



HEALTH NEEDS OF EARLY CHILDHOOD SPECIAL EDUCATION LEARNERS

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Abstract:

This paper explores the health needs of early childhood education (ECE) learners with special educational needs and identifies effective strategies for integrating health support within ECE programs. A search of databases identified nine relevant studies that examined various aspects of health-related challenges faced by children with special needs in ECE settings. The findings reveal that these children often experience sensory, mobility, and medical challenges that require tailored educational interventions. Effective strategies for addressing these health needs include the integration of health services into educational frameworks, professional development for educators and collaboration between families, health professionals, and schools. Furthermore, the use of multimedia technologies and individualized health plans has been shown to enhance learning outcomes for children with special educational needs. The review highlights significant gaps in policy and resource allocation, emphasizing the need for stronger collaboration and advocacy for the inclusion of health support in ECE programs. This study contributes to the growing body of knowledge on inclusive education by proposing actionable strategies for enhancing the health and well-being of children with special needs, ensuring that they have equitable access to quality early education.

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1. Introduction

Early Childhood Education plays a pivotal role in the development of children, especially those with special needs. The early years are crucial for cognitive, emotional, and social development, and providing appropriate support during this period is vital for children with disabilities. However, learners with SEN, including physical, sensory, or developmental disabilities, face numerous challenges that can hinder their learning and overall health (Camargo, 2025; Parris, 2025). These challenges often require specialized interventions to address both their educational and health-related needs in inclusive classroom settings.

Research into the health needs of ECE learners with special education needs has become an area of growing concern globally. Studies indicate that children with special educational needs often experience delays in physical, cognitive, and social development, which can be exacerbated by environmental and institutional barriers. Abdussammed (2024) highlights some of the institutional challenges that hinder the full participation of children with disabilities in educational settings. The need for tailored interventions and an inclusive approach that integrates health support within ECE settings is critical for the holistic development of these children.

Kashyap (2024) emphasizes the importance of fostering an inclusive environment where children with disabilities can thrive academically and socially. This requires addressing not only their educational needs but also their physical and mental health needs. The integration of health-focused strategies in ECE settings ensures that children with disabilities are supported holistically, providing them with a strong foundation for lifelong learning.

Teachers should ensure adequate nutrition among children with disabilities because it is essential for their optimal growth. However, there are some cases which require special attention so that nutritional needs are addressed. In a school environment, pathways of identifying children at risk of malnutrition should be explored and available management options identified (Batra, Marino and Beatie, 2022; Dutrow, 2025). Hume Nixon and Kuper (2018) noted a positive association between undernutrition and disability, and meta-analyses of individual studies showed that children with disabilities. Neyestani *et al.* (2010) observed the prevalence of malnutrition (low weight and stunting) among Iranian children with motor disabilities, and it is more prevalent in girls than in boys and attributed it to poor food composition. Children with disabilities should be provided with a variety of foods daily to meet their nutritional needs.

In this context, the role of early childhood practitioners and educators becomes vital. As Macagno *et al.* (2024) noted in their study on inclusive practices in Italian ECE settings, teachers play a critical role in identifying the health needs of special education learners and providing support accordingly. Effective professional development, particularly related to health-related challenges faced by children with disabilities, is

necessary to equip educators with the skills and knowledge required to implement inclusive practices that cater to the diverse health needs of their students.

Furthermore, studies on innovative teaching methods, such as interactive multimedia approaches, have demonstrated positive outcomes in supporting the learning interests of children with multiple disabilities (Nurjannah & Ervin, 2024; Lindstrom, 2025). Such approaches not only address educational needs but also contribute to enhancing the physical and cognitive abilities of children, thereby promoting their overall health. Therefore, this systematic review will provide an all-embracing understanding of the intersection between education and health in the context of special education in early childhood, contributing to the development of inclusive and supportive educational environments. The objectives of the study were:

- 1) To explore the health needs of ECE learners with special educational needs.
- 2) To identify effective strategies for integrating health support within ECE programs for children with special educational needs.

2. Statement of the Problem

The health needs of ECE learners with SEN have not been sufficiently addressed in current educational frameworks, leading to gaps in both their academic and overall well-being (Abdussammed, 2024; Kashyap, 2024; Lindstrom, 2025). These children, who often face physical, cognitive, and emotional challenges, require targeted health support to optimize their learning outcomes. Despite the increasing awareness of the importance of inclusive education, many early childhood settings lack the necessary health interventions or specialized training for educators to support these children effectively (Kidd & Rowland, 2021; Parris, 2025). As a result, there is a pressing need for this study to explore the specific health requirements of these children and develop strategies that can be integrated into ECE programs to enhance their development and inclusion (Macagno *et al.*, 2024).

