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An Axiological Analysis of Early Socio-Educational Services as Alternatives to the Inclusion of Children with Special Educational Needs

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Abstract

The article highlights the role of ethical and social values in the organisation of early socio-educational services for children with special educational needs. Family-centred early interventions, achieved through cooperation between health, education and social protection systems and implemented in inclusive environments, contribute to improving children's overall development. Alternative service models, such as home therapies, community centres, and adapted educational programs, support inclusion by providing opportunities for participation and development, but their effectiveness depends on the level of specialist training and the resources available.

In the Republic of Moldova, the normative framework and international initiatives promote children's rights, equal opportunities and integral development, outlining directions for early intervention. However, the application of these models faces difficulties related to insufficient teacher training, limited financial resources and the uneven implementation of family-centred approaches.

There is a need to strengthen an integrated system of services that correlates specialised interventions with inclusive education through coherent policies, continuous professional training, and sustainable financing mechanisms.

Keywords: early childhood education, children with SEN, educational inclusion, early intervention, integrated services.

Introduction

Over the past decade, international literature has highlighted the importance of early interventions for children with disabilities, and systematic analyses show that interventions to strengthen family and community capacities are effective even in countries with limited resources.

Early socio-educational education targets children aged 0–6/7 years, providing them with holistic care, education, and support services (Ministry of Education, 2018). In the Republic of Moldova, ante-preschool education (0–3 years) is carried out at home, and preschool education (3–6 years) is organised in public institutions and is compulsory (European Commission, 2025*). Children with SEN* are defined as having special educational needs

(e.g., physical, sensory, or neurodevelopmental disabilities) that require curricular adaptations or additional support. The Education Law and the Ministry's documents ensure their unrestricted access to ante-preschool and pre-school education, with state funding for services and specific rehabilitation (Reference Framework, Moldova).

Axiological value

The concept of axiological value reflects the moral and social principles implicit in these services. Through inclusive early interventions, fundamental values such as equal opportunities, human dignity, respect for children's rights and social solidarity are promoted (Scoarță, 2024).

Inclusive early education is based on the acceptance of diversity, the adaptation of the environment and resources to individual needs, and multi-professional collaboration (Ministry of Education, 2023).

The axiological value of these services lies in the transformation of the educational system and society towards a fair and non-discriminatory model: "an integrative system, in which: schools become inclusive... open and accessible to all... transforms the intolerant society... in a society that values differences and diversity" (Scoarță, 2024).

Over the past decade, the international literature has highlighted the importance of early interventions for children with disabilities. Systematic analyses show that interventions to strengthen family and community capacities are effective even in countries with limited resources (McConkey, 2024; Hunt et al., 2025). For example, a recent study highlights five key characteristics of the support needed: community leadership, home-based support, support networks between families, the involvement of local leaders, and ensuring access to early childhood education as a stepping stone to school (McConkey, 2024). Low-cost, community- and family-based strategies for children with disabilities have improved the communication and skills of preschool children in many poor countries (Hunt et al., 2025). A systematic study on telemedicine technologies shows that remote interventions (telehealth) can be as effective as face-to-face interventions for children aged 0–3 years with developmental disorders, thereby facilitating access to specialised support (Shin et al., 2025).

In the field of inclusive education, recent meta-analyses (Campbell, 2025) highlight the need for a twin-track approach: on the one hand, individual interventions for the development of the competences of children with disabilities (literacy, cognitive, functional skills), on the other hand, institutional and policy changes that ensure access to mainstream education (Hunt et al., 2025). Although targeted interventions on children show significant effects in improving reading or counting, they have often ignored mainstreaming components or teacher training (Hunt et al., 2025). The authors conclude that inclusive success involves both responding to specific needs (therapy, curriculum adaptations) and "empowering teachers and increasing the accessibility of regular classrooms" (Hunt et al., 2025).

The national guidelines (MECC, 2018) emphasize early childhood education as a multidimensional stage, focused on values such as equal access and multi-disciplinary collaboration (Ministry of Education, 2018), but the mere enrollment of children with SEN in community kindergartens does not guarantee integrated inclusion: the specialization of educators, the presence of psychological, speech therapy and physiotherapy services in the institution is necessary (Paraschiv, 2023; Turbure, 2023). The lack of specialised interventions in the early stages of life leads to delays and late or ineffective inclusion (Tulbure, 2023). National assessments (UNICEF, 2019) identify methodological gaps and the need for community support for awareness (UNICEF, 2019). Recent government data indicate about 15,700 children with SEN in Moldova; 75% have a form of total inclusion (they participate in all activities with adapted support), the rest having partial or occasional inclusion in resource centres (Republican Centre for Psych pedagogical Assistance, 2025).

