them somehow."

The social services system is not only made up of institutions, procedures, and legislation. Taking into account (also) the principle "man sanctifies the place", a system of quality social services, based on European standards, should also emphasize the quality of specialists, not only on management, and:

A. "[to value] Professionalism. Not only the professionalism of the specialists/workers themselves, but also of the management, top management. [Do you think reform is needed?] Oh, yes! Because I don't know how many understand what social assistance means, what social services mean, how many dilute Social Assistance and how many refer to it as some help that has nothing to do with Social Assistance."

In this sense, the interviewed specialists emphasized the implementation of a new reform in the field of social service provision, with long-term applicability and sustainable results, with concrete

results in terms of the functioning of the system and improving the quality of people's lives, and not just results "on paper", easily obtained from today to tomorrow. A grounded reform needs time and stability and long-term strategic thinking.

A. "Reforms have been made over time. I think it's more about the applicability of the reform."

Q. "How do you see the image/development of social services in the future?"

The opinions expressed reflect the hope for the better rather than the confidence/certainty that in the medium and long term things will go better in this area:

A. "I can only be optimistic because it is my line of work and this is where I spend the vast majority of my time and I do it because I really enjoy it and because I have the satisfaction of the beneficiary, which is extremely important to me."

But for the fulfillment of these hopes:

A. "I think we should rally to some standards, let there be more transparency, that at the end of the day our well-being as a nation matters, if we don't change, we'll stay at this stage of non-evolution."

## 5. Conclusions

According to the parents, the internal factors that leave their mark on the child's development in normal parameters, there are three representative attributes - patience, love and attention. At an external level, the factors with impact in the process of development and growth in normal parameters of the child are: the time spent by parents with the children, the openness of the staff from pre-school institutions to flexibility and adaptation of educational activities to the needs and capacities of the child, the motivation of specialists, the salary level of specialists, the acceptance of vulnerable children in the collective and the opening of the community to inclusive education. Progress in the recovery process of children is often conditioned by the existence of a reasonable ratio between beneficiaries and specialists (and other resources, including other staff), in the case of nurseries and kindergartens, there is currently a visible deficit in this regard. Regarding the perception of the implementation of the pilot project "Campaign for early diagnosis of developmental delays", the parents concluded that the participatory approach, both from the community, the beneficiaries and the specialists, will be the guarantor of a social movement in which early intervention does not it will be a wish, but a reality.

The responses received from specialists invite reflection and action, sounding the alarm on the need to understand the major importance of early diagnosis and early intervention in a child's life. Following the collected data, a comparative perspective of the situation of social services provided by the governmental body (DGASPC Sector 3) and non-governmental (Help Autism Association) was highlighted, with both common elements and differentiating elements between them. Although in the field of child social protection, the reform in Romania was significantly faster than in all other fields of social assistance related to other segments of the population, the employees of DGASPC Sector 3, who followed the invitation to become an active part of this research, considered that, regardless of the developments recorded in terms of the number of units developed and the diversification of the range of specialized services, they continue to be undersized in relation to the current growing needs identified within vulnerable groups in general and those with age between 1 and 3 years especially. If in the case of the specialists within DGASPC Sector 3 the answers were channeled mainly on the cumbersome system and the ever-increasing bureaucracy, among the specialists from the non-governmental framework an image of social services in continuous change, diversification and adaptation to the needs of the beneficiaries took shape. Regarding the common element on the involvement of professionals in the social field, most stated that they like the work they do in this sector of activity, aspects that contribute to the feeling of having obvious professional achievements, of a special intrinsic satisfaction and declaring of favorable results for the beneficiaries of social services, each child recovered for them representing a reward that is difficult to put into words.

The method of capitalizing and disseminating the results obtained aims at the continuation of the pilot project - "Campaign for early diagnosis of developmental delays" in other regions of the country with the aim of extrapolating the results by referring to a representative sample at the national level.

Harmonious development in children is a multifaceted process that encompasses physical, cognitive, social, and emotional domains. Detecting developmental delays, especially in the context of ASD, is crucial for timely intervention and optimal outcomes. Using a combination of early warning signs, structured assessments, and parental observations allows for a comprehensive approach to identifying delays and supporting harmonious development in all children.