2.1 Theoretical Frameworks

The theoretical framework for this study is based on the Ecological Systems Theory (Bronfenbrenner, 1979) and the Social Model of Disability (Oliver, 1996). These frameworks provide a lens through which the health needs of children with special educational needs in Early Childhood Education (ECE) can be examined. Bronfenbrenner's Ecological Systems Theory emphasizes the multiple environmental systems that influence a child's development, including the microsystem (immediate environment like home and school), mesosystem (interactions between settings), exosystem (external environments), and macrosystem (broader societal factors). In the context of children with SEN, this theory suggests that the health and learning needs of these children are shaped not only by their immediate environment (e.g., schools, teachers) but also by societal structures (e.g., healthcare systems, government policies) and cultural attitudes towards disability. The theory underscores the importance of

understanding how various systems interact to support or hinder the development of young children with SEN.

The Social Model of Disability shifts the focus from individual impairments to the barriers that society creates, arguing that disability is the result of social, cultural, and environmental factors that prevent full participation in society. Applied to ECE, this model advocates for systemic changes, such as creating inclusive classrooms, improving health support services, and reducing societal barriers, so that children with SEN can thrive in educational settings. By focusing on societal responsibility and accessibility, the model emphasizes the need for schools to provide health services that address not only the physical but also the emotional and cognitive needs of these children. Moreover, as for the philosophical underpinning of this study, the constructivist philosophy was employed.

3. Literature Review

3.1 Health Needs of ECE Learners with Special Educational Needs

Children with SEN in ECE have diverse health needs that extend beyond physical disabilities, including cognitive, social, and emotional health. According to Abdussammed (2024), institutional barriers and a lack of targeted resources in ECE settings often leave these children without adequate support for their health needs, which can affect their development and learning outcomes. These children are more likely to have chronic health conditions, developmental delays, and behavioral issues that require individualized attention and healthcare interventions.

Furthermore, Kashyap (2024) emphasizes that children in foster care and other vulnerable groups often face compounded health challenges, such as attachment disorders, trauma, and neglect, which hinder their readiness for school. ECE programs that fail to address these health concerns may inadvertently delay academic and social development. Thus, integrating health services within ECE programs is vital to ensuring that these children receive holistic care.

Macagno *et al.* (2024) underscore the importance of understanding the multifaceted nature of health needs in children with SEN. Their study on inclusive education in Italy reveals that health-related issues such as communication disorders, sensory impairments, and mobility issues are common among preschool children with special needs, necessitating tailored health interventions to ensure accessibility and full participation in educational activities. Additionally, Mitchell (2024) explores how health and well-being in ECE settings influence both learning and behavior. She suggests that providing health services within ECE settings not only supports physical health but also contributes to mental well-being, which is crucial for children with SEN who are more vulnerable to emotional difficulties.

3.2 Effective Strategies for Integrating Health Support within ECE Programs for Children with Special Educational Needs

Integrating health support into ECE programs requires a multi-pronged approach that involves cooperation between educators, healthcare professionals, and families. Love and Horn (2021) highlight that high-quality inclusive education is inherently tied to the presence of effective support systems that cater to both educational and health needs. For instance, including speech therapists, occupational therapists, and counselors within the school environment can enhance the support available to children with SEN.

Nurjannah and Ervin (2024) discuss the role of technology in providing interactive and engaging learning opportunities for children with multiple disabilities. Interactive multimedia tools can help address specific learning needs, improve engagement, and facilitate communication for children who struggle with traditional forms of interaction. The use of such tools is an innovative strategy for integrating health and educational support, especially for children with complex needs. Moreover, Kidd and Rowland (2021) discuss the impact of professional development programs for preschool practitioners, noting that teachers with specialized training in language development and behavioral strategies are more capable of identifying and addressing the health needs of children with SEN (Mpolomoka *et al.*, 2024; Snow, 2025). They argue that ECE programs should incorporate continuous professional development focused on both health and educational strategies to enhance the effectiveness of teachers in inclusive settings.

