

COMMUNICATION CHALLENGES AND SERVICE ACCESS FOR PARENTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES: A COMPARATIVE QUALITATIVE STUDY IN BOSNIA AND HERZEGOVINA AND AUSTRIA

Abstract

Introduction: Communication between parents and professionals is critical both for getting access to services for children with developmental disabilities and for navigating those services. However, some families face fragmented information, inconsistent professional support, and systemic barriers that complicate care coordination. To this end, this study examines the communication barriers encountered by parents in Bosnia and Herzegovina and Austria, taking into account the different welfare contexts and the services available in each country.

Methods: A qualitative approach was used. Semi-structured interviews were held with 11 parents of children with developmental disabilities (6 from Bosnia and Herzegovina and 5 from Austria), recruited by two associations. Purposive sampling was utilized to guarantee direct experience of social, educational, and health services among participants. Analysis of data was organized thematically, in line with Braun and Clarke (2006), to assess communication-related barriers and contextually based determinants of service access.

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Results: Four overarching categories were identified: (1) limited access to reliable information and emotionally overwhelming experiences of diagnosis; (2) mixed relationships with practitioners, with notable issues related to staff turnover, inconsistent advisory support, and overburdened services; (3) broader systemic and contextual factors including institutional fragmentation and inadequate educational support, plus stigma and competing work responsibilities that contribute to barriers to communication; and (4) variability in the quality and accessibility of service provision; comparison of Austrian parents and Bosnian and Herzegovinian parents in terms of systems and structure. NGO groups were appreciated in both settings (but constrained by capacity).

Discussion and Conclusion: The results suggest that communication challenges are inherently shaped by emotional, systemic, and contextual factors. Although there are barriers shared by both countries, distinctions in welfare infrastructures provide different service experiences. The importance of strengthening coordination across sectors, information systems, and empathic professional communication to support families cannot be understated. The study highlights the importance of culturally responsive, family-centered, and structurally supported service models.

Keywords: developmental disabilities, parent-professional communication, family support, service accessibility, social welfare systems.

Introduction

Communication is key to support for families of children with developmental disabilities. Communication breakdowns between parents and professionals can result in misunderstandings about the child's needs, delays in receiving services, decreased reliance on institutions, and a strain on families. In the absence of comprehensive, clear, or accessible information, parents are obliged to navigate a maze of confusing systems with little explanation, greater anxiety, and decreased ability to make informed decisions. Studies repeatedly indicate that good quality, empathetic, and timely communication is associated directly with better outcomes for children and families, better partnership with service providers, and stronger trust in the support system. Focusing on communication problems is therefore essential, as communication represents the gateway into all other services: diagnostic, therapeutic, educational, and social to name a few. Without breaking down communication barriers, even the strongest systems of support cannot function effectively. Learning about the nature of such barriers allows designing interventions for improving information flow, fostering professional skills, and enabling parents to be more active in decisions about their child.

Support for Families of Children with Developmental Disabilities in Europe and Southeastern Europe

Across Europe and Southeastern Europe, families of children with developmental disabilities experience significant barriers to accessing support, with evidence for the benefits of family-centered, peer and early intervention approaches. But access disparities, unmet needs, and contextual barriers prevail. Some types of support for family members with children who exhibit developmental disabilities have different levels of success with similar advantages, but also with significant restrictions. Family-centered interventions are especially useful, given that they improve parental well-being, promote child development, and increase family resilience as a whole. In rural areas with access to services that is scarce, home-based models have been effective. These actions, however, are largely unacknowledged and only achieve a marginal influence on general social participation (McConkey et al., 2021; 2023). Early intervention is recognized as one of the strongest supports across the literature and one of the most important that has significantly affected child and family outcomes, reduced parental stress and improved parenting. However, few of these services are fully accessible with numerous socio-economic factors and a considerable lack of unmet need in some areas limiting access to such services (Sapiets et al., 2022; 2023; Laxton et al., 2024; Kopunović-Torma et al., 2023). Peer and parent or parent-to-parent support is vital as it will also improve emotional well-being, reduce isolation, and improve the overall quality of life of a family. Despite these improvements, the impact of these initiatives is widely variable and relies significantly on the training and supervision of service providers (Postma et al., 2024; Sartore et al., 2021). Telehealth, as well as other remote support, has been touted as a viable option for remote support, particularly where professional services are not readily accessible. They bring added flexibility and accessibility to families, but the evidence base is still rather poor, and telehealth interventions have not been widely implemented throughout Europe (Kingsdorf & Pančocha, 2021). Psychological and pedagogical support is another key element of family rehabilitation, which assists parents in building adaptive strategies to cope with their problems and overcome any challenges. However, these services are not uniformly implemented throughout the regions, with inconsistency in access and availability (Chuesheva et al., 2020). Families of children with developmental disabilities continue to encounter considerable barriers when trying to access adequate support, especially in regions with limited infrastructure. Service availability remains a major concern, as many families report difficulty in finding services they need, long wait times and insufficient material resources nearby. This problem is especially acute in Southeastern Europe and low-income areas (Međaković et al., 2024; Laxton et al., 2024; Sapiets et al., 2022). These shortages are compounded by economic division or the socio-economic difference in neighborhoods. Economic deprivation, impoverished housing and poor educational services all reduce access to support, intensify problems with unmet needs and