Theoretical and alternative models

Alternative approaches include family-centred interventions, community-based models and integrated cross-sectoral services. The "family-centred model" involves training and direct support for parents as first educators, with specialists providing counselling at home (McConkey, 2024). Studies show that educating and training families increases autonomy and contributes to positive outcomes for children (McConkey, 2024; Hunt et al., 2025). Community models involve mobilising local leaders and creating mutual support groups among families, leveraging local resources (churches, parents' associations) to make up for the lack of formal services (Hunt et al., 2025).

Integrated services (transdisciplinary model) facilitate collaboration among health, education, and social professionals within a common intervention plan. The UNICEF 2025 Guide promotes such a model, "a unitary system around the child and the family" (UNICEF Moldova, 2025), with a common language and protocols. Examples of early therapies include speech therapy, physical therapy, and psychotherapy offered in recovery centres or in the community, although known to be beneficial for the development of children with special needs, access to them remains limited, often costly and only available at certain times, requiring public funding (Hunt et al., 2025).

Adapted inclusive preschool education (with curricular adaptations and teacher support) is also a promoted model; specialised studies confirm that the presence of typical children improves both the learning of children with disabilities and the group's attitude towards diversity (Hunt et al., 2025).

Efficacy and benefits

International evidence demonstrates that early interventions tailored to the child and family bring significant benefits (McConkey, 2024; Hunt et al., 2025). Home-based interventions coordinated by well-trained professionals improve the development of language, motor skills, and socio-emotional skills (McConkey, 2024). In particular, the family-centred model

increases parental involvement and empowers them in an educational role (McConkey, 2024). Preschool inclusion programs with support services enable children with SEN to achieve higher levels of schooling and autonomy, and early access to quality education reduces learning gaps compared to typical children (Hunt et al., 2025). Recent systematic studies even show that teleinterventions are as effective as face-to-face sessions for early therapies, increasing the accessibility of services in rural areas (Shin et al., 2025). In Moldova, the introduction of good practices (e.g., the Recommended Practices Guide 2025) aims to harmonise public offers and community support, creating a coherent intervention network (UNICEF Moldova, 2025).

Limitations and challenges

However, effectiveness is not guaranteed without the right conditions. In the Republic of Moldova, teachers report that the insertion of children with SEN in kindergartens without specialised support can be ineffective or even harmful (Paraschiv, 2023; Turbure, 2023). The lack of dedicated training (initial and continuous) in the field of disabilities prevents the application of appropriate strategies (Paraschiv, 2023). The integration of services is fragmented: health, education and social protection often operate in isolation, without a clear cross-sectoral coordination mechanism (UNICEF Moldova, 2025). In addition, financial and personnel resources are limited; for example, the government partially covers the costs of preschool education for children with SEN (Republican Centre for Psycho-pedagogical Assistance, 2025), but funding for related therapies remains insufficient. The lack of robust data from the Republic of Moldova (fewer local RCTs and a predominance of qualitative reports) raises uncertainty about the generalizability of foreign findings. As for alternative models, their advantages (customisation, community access) are outweighed by disadvantages: high initial costs for training and infrastructure, difficulties in monitoring and quality assurance, and potential inequalities if implementation is not uniform across the country.

Table 1. Alternative models of early socio-educational services for children with SEN

Service Model	Main features	Evidence of effectiveness	Resources needed	Advantages	Cons
Family-centred early intervention	Direct support at home (guided interactions, counselling) is provided to families.	Improves children's skills and parents' confidence; LMIC studies: positive results (McConkey, 2024; Hunt et al., 2025).	Qualified specialists (psycho-pedagogue, therapist), teaching materials.	Continue in the familiar environment; relatively low costs; It involves the family directly.	Dependent on family resources, covers a limited geographical area; appropriate training required.
Community model (local centres)	Integrated community centres	Successful examples from several	multiprofessional staff (educator, social worker,	Accessible in communities, reduces	It requires large initial investments;