Popov *et al.* (2024) call for more inclusive education policies that prioritize both quality and social justice. They argue that ensuring equitable access to health services within educational programs is a key aspect of social justice. In their view, integrating health services within the education system is not just a matter of individual care but also of promoting societal accountability and reducing systemic inequalities.

Van Noorden (2024) adds that coaching programs for parents of children with autism, when integrated with ECE settings, help bridge the gap between home and school environments. These programs provide a support system for families and equip parents with tools to manage their child's health and developmental needs, improving overall outcomes for children with special educational needs. These approaches not only address the immediate health needs of children with SEN but also support their long-term development and well-being (Mpolomoka *et al.*, 2022; Mwinsa *et al.*, 2024; Moono *et al.*, 2024; Snow, 2025).

4. Methodology

A systematic review was used to synthesize existing literature regarding the health needs of ECE learners with SEN and effective strategies for integrating health support within ECE programs. This approach enabled the identification, evaluation, and synthesis of relevant studies to draw conclusions about current trends, gaps, and best practices in supporting the health needs of children with SEN in early childhood settings.

4.1 Data Sources and Search Strategy

A detailed search strategy was employed to identify articles that were relevant to the research objectives. The following databases were searched:

- Google Scholar,
- ERIC (Education Resources Information Center),
- PubMed,
- JSTOR.

The search terms included combinations of the following keywords:

- *"health needs of ECE learners"*,
- *"special education needs"*,
- *"ECE health strategies"*,
- *"health integration in ECE"*,
- *"inclusive education"*,
- *"children with disabilities in early childhood"*.

The search was limited to peer-reviewed articles published in English between 2021 and 2024 to ensure that the data was both recent and relevant. The review focused on studies that examined health needs in the context of ECE learners with special needs and strategies for integrating health support into their educational experiences.

4.2 Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were carefully established to ensure the relevance and quality of the studies included in the review.

4.3 Inclusion Criteria

- Articles published in peer-reviewed journals between 2021 and 2024.
- Studies focusing on the health needs of ECE learners with special educational needs.
- Research examining effective strategies for integrating health support into ECE programs for children with special educational needs.
- Empirical studies, including case studies, qualitative research, and systematic reviews.

4.4 Exclusion Criteria

- Articles not related to ECE or special education.
- Studies focusing solely on higher education or primary/secondary education.
- Articles published in languages other than English.
- Studies that did not provide empirical evidence or detailed results related to the health needs of children with SEN.

4.5 Data Extraction and Analysis

Following the selection of articles based on the inclusion criteria, data extraction was carried out systematically. Key information from each article was recorded, including:

- Author(s) and Year of Publication: For citation purposes.
- Study Design: To determine the research methodology used.
- Population: Information about the participants (e.g., age, type of special educational needs).
- Key Findings: Specific information about the health needs and strategies used to address them in ECE settings.
- Recommendations: Any proposed strategies for enhancing health support in ECE for children with SEN.

Once the data was extracted, a thematic synthesis was conducted to identify common themes, trends, and gaps across the studies. This included comparing the effectiveness of different strategies and examining how the integration of health services influenced the outcomes for children with SEN.

4.6 Quality Assessment

The quality of each included study was assessed using the Critical Appraisal Skills Programme (CASP) checklist. This tool helped evaluate the methodological rigor and relevance of each study by examining criteria such as:

- Study design and methodology.
- Sample size and selection.
- Relevance and clarity of the research question.
- Appropriateness of the data collection and analysis methods.
- Findings and conclusions drawn from the study.

Studies that did not meet the minimum quality standards were excluded from the final synthesis.

4.7 Inclusion of Articles

After applying the inclusion and exclusion criteria and assessing the quality of the studies, 9 articles were selected for the final review. These studies provided an overview of the health needs of ECE learners with special educational needs and offered strategies for integrating health support within ECE programs. The studies included in the review are:

- 1) Abdussammed, P. (2024). Early childhood education: Issues and challenges: An institutional perspective. *Research Review International Journal of Multidisciplinary Studies*.
- 2) Kashyap, M. (2024). Bright beginnings: Supporting foster preschoolers' readiness for school. *California State Journal of Early Childhood Education*.
- 3) Kidd, L., & Rowland, C. (2021). The effect of language-focused professional development on the knowledge and behaviour of preschool practitioners. *Journal of Early Childhood Literacy*.
- 4) Love, H. R., & Horn, E. (2021). Definition, context, quality: Current issues in research examining high-quality inclusive education. *Topics in Early Childhood Special Education*.