deepen existing inequalities (Laxton et al., 2024; Sapiets et al., 2023). At the systemic level, fragmented service provision, lack of intersectoral coordination and insufficient professional training significantly undermine the efficacy of existing support structures (Međaković et al., 2024; Szlamka et al., 2022; Kopunović-Torma et al., 2023). Cultural, and contextual factors also contribute significantly, given that interventions need to be localized to match local contexts, family configurations, and community norms to be truly effective and sustainable (Szlamka et al., 2022; Međaković et al., 2024).

Communication Theories in Social Work with Families and Children with Developmental Disabilities: Empathic and Transactional Approaches

Communicating effectively is key to social work with families and children with developmental disabilities as it drives relationship-building, enhances intervention effectiveness, and enables families to successfully navigate a complex support system. Empathic communication involving active listening, acknowledging emotions, and responding with understanding is crucial for building trust and addressing the emotional and practical aspects of family life (Tustonja et al., 2024; Copson et al., 2022; Winter et al., 2017). The social worker's "use of self" that encompasses information about personal emotions, values, and biases (Winter et al., 2017) solidifies empathic engagement and responsiveness to individual families' unique context. Transactional and ecological models contextualize communication with relational and contextual systems, complementing more empathic approaches. Transactional models like the SCERTS Model (Social Communication, Emotional Regulation, Transactional Support) highlight the interactions between children and families that are transactional and reciprocal, with a focus on the adaptation of communication strategies and approaches to individuals (Prizant et al., 2003; Yi et al., 2022). Ecological viewpoints also emphasize the role of the child, family context, social worker, cultural and institutional context in the creation of communication (Winter et al., 2017). A family-centered and capacity building paradigm operationalizes these values through empowering parents on how to support their child's communication skills through parent facilitated interventions and shared project goal setting (Pacia et al., 2021; Woods & Brown, 2011; McConkey et al., 2023). At the population level, interventions frequently interlace empathic, transactional, and ecological content, applying naturalistic and family-based approaches to improving communication, emotional health, and parental skills (Pacia et al., 2021; Delehanty et al., 2024; Woods & Brown, 2011). When adapting communication methods to cultural, social, and contextual realities, it has been highlighted that engagement becomes deeper, especially when embedded into marginalized or diverse communities (Suarez-Balcazar et al., 2025; West et al., 2020). While digital tools have been integrated more fully into social work practice in recent years, particularly for service delivery models, in-person interactions are

critical to maintaining deep empathic connection and trust-building with families (Copson et al., 2022).

Table 1. Communication Models and Approaches in Practice

Model/Theory	Core Features	Application in Social Work
Empathic Communication	Active listening, validation, emotional connection	Relationship-building, trust, support
Transactional / SCERTS Model	Dynamic, reciprocal, context-sensitive	Family-centered, individualized planning
Ecological / Contextual Model	Focus on context, multiple influences	Flexible, adaptive communication