## 6. Patents

**Author Contributions:** Conceptualization, A-N.D.; methodology, A-N.D.; validation, A-N.D. and N.S.; formal analysis, A-N.D. and N.S.; investigation, A-N.D.; drafting—preparation of original project, A-N.D., drafting—revision and editing, A-N.D. and N.S.; project management, A-N.D.; fund raising, A-N.D. All authors have read and agreed to the published version of the manuscript.

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**Institutional Review Board Statement:** The study was conducted in accordance with the Declaration of Helsinki, and approved by the Help Autism Association and DGASPC Bucharest.

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** Data are contained within the article.

**Conflicts of Interest:** The authors declare no conflicts of interest.

## Appendix A

Semi-structured interview guide for parents of children with autism  
Socio-demographic data and the socio-family context

1. You are a parent, a demanding role, not easy to fulfill. Tell us, please, what this challenge of being a parent entails?
2. You have a child diagnosed with autism. What can you tell us about your child?
3. Do you consider that there are differences between the status of mother and father in a family or a father can be quite well an "effective mother" and vice versa?

Data about diagnosis and intervention

1. When and how / in what context did you find out that ABCD is sick? Did finding out the diagnosis affect your family life?
2. How did you receive the news?
3. How important do you think it is for parents to get involved in the recovery process of their own child?
4. How did you choose the therapist you work with?
5. What about the intervention plan?

Data on the integration in the nursery/kindergarten and social stigmatization

1. Do you consider that placing the child in a form of pre-school education (nursery, kindergarten, together with normal children of ABCD's age) presents rather disadvantages or advantages?
2. How did you decide on the institution where you enrolled your child?
3. Have you encountered difficulties in the process of integrating the child into the nursery/kindergarten?
4. Nowadays, there is more and more talk about an increasingly current phenomenon in our country, social esteem. What do you think about this concept?

Data on the early diagnosis and early intervention campaign

1. Do you think that early intervention can influence the development of an ASD child? If so, how?
2. When suspicions arise regarding the fact that their own child would not develop within normal parameters, what can a parent do? What was your experience in this regard? Are there enough specialists that a parent can turn to in such a case?
3. What are the steps to follow in this regard?

Data on the parent's expectations regarding the child's development

1. How do you think things will evolve regarding the future of ...?
2. How do you see society's / community's concern for children with autism in Romania?
3. What message would you like to convey to the team that made possible the implementation of the "Campaign for Early Diagnosis of Developmental Delays"?

## Appendix B

Semi-structured interview guide for specialists / professionals  
Demographic data and the socio-professional context

1. You are ..... within ..... . What can you tell us about your career path?
2. Every profession has pluses and minuses. What do you think they are in your line of work?
3. What is a specialist in your opinion?
4. How is the performance of a position like the one you hold evaluated?
5. What does a day in your professional life look like?

Data about the image of social services

1. What are the criteria that must be taken into account when creating a specialized intervention plan in the field of social services?
2. To what extent do you think that specialists should be involved in the process of education, growth and development of a child, regardless of the type of specialist we are referring to?
3. There is currently an idea that there are fewer and fewer specialists in the field of social services. How do you relate, attitudinally, to this reality?
4. How do you see critical thinking in the work you do?
5. Nowadays, there is more and more talk about an increasingly current phenomenon in our country, stigmatization/marginalization/social exclusion. What do you think about this phenomenon?
6. Are there enough specialists that a parent can turn to if they suspect that their child is not developing within normal parameters?
7. What are the steps to follow in this regard?

Data on social service expectations

1. What should be improved to meet European work standards, in your opinion?
2. What do you think are the factors that influence the quality of a system, that of social services?
3. Is such a reform needed?
4. How long do you think it takes to implement a reform in an area like social services? What resources should be involved?
5. How do you see the image of social services in the future?
6. What message would you like to convey to the team that made it possible to implement the "Campaign for Early Diagnosis of Developmental Delays"?

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