- 5) Macagno, A., Ragaglia, B., Henning, A., Bulgarelli, D. (2024). Inclusive approaches in Italian early childhood education and care: The view of practitioners. *Education Sciences*.
- 6) Mitchell, L. (2024). Rangahau research: Well-being and health in ECE settings. *Early Childhood Folio*.
- 7) Nurjannah, Y.E., Ervin, E.N.A. (2024). Interactive Multimedia Innovation: Increasing the Interest in Learning of Children with Multiple Disabilities in Early Age. *Kiddie: Early Childhood Education and Care Journal*.
- 8) Popov, N., Wolhuter, C., Ermenc, K.S., Hilton, G., Ogunleye, J. (2024). Quality, social justice, and accountability in education worldwide. *Policy Commons Education Journal*.
- 9) Van Noorden, L. (2024). Evaluation of a two-tiered coaching programme for parents of young autistic children. *Journal of Autism Studies*.

4.8 Limitations

In as much as the systematic review provided a synthesis of the literature, there were a few limitations to note:

- **Language Barrier:** Only English-language studies were included, which may exclude relevant studies published in other languages.
- **Timeframe:** The search was limited to articles published from 2021 to 2024, potentially missing older studies with valuable information.
- **Publication Bias:** Only published studies were included, which might overlook unpublished studies that could provide different perspectives.

Nonetheless, despite these limitations, the nine articles included in this review offer valuable insight into the health needs of ECE learners with SEN and effective strategies for integrating health support in early childhood education programs.