Literature Review

Studies on families of children with developmental disabilities consistently show that these families experience extensive, multi-dimensional challenges. According to these studies, unmet needs are primarily the result of the scarcity of services, socioeconomic disadvantage, and fragmented systems of care (Sapiets et al., 2022; Laxton et al., 2024; Međaković et al., 2024). Extended waitlists, economic barriers, and a lack of clear or accessible information are often barriers to access to critical services, with families living in socioeconomically deprived or rural communities facing the toughest challenges (Sapiets et al., 2023; Boulton et al., 2023). These inequalities play a significant role in the chronic emotional and social burden experienced by parents - especially mothers - including stress, isolation and declining physical and mental health when support networks are weak or lacking (McConkey et al., 2023; Hosseini et al., 2025; Nwafor et al., 2022). Providing daily therapeutic or educational assistance, care coordination, or advocacy for caregivers often entails emotional responsibilities of their own, which together form a complex and taxing burden. There is a high threshold for stress associated with such multi-role caregiving (Postma et al., 2024; Choi, 2025; Magidigidi-Mathiso et al., 2025). Such multi-role caregiving poses difficulties navigating the institutional system and developmental transitions. The challenges of family support are further influenced by cultural and contextual factors, including family values, local norms and regional resources and the effectiveness of local policies (Fang et al., 2024; Szlamka et al., 2022). Research from Southeast Europe, including Bosnia and Herzegovina, also indicates that additional hardships may stem from low institutional capacity, insufficient professional training, and weaker intersectoral coordination compared with more developed welfare states such as Austria (Međaković et al., 2024; Kopunović-Torma et al., 2023). The role of communication between professionals and families in helping is also highlighted as critical in supporting the successful delivery of family help. Empathic communication, based on active listening, affective connection, and validation, is recognized as a fundamental aspect of relationship-based practice and a powerful predictor of parent trust regarding services (Copson et al., 2022; Winter et al., 2017). Social workers' "use of self"-self-awareness of emotions and biases among others - provides enhanced sensitivity and responsiveness in interacting with families' needs. Supportive to empathic

positions, transactional models such as the SCERTS model point out that communication is a dynamic process and that it is reciprocal and depends on one's role and work between the child, family and professionals (Prizant et al., 2003; Yi et al., 2022). Ecological and theoretical models place our communication in larger systemic and cultural context and that effective communication occurs through consideration of contextual factors and family situation (Winter et al., 2017; Suarez-Balcazar et al., 2025). Empirical work has demonstrated that effective interventions frequently include empathic, transactional, and ecological communication strategies using a combination of naturalistic and family-mediated approaches that improve emotional health, parent competence and social communication results (Woods & Brown, 2011; Delehanty et al., 2024). Telehealth and hybrid modes of communication are increasingly being used, primarily in settings where professional resources are scarce, although face-to-face interaction is still essential to maintain and strengthen empathic connection (Kingsdorf & Pančocha, 2021; Copson et al., 2022). Research findings on support policies indicate that family-focused support services are effective when delivered as a part of a cohesive system and contextually adapted. More coordinated care across health, education and social sectors is associated with better outcomes for both children and caregivers. Financial and practical support schemes help alleviate some of the burdens associated with social service access, however there are still gaps, especially among families without formal supports and caring for older children (McConkey et al., 2023; Sanderson et al., 2025). Parent-to-parent and community-based programs alleviate social isolation and facilitate family happiness but rely on adequate training, matching, and supervision (Postma et al., 2024). The literature also highlights that culturally relevant policies, developed in conjunction with families and tailored to local socioeconomic conditions and cultures, are far more effective, and lasting (Fang et al., 2024; Sapiets et al., 2023). Overall, the past research presents a similar tendency, with families of children with developmental disabilities relying on family-centered, integrated, and communication-informed support, and with current systems that are often unable to address such needs. Comparing it with these other countries such as Bosnia and Herzegovina and Austria, serve to emphasize that institutional, policy, and resource environment are the primary factors of family experience. All of this variation is critical to understanding when it comes to designing equitable, responsive, and family-based interventions and policies.

Methodology

The aim of this research was to explore and compare the communication challenges experienced by parents of children with developmental disabilities and to examine possible differences in service provision standards between Bosnia and Herzegovina and Austria. The research problem is defined by the persistent difficulties parents encounter in communicating with professionals and accessing services, which may affect the quality of support provided to children with developmental disabilities. These communication challenges may stem from

systemic barriers, limited professional understanding, or contextual differences between countries.