	(educational, social) with multisectoral support programs.	European countries; observed social improvements (observational study) (Hunt et al., 2025).	psychologist); local facilities.	isolation; promotes social inclusion.	difficult standardization; depends on local partnerships.
Cross-sectoral integrated services	Formal collaboration between health, education and social protection (joint intervention plan).	International guides recommend as standard; model promoted by UNICEF 2025 (UNICEF Moldova, 2025).	Administrative mechanisms, case coordinator, and regular meetings between sectors.	Increased efficiency through synergy; complex support (therapies + education).	Increased bureaucracy; requires political leadership; slow implementation.
Specialised early therapy	Individualised or group therapy sessions (speech therapy, functional recovery, etc.).	Studies show significant improvements in communication and mobility (Shin et al., 2025; Hunt et al., 2025).	Certified therapists, specific equipment, and an adapted room (recovery centre).	Early, personalised professional intervention is essential support in the first months.	Costly; limited coverage (in urban areas); difficult access for poor families.
Adapted inclusive preschool education	Public kindergartens with mixed classes (typical children and with SEN), curricular adaptations and assistants.	Numerous studies show academic and social benefits for all children (Hunt et al., 2025).	Support teacher, adapted materials, personalised programs.	Maximum social integration; develops empathy and mutual social skills.	Requires intensive staff training; it overloads educational resources.

Practical implications for the Republic of Moldova

For the Republic of Moldova, the key implications are political, institutional and financial. At the policy level, it is necessary to strengthen the national framework by updating the Education Code and national plans (e.g., Inclusive Education Development Programs 2024–2027) to explicitly include early interventions and integrated services (European Commission, 2025; Ministry of Education, 2023). The creation of an intersectoral early intervention strategy (based on the Child-family-professionals Partnership) should include the already signed memorandum (2024) and the National Plan 2024–2027, aligning with the EU Goal of Inclusive Education (UNICEF Moldova, 2025). At the implementation level, we

recommend forming interdisciplinary mobile groups (including psycho-pedagogues, social workers, and paediatricians) to ensure access to communities and "home" interventions for vulnerable children, as suggested by international guidelines (McConkey, 2024; Hunt et al., 2025). It is also essential to equip all kindergartens with support staff trained in special education and therapies (speech therapists, physiotherapists) to avoid the situations described in which "educators fail to manage diversity [SEN]" in common rooms (Paraschiv, 2023; Turbure, 2023).

On the financial front, implementing these alternative models requires allocating additional funds for infrastructure, training, and the remuneration of specialists. Sources may include the national budget, EU funds (e.g., Moldova's Partnership Agreement with the EU), international grants (e.g., UNICEF, Development Banks), and multiannual allocations (European Commission, 2025; UNICEF Moldova, 2025). Funding should be directed towards accessible community services (early intervention centres) and school-based programs, rather than simply increasing unit allowances. For example, expanding the "alternative care services" program (Law no. 367/2022) to include educational and therapy components would provide practical support for children with SEN from disadvantaged backgrounds (Ministry of Education, 2023).

Another area is vocational training. Higher education institutions (USMF, USM, IPSE) and continuing education institutions should integrate "Early Intervention" and "Inclusive Education" modules into the curricula of psycho-pedagogues, doctors and social workers. The launch of UNICEF's 2025 cross-sectoral master's degree is a right step; such initiatives must be supported in the long term (UNICEF Moldova, 2025). In parallel, training courses for educators in the field of SEN must be mandatory and consistent.

On a practical level, we recommend:

Standardisation and protocols: Implementation of the "Recommended Early Intervention Practices" guidelines and inclusion protocols from the kindergarten, as in the MECC Instructions (2017) on curricular adaptations (Ministry of Education, 2017).

Family support: Creating psycho-pedagogical information and counselling mechanisms for parents (equivalent to community-based programs), reducing the awareness gap and promoting family advocacy, as recommended by international resources (McConkey, 2024).

Monitoring and evaluation: Development of a common information system (such as SIMDDEI for inclusive education) to track key indicators of inclusion and the impact of services, according to the model recommended in the evaluation studies (UNICEF Moldova, 2025).

Conclusion

Values such as equality, dignity and solidarity are basic in the design of early socio-educational services for children with SEN. Recent scientific literature confirms that alternative early interventions – family-centred, integrated and community-based – can maximise children's inclusion and development, but their success depends on sustainability

and adaptation to the national context. In the Republic of Moldova, there are already political commitments and international resources to create a unified system of preschool and prenatal support, but full implementation requires concerted efforts to modernise policies, build capacity, and secure adequate funding.

For the Republic of Moldova, developing an integrated early intervention system entails integrating educational, social, and health policies into a common framework of action, oriented towards the child and the family. Strengthening the partnership among institutions, specialists, and the family, expanding community services, and continuously professionalising psycho-pedagogues and educators can help create an inclusive and accessible educational environment.

Looking ahead, capitalising on the alternative models analysed can support the transition to a more equitable education system, in which each child benefits from support tailored to their needs and real opportunities for participation and development.

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