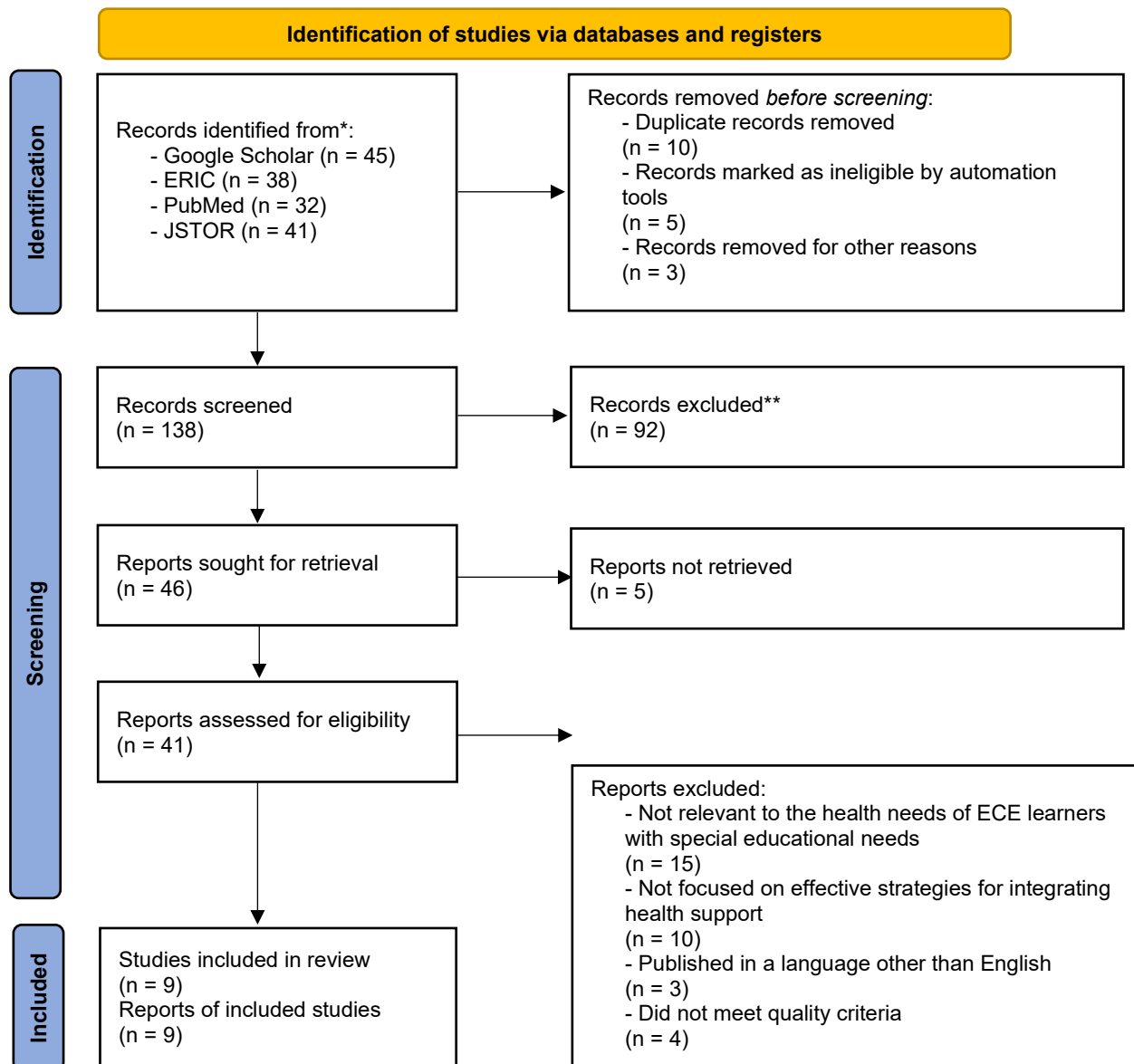


Figure 1: PRISMA Chart

Table 1: Summary of Study Characteristics: Health Needs
of ECE Special Education Learners: A Systematic Review

Key: Authors, Title of Article, Country, Methods, Sample, and Key Findings

1. Authors: Abdussammed, P. (2024); Title: Early childhood education: Issues and challenges – An institutional perspective; Country: Not specified; Methods: Systematic review; Sample: Studies on institutional challenges in early childhood education; Key Findings: Identified key challenges in the institutional implementation of early childhood education programs, with a focus on resource limitations and the need for policy improvements to support inclusive practices for children with special educational needs.
2. Authors: Kashyap, M. (2024); Title: Bright beginnings: Supporting foster preschoolers' readiness for school; Country: United States; Methods: Quantitative study; Sample: Foster preschoolers, ages 3–5; Key Findings: The study emphasized the importance of early interventions to support foster preschoolers' readiness for school, highlighting the role of individualized learning strategies and the need for health services integration into early childhood education programs to address emotional and developmental needs.
3. Authors: Kidd, L., & Rowland, C. (2021); Title: The effect of language-focused professional development on the knowledge and behaviour of preschool practitioners; Country: United Kingdom; Methods: Experimental study; Sample: Preschool practitioners; Key Findings: Found that language-focused professional development programs improved practitioners' knowledge of language development and better equipped them to address the learning needs of children with special educational needs, including those requiring health support.
4. Authors: Love, H. R., & Horn, E. (2021); Title: Definition, context, quality: Current issues in research examining high-quality inclusive education; Country: United States; Methods: Literature review; Sample: Existing studies on inclusive education; Key Findings: Provided an overview of the challenges in defining and achieving high-quality inclusive education, underscoring the importance of integrating health support and personalized learning approaches for children with special educational needs.
5. Authors: Macagno, A., Ragaglia, B., Henning, A., Bulgarelli, D. (2024); Title: Inclusive approaches in Italian early childhood education and care: The view of practitioners; Country: Italy; Methods: Qualitative study; Sample: Early childhood education practitioners; Key Findings: Highlighted the barriers faced by educators in Italy when implementing inclusive practices for children with special needs, including insufficient health support and the need for professional development focused on addressing health-related issues in the classroom.
6. Authors: Mitchell, L. (2024); Title: Rangahau research: Well-being and health in ECE settings; Country: New Zealand; Methods: Mixed-methods study; Sample: Early childhood education settings; Key Findings: Explored the intersection of well-being and health in early childhood education settings, emphasizing the need for integrated health and educational services to support the well-being of children with special needs, particularly those with complex health requirements.
7. Authors: Nurjannah, Y.E., Ervin, E.N.A. (2024); Title: Interactive Multimedia Innovation: Increasing the Interest in Learning of Children With Multiple Disabilities in Early Age; Country: Indonesia; Methods: Experimental study; Sample: Children with multiple disabilities, ages 4–6; Key Findings: Demonstrated that interactive multimedia tools significantly increased engagement and learning outcomes for children with multiple disabilities, highlighting the

potential of technology to address health and educational needs simultaneously in early childhood settings.