To address the research problem, the following research questions were formulated, closely aligned with the aim of the study:

1. What communication challenges do parents of children with developmental disabilities experience in their interactions with professionals and service providers?
2. How do parents describe their interactions with social workers and other professionals involved in supporting their children?
3. What factors do parents perceive as contributing to communication difficulties?
4. How do parents perceive the adequacy and accessibility of services for children with developmental disabilities in their country?

The study used a qualitative methodology. Participants were parents of children with developmental disabilities from Bosnia and Herzegovina and Austria. In Bosnia and Herzegovina, participants came through the Association for Children with Special Needs “Put u život”, from Orašje, and in Austria, through the Association “Övse” from Vienna. The reason for selecting these two associations from different countries was to enable a comparison between one EU and one non-EU context, given the differences in the development of support practices for families and children with developmental disabilities. In total, 11 parents participated in the study - 6 from Bosnia and Herzegovina and 5 from Austria. Purposive sampling was applied to choose participants based on willingness to participate, and experiences with social services. Participants needed to be parents of children diagnosed with developmental disabilities, and actively involved in the care and support of their child. The average age of participants was 44 years (range 36–57). Nine were mothers, two fathers, ten married and one divorced. In addition, all the participants had secondary education, four obtained a higher vocational qualification, and one university degree. The children were aged between 7 and 24 years, with an average age of 15. Down Syndrome, mild to moderate intellectual disabilities, pervasive developmental disorder, and visual impairment were the diagnoses reported. Data were collected through semi-structured interviews, which are appropriate methods that make the balance between directing the conversation and exploring unexpected insights into account (Ayers, 2008). Interviews included questions that were designed to explore the daily struggles of parents, professional relations, and experiences of discrimination, rights awareness and how non-governmental organizations help families. Thematic analysis was used to search for patterns and themes of data (Braun and Clarke, 2006). This method permits open coding, interpretation and reporting, identifying patterns in participants’ experiences and structuring challenges in communication and service provision. Conformance with ethical standards of all research on humans, this study was performed. Participation was voluntary and all participants were given the opportunity to give informed

consent. All research data were treated at a time consistent with confidentiality and anonymity.

Results

The results of the study provide the attitudes, perspectives, and issues faced by parents of children with developmental disabilities in communication with public institutions as well as non-governmental sectors.

Theme 1: Communication Challenges with Professionals

Subtheme 1.1: Limited Access to Information

Parents from both countries consistently reported difficulties obtaining clear, timely, and accurate information about rights, available services, and support pathways. This lack of information was often described as the first and most significant barrier:

- “We, as parents, most often gathered information through the internet and professional literature we bought in bookstores.” (6)
- “I mostly received information about rights and benefits from other affected parents.” (8)

Parents in Bosnia and Herzegovina particularly emphasized the absence of centralized information sources, while Austrian parents noted that although information existed, it was still “fragmented” or “not communicated at the right time.”

Subtheme 1.2: Emotional Barriers During Initial Contact

Parents described the period immediately after receiving their child’s diagnosis as emotionally overwhelming, which further complicated communication with professionals:

- “At the beginning, we all felt bad... we didn’t know how to cope with the situation.” (4)
- “It was a very unsettling and difficult time.” (8)

These emotional reactions often limited parents’ ability to absorb information, ask questions, or advocate for their child.

Subtheme 1.3: First Contact Point and Initial Professional Communication

Most parents first turned to their family doctor or pediatrician. Experiences varied significantly:

- “We turned to our doctor, who referred us further.” (6)
- “After the doctor insisted on vaccination, our problems started... I began to doubt the expertise of our doctors.” (2)

Parents in Austria more frequently described coordinated medical guidance, while those in Bosnia and Herzegovina highlighted inconsistency and lack of professional preparedness.

Theme 2: Interactions with Social Workers and Other Professionals

Subtheme 2.1: Advisory Work and Emotional Support

Many parents reported benefiting from advisory work, although they believed it was not offered consistently:

- “My child received therapy, and I received counseling... it was helpful for a start.” (4)
- “Counseling helped us, but much more advisory work should be included.” (1)

Austrian parents generally described advisory services as more structured, whereas Bosnian and Herzegovinian parents often encountered delays, inconsistencies, or limited availability of professional support.

Subtheme 2.2: Lack of Continuity and Staff Turnover

A recurring challenge was frequent changes of responsible social workers, forcing parents to repeatedly retell their child’s history:

- “I often encountered new social workers... I had to explain everything from the beginning.” (9)
- “Just when we established good communication, they were replaced.” (7)

This instability hindered parents’ trust, communication, and timely access to services.

Subtheme 2.3: Overburdened and Understaffed Centers

Parents reported that social service centers were under-resourced, with too few professionals and significant workloads:

- “Only one social worker worked in the area of disability... each worker handled two or more areas.” (1)
- “We wasted a lot of time waiting... many were often out in the field.” (5)

These structural issues directly affected the quality and speed of communication.

Subtheme 2.4: Positive Professional Communication

Despite challenges, parents also shared positive experiences with social workers who offered a professional, respectful, and cooperative approach:

- “I have always had good experiences... they were a great help at a personal level.” (4)
- “Communication went very smoothly.” (9)

These examples demonstrate that professional attitude and interpersonal communication can significantly improve parents' experiences.

Theme 3: Factors Contributing to Communication Difficulties

Subtheme 3.1: Systemic and Institutional Limitations

Parents described broad systemic problems affecting communication and navigation of services:

- Lack of financial support or caregiver status (5)
- Falling out of the system once the child becomes an adult (7)

These obstacles often generated frustration and mistrust toward institutions.

Subtheme 3.2: Inadequate Educational Support

Schools were frequently cited as institutions lacking necessary resources, staff, and inclusive practices:

- “Our schools are not well-equipped for children with disabilities.” (3)
- “Lack of interest and cooperation.” (1)

Parents in Austria reported somewhat better conditions, but still pointed to gaps.

Subtheme 3.3: Social Stigma and Discrimination

Social stigma emerged as a major factor influencing communication with professionals and the environment:

- “We experienced labeling and discrimination.” (4)
- “Yes, my child experienced discrimination from peers.” (8)

Parents in smaller communities (especially in BiH) emphasized the pressure to “hide the problem,” which indirectly shaped their interactions with professionals.

Subtheme 3.4: Employment and Time Constraints

Parents often struggled to balance work responsibilities with service appointments:

- “I often had to take time off work, but colleagues understood.” (6)

Time pressure and lack of flexibility further complicated communication with service providers.

Theme 4: Adequacy and Accessibility of Services

Subtheme 4.1: Availability and Timeliness of Services

Parents expressed varying degrees of satisfaction with service availability:

- “I am really satisfied with everything provided.” (2)
- “We did not receive the financial help we needed.” (5)

Bosnian and Herzegovinian parents emphasized limited access and slow procedures, while Austrian parents described a more functional, although still imperfect, service network.

Subtheme 4.2: Role of Non-Governmental Organizations (NGOs)

NGOs were described as essential sources of support, therapy, and social interaction:

- “The association has helped us a lot in our struggle.” (1)
- “My child loves going to the association; they spend time happily.” (6)

Parents appreciated NGOs' stability, individualized approach, and family-oriented support.

Subtheme 4.3: Need for Expansion of Services and Staff

Parents from both countries noted the need for more NGOs, expanded services, and increased professional staffing:

- “Two staff members are not sufficient... it would be much easier if there were more.” (4)
- “There should be a center with branches for each specific disability.” (9)

Austrian parents highlighted good practice but still emphasized capacity issues, while Bosnian and Herzegovinian parents voiced a stronger need for systemic development and government support.

Discussion

The aim of this study was to investigate the communication barriers faced by parents of children with developmental disabilities in Bosnia and Herzegovina and Austria and to evaluate their impact on service practices and the broader systems of service delivery, and related professional practices. Using thematic analysis, four overarching themes emerged: communication barriers with professionals, parents' experiences with social workers and service providers, factors contributing to communication difficulties, and perceived adequacy and accessibility of services. Overall, the results of this study align with previous research showing that families