8. Authors: Popov, N., Wolhuter, C., Ermenc, K.S., Hilton, G., Ogunleye, J. (2024); Title: Quality, social justice, and accountability in education worldwide; Country: International (Global study); Methods: Comparative analysis; Sample: Educational systems across different countries; Key Findings: Identified global disparities in access to inclusive education, stressing the need for a more equitable approach to health support in early childhood education, particularly for marginalized children with special needs.
9. Authors: Van Noorden, L. (2024); Title: Evaluation of a two-tiered coaching programme for parents of young autistic children; Country: New Zealand; Methods: Experimental study; Sample: Parents of autistic children; Key Findings: Found that a two-tiered coaching program effectively supported parents in enhancing the health and educational outcomes of their young autistic children, underlining the importance of family involvement and health-related guidance in the early childhood education process.

5. Results and Discussion

The health needs of ECE learners with special educational needs are multifaceted and require an approach to address both their physical and emotional well-being. One consistent finding across the reviewed studies was the recognition of the significant role that health plays in the educational success of children with special needs.

In his study, Kashyap (2024) emphasizes the importance of early interventions, particularly for children in foster care, where the integration of health services within educational programs can greatly improve preschool readiness and overall child development. This aligns with the view in Mitchell (2024), who emphasizes that a child's well-being and health are foundational to their learning outcomes. Mitchell suggests that ECE programs should not only focus on academic development but also prioritize the physical health of children, especially those with special educational needs. This corroborates with the assertion by Dutrow (2025), Snow (2025) and Tonn (2025).

The health needs of these children were also seen as integral to addressing their cognitive and emotional development. Kiddy and Rowland (2021) support this by stating that preschool practitioners, when equipped with professional development focused on language and behavioral support, can create more inclusive environments that address both learning and health-related issues. This finding ties back to Love and Horn (2021), who discuss the significant challenges in creating inclusive education systems. The health needs of children with disabilities or special educational needs are often overlooked, resulting in reduced access to educational opportunities (Zazzara, 2024; Gomez, 2025). These health-related challenges include issues such as sensory impairments, mobility challenges and the need for specialized medical care during school hours.

In contrast, Macagno *et al.* (2024) argue that practitioners in Italy have made significant strides in addressing health-related needs by adopting inclusive teaching approaches, where health support is embedded in daily educational practices. However, the study points out that more structured programs are still necessary to fully meet the

health needs of children with special educational needs. This gap reflects the complexity of integrating healthcare into early childhood education, as it requires resources, professional development, and policy changes, which are not always available in every context.

Nurjannah and Ervin (2024) underscore the potential of interactive multimedia tools in enhancing the learning engagement of children with multiple disabilities while simultaneously supporting their health needs. These tools provide a way for children to participate in activities that promote both cognitive and physical development, creating an inclusive environment that addresses health and educational needs simultaneously (Mabenga & Mpolomoka, 2017; Chikopela *et al.*, 2018; Chirwa, *et al.*, 2024; Knotts, 2025). The findings from the studies confirm the theoretical framework of inclusive education, as discussed by Horn and Love (2021). Health needs must be seen as a critical component of inclusive education, and addressing these needs can significantly improve the overall effectiveness of early childhood education programs for children with special educational needs.

6. Conclusion

This systematic review examined the health needs of ECE learners with special educational needs and identified effective strategies for integrating health support within ECE programs. The findings confirm that addressing the health and well-being of these children is critical for their academic success and overall development. Health-related challenges, such as sensory impairments, mobility issues, and specialized medical needs, require multi-faceted approaches. The study found that integrating health services within educational programs through inclusive practices and professional development for educators significantly improves the educational experience and health outcomes for children with special needs. The study emphasizes the need for improved collaboration between educators, health professionals, and families to address these challenges. However, gaps in policy and resource allocation were identified, particularly in areas where health support is not systematically incorporated into ECE programs. These findings underscore the need for policy advocacy to prioritize the health needs of children with special educational needs, ensuring equitable educational opportunities for all children.

This study contributes significantly to the body of knowledge in early childhood education and special education by highlighting the importance of integrating health support into ECE programs for children with special educational needs. It reinforces the need for a holistic approach to education, where children's health and well-being are seen as foundational to their ability to learn and succeed. The study offers evidence-based strategies for integrating health services into educational programs, including the use of professional development for educators and innovative tools like multimedia technologies. Furthermore, it provides practical details for policymakers to develop policies that embed health support into ECE systems. Overall, this research paves the

way for future studies that will further explore effective strategies and policies for supporting the health and educational needs of children with special needs in early childhood settings.

Conflict of Interest Statement

The authors declare no conflicts of interest.

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