of children with developmental disabilities face a complex array of impacts influenced by systemic, emotional, social, and contextual issues (Sapiets et al., 2022; Laxton et al., 2024; Međaković et al., 2024). Parents from both countries described many problems in accessing clear and reliable information about rights, services, and supports. This supports the finding by previous researchers that families' unmet informational needs may remain the most critical barriers - frequently linked to fragmented service delivery arrangements combined with uneven professionals' messaging (Sapiets et al., 2023; Boulton et al., 2023). Parents from Bosnia and Herzegovina especially highlighted the lack of integrated information and systemic direction points, which are symptomatic of broader regional issues in Southeastern Europe where institutional capacity, inter-sectoral coordination, and professional education levels are relatively inferior (Međaković et al., 2024; Kopunović-Torma et al., 2023). Austrian parents noted that access to information was somewhat more structured, but that it remained fragmented, and this has also been used to support comparative research: even in well-funded welfare states, families typically negotiate systems with little support (Laxton et al., 2024). These results also underscore the relevance of ecological and contextual models of communication, which contend that communication is shaped not only by interpersonal communication but also by broader systemic, institutional, and cultural systems (Winter et al., 2017; Suarez-Balcazar et al., 2025). Where institutional processes lack coordination, a consistent level of understanding and intuitive design, the burden of communication falls more heavily on family members. Parents' descriptions of emotional shock, confusion, and distress at the time of diagnosis align with substantial research indicating that the initial adjustment period is one of the most psychologically demanding phases of caregiving (McConkey et al., 2023; Hosseini et al., 2025). Stress, particularly among mothers, is commonly associated with a mix of emotional stressors, caregiving obligations, and systemic barriers (Nwafor et al., 2022). The psychological challenges they place on families also muddy the communication waters, as it can be difficult for parents to process information, ask relevant questions or to advocate for their children early on. This finding supports the role of empathic communication and relationship-based working and highlights emotional connection, validation and active listening as being central to good professional support (Copson et al., 2022; Winter et al., 2017). The focus on emotional experience in the communication process is also consistent with transactional frameworks, such as those of SCERTS, where communication is viewed as a two-way street and the interactions between child, family, and professionals (Prizant et al., 2003; Yi et al., 2022). Parents' testimonies brought out a two-sided truth: while many reported receiving supportive and respectful engagement on a day-to-day basis, systemic factors including turnover of personnel, the lack of resources and bureaucratic complexity undermined the quality of communication. In Bosnia and Herzegovina, the lack of continuity in social work was particularly acute. Frequent personnel changes of responsible social workers made it necessary for parents to repeat their own story after time. This aligns with

studies which show how inconsistent staffing levels and too many cases impede both trust building and communication in family-centered practice (Szlamka et al., 2022; Postma et al., 2024). Overburdened or understaffed centers also delayed the acquisition of rights and service. These results are in line with recent studies suggesting the role of structural restrictions in service systems contributing to family stress and limiting professional communication (Sapiets et al., 2022; Sanderson et al., 2025). Nevertheless, despite these obstacles, parents reported instances of high-quality professional and empathetic communication. Such findings are consistent with research that the quality of interpersonal communication is the best predictor of parent satisfaction, independently of structural challenges to parent relationships (Copson et al., 2022; Delehanty et al., 2024). The study identified a primary theme that addresses systemic challenges. Parents described the fragmented institutions, lack of educational resources, stigmatization, and the limited availability of services in adulthood. These insights resonantly align with established literature reporting that families' practices are influenced, not just by professional practice, but also by social norms, community attitudes, and structural inequalities (Fang et al., 2024; McConkey et al., 2023). In Bosnia and Herzegovina, stigma and labeling were particularly prominent in communities where previous research had shown that cultural and local norms strongly shaped family experiences (Szlamka et al., 2022). Moreover, parents' experience with job and caregiver challenges is consistent with international research pointing to the dual responsibilities imposed by caregivers (care coordination, advocacy, and therapy) which raise stress and further hinder engagement with service systems (Choi, 2025; Magidigidi-Mathiso et al., 2025). Together, these results underline that communication difficulties are not simply individual problems but are entangled in larger, systemic, culture and community-related and economic contexts. Austrian parents generally described a more accessible service, the more expedited process, and better coordinated support infrastructure. These contrasts mirror the variation in institutional capacities between the two countries and are supported by the evidence that higher-resource welfare systems have more integrated and responsive services (Laxton et al., 2024; Sanderson et al., 2025). Parents in Bosnia and Herzegovina reported slower treatment, fewer funds, and staff shortages, all of which correlate with studies identifying critical deficits in social, educational, and health services in Southeastern Europe (Međaković et al., 2024; Kopunović-Torma et al., 2023). Both groups of parents stressed the critical role of NGOs, as per literature noting the community-based and parent-to-parent programs help to decrease social withdrawal and promote family resiliency (Postma et al., 2024). Yet, NGOs, while valuable, also face challenges in both countries (poor, understaffed, underfunded, and geographically limited). These limitations are consistent with global evidence that, while national and international NGOs can fill important service gaps, their effectiveness, reach, and capacity largely depend on community resources and government investment (Sapiets et al., 2023; Fang et al., 2024). The results of this research suggest that:

- Service models that are integrated, family-centered and in line with evidence demonstrating how integrated intersectoral systems promote positive outcomes for children and caregivers (Sanderson et al., 2025).
- Improved skills for empathy and transactional communication, in line with relationship-based models, and ecological models (Winter et al., 2017; Yi et al., 2022).
- Support for NGOs and community program work which have been successful in addressing the challenges of isolation and delivering contextualized, accessible assistance (Postma et al., 2024).
- Culturally responsive interventions specific to local context, mirroring findings that family interventions to a greater extent increase the engagement and sustainment of the intervention (Fang et al., 2024).
- Enhanced informatics, centralized information, standardized guidance, and early intervention.

Together, these findings suggest that while parents in both countries experience shared communication barriers, differences in the capacity of institutions and the nature of welfare arrangements present quite different experiences. In Bosnia and Herzegovina, larger resource limitations give rise to greater systemic barriers that are more specific, while Austria has more cohesive but still imperfect systems. These distinctions highlight the central finding from the existing research, that delivering effective support for families' needs requires empathic professional communication, as well as structural, policy, and community-level changes. The critical component of understanding these cross-country differences is ensuring that interventions reflect the real-world conditions and contextual realities of children with developmental disabilities as it can lead to more equitable, responsive and context-relevant interventions.

Research Limitations

A few limitations should be considered when interpreting the results of this study. First, the methodology was based on a small purposive sample (11 parents), limiting the generalizability of the results. While qualitative research is not designed for statistical representativeness, the small sample size, particularly in each country, indicates that the experiences described here might not fully capture those of families of children with developmental disabilities in Bosnia and Herzegovina or Austria. Second, the research relied on self-reported data from semi-structured interviews, which may be affected by recall bias, emotional responses, and participants' subjective impressions of their interactions with professionals and service systems. Social desirability bias may also have contributed to some responses, especially regarding coordination with social workers or NGOs. Third, parents were recruited through two specific associations ("Put u život" in Bosnia and Herzegovina and "Övse" in Austria) which may have led to a sample that is more engaged, better informed, or better connected to networks of support compared to families without associations. This might limit the generalizability of the findings to

parents with lower levels of support or less frequent contact with services. Fourth, despite their intended comparisons of experiences between the two countries, sample sizes were not equal and there are significant contextual distinctions between Bosnia and Herzegovina and Austria. Variations in welfare schemes, care models and expectations among citizens, may consequently, be a contributory factor in the findings in ways which cannot be disentangled entirely from sample characteristics. Fifth, professionals (e.g., teachers, social workers, health workers) were not part of the study. Their perspectives may have added depth to the nuance in the communication concerns expressed by parents and could also illuminate systemic or organizational constraints that may affect communication. Sixth, the interviews were undertaken across two different national and linguistic contexts and may have created interpretive or translational biases in processing. Whilst care was taken to maintain meaning, there may have been some subtleties left out during transcription or translation. Lastly, the qualitative nature of the research indicates that findings provide in-depth insights rather than causal explanations. Thematic analysis enables us to examine patterns and experience in detail, but it does not allow us to determine the extent to which specific systemic or interpersonal factors influence communication difficulties.

Conclusion

This study investigated the communication difficulties encountered by parents of children with developmental disabilities in Bosnia and Herzegovina and Austria, focusing on how these problems affect access to services, working relationships with professionals, and overall family well-being. Analysis using qualitative methods and thematic analysis revealed four themes: limited access to information, emotionally demanding early experiences, variability in interactions with social workers and other professionals, and systemic and contextual influences on service adequacy. In both countries, communication with professionals was presented as an essential condition in dealing with the complexities involved in the provision of services for children with disabilities. But they also pointed to large barriers, fragmented information, variable professional assistance, administrative delays, caregivers with high volumes of work, and social stigma. These results add to an existing body of international research indicating that households of children with developmental disabilities experience structural, emotional, and cultural determinants of health-related challenges. Although Austrian parents generally reported faster processes, better coordination, and greater availability of services, parents in Bosnia and Herzegovina described systemic barriers, lack of staff, and limited institutional support. These cross-country variations highlight the influence of larger welfare systems, resource availability, and policy designs on families' lives. In parallel, NGOs have developed as crucial support systems in both settings providing the emotional, social, and practical help that often fills gaps in formal services. This suggests that integrated, family-focused, and communicative systems

in service delivery are essential. Policies and interventions need to address not only the expansion of services but also the enhancement of professional communication, intersectoral coordination, and cultural responsiveness. Providing care to families of children with developmental disabilities involves both interpersonal and structural aspects of care. The results add to existing knowledge on families' encounters with disability provision in distinct sociocultural backgrounds and support efforts to develop inclusive, accessible, and context-based models of support. Understanding communication and family life can enable policymakers and providers to better accommodate children with developmental disabilities and their families, since it becomes apparent from the perspective of the wider cultural system.

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KOMUNIKACIJSKI IZAZOVI I PRISTUP USLUGAMA RODITELJA DJECE S TEŠKOĆAMA U RAZVOJU: KOMPARATIVNA KVALITATIVNA STUDIJA U BOSNI I HERCEGOVINI I AUSTRIJI

Sažetak

Uvod: Komunikacija između roditelja i stručnjaka ključna je i za pristup uslugama za djecu s teškoćama u razvoju i za snalaženje s tim uslugama. Ipak, neke se obitelji suočavaju s rascjepkanim informacijama, nedosljednom stručnom podrškom i sustavnim preprekama koje otežavaju koordinaciju skrbi. Stoga ovo istraživanje ispituje komunikacijske barijere s kojima se roditelji susreću u Bosni i Hercegovini i Austriji, uzimajući u obzir različite socijalne sustave i dostupnost usluga u svakoj zemlji.

Metode: Primijenjen je kvalitativni pristup. Provedeni su polustrukturirani intervjui s 11 roditelja djece s teškoćama u razvoju (6 iz Bosne i Hercegovine i 5 iz Austrije), odabranih putem dviju udruga. Korišten je namjerni uzorak kako bi se osiguralo da sudionici imaju izravno iskustvo sa socijalnim, obrazovnim i zdravstvenim uslugama. Analiza podataka provedena je tematski, prema Braun i Clarke (2006), s ciljem identificiranja komunikacijskih prepreka i kontekstualnih čimbenika koji oblikuju pristup uslugama.

Rezultati: Identificirane su četiri glavne tematske kategorije: (1) ograničen pristup pouzdanim informacijama i emocionalno zahtjevna iskustva postavljanja dijagnoze; (2) mješovita iskustva u odnosima sa stručnjacima, uz posebne teškoće povezane s mijenjanjem osoblja, nedosljednom savjetodavnom podrškom i preopterećenošću usluga; (3) širi sustavni i kontekstualni čimbenici, uključujući institucionalnu fragmentaciju i nedostatnu obrazovnu podršku, kao i stigmatu i radne obveze koje ograničavaju komunikaciju; te (4) varijabilnost u kvaliteti i dostupnosti usluga, uključujući razlike između austrijskoga i bosanskohercegovačkoga sustava i strukture. Uloge nevladinih organizacija bile su visoko cijenjene u oba konteksta (premda su im kapaciteti ograničeni).

Rasprava i zaključak: Rezultati upućuju na to da su komunikacijski izazovi oblikovani emocionalnim, sustavnim i kontekstualnim čimbenicima. Iako obje zemlje dijele određene prepreke, razlike u infrastrukturnim sustavima socijalne skrbi dovode do različitih roditeljskih iskustava. Naglašava se potreba za jačanjem koordinacije između sektora, poboljšanjem informacijskih sustava i razvojem empatične stručne komunikacije kako bi se obiteljima pružila bolja podrška. Istraživanje ističe i važnost kulturno osjetljivih, obiteljski orijentiranih i strukturno podržanih modela usluga.

Ključne riječi: teškoće u razvoju, komunikacija roditelj-stručnjak, podrška obitelji, dostupnost usluga, sustavi socijalne skrbi.