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MODELING OF PSYCHOLOGICAL AND EDUCATIONAL SUPPORT FOR EARLY CHILDHOOD IN THE REPUBLIC OF KAZAKHSTAN

A. Dossanova[1]*, R. Aubakirova[2], N. Sultanova[1], M. Tyrina[3]
[1]Alikhan Bokeikhan University, Semey, Kazakhstan
[2]Narxoz University, Almaty, Kazakhstan
[3]Institute of Humanities, Altai State University, Barnaul, Russian Federation
*e-mail: Alinka_1509@list.ru

Abstract: *This article systematizes international and domestic experience in developing early intervention and support systems for families with young children. The most important tasks of psychological and pedagogical support for parents and children include developing conscious parenting, constructive communication skills, and understanding the patterns of mental and personal development in early childhood. The authors present a model for organizing psychological and pedagogical support for families with young children in Kazakhstan, which meets the needs of modern science and practice, drawing on the experience of various countries. During the study, the researchers reviewed psychological and pedagogical literature on preschool education, identified the specifics of psychological and pedagogical support in global practice, and modeled psychological and pedagogical support for early childhood in the Republic of Kazakhstan. The model for organizing psychological and pedagogical support for families raising young children represents a system of holistic, interconnected actions aimed at creating favorable conditions for the child's full development, strengthening the family, and enhancing the pedagogical culture of parents. Successfully organizing a system of psychological and pedagogical support for families is only possible with a comprehensive approach that includes diagnostics, counseling, remedial and developmental work, parent education, and monitoring of results. A model based on this principle must be flexible, adaptive, and tailored to the individual needs of each family.*

Key words: *model, psychological and pedagogical support, early childhood, preschool education and upbringing, parents and children.*

Introduction

Current sociocultural conditions, the widespread adoption of digital technologies, and evolving family values have led to an increasing need among parents for evidence-based recommendations, as well as methodological and emotional support. The development of conscious parenting, skills for constructive communication with children, and an understanding of the patterns governing a child's psychological and personal development are among the most critical tasks of psychological and educational support. Comprehensive family support implies the integration of resources from education, healthcare, and social protection sectors. In practice, however, there is often a lack of coordination, as well as an absence of unified standards for diagnosis and evaluation of work effectiveness. Therefore, research aimed at developing a holistic model for organizing psychological

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and educational support for families with young children addresses the essential needs of both contemporary science and practice.

Effective family support contributes to the prevention of preschool maladjustment, a reduction in the number of children with developmental delays, the enhancement of preschool education quality, and the formation of a well-adjusted personality.

Significance of the study

The relevance of this study is determined by a combination of factors, including the critical significance of early childhood for a child's psychological an personal development; the necessity of developing an evidence-based system for early psychological and educational family support; the societal and state demand for creating conditions that facilitate the holistic development of every child; and the current lack of well-developed theoretical and methodological frameworks for such activities within the domestic practice.

The study aims to address a significant scientific and practical challenge: the development of a comprehensive model for early support that ensures effective interaction between families and professionals, thereby promoting optimal child development within the framework of the contemporary Kazakhstan system of education and social support.

Materials and Methods

The primary research methods selected for designing the model of early support for children and their families in the Republic of Kazakhstan include thought experiments, content analysis of theoretical sources, and statistical data analysis.

Research design

To construct a model for organizing psychological and educational support for families with young children, we conducted an extensive review of literature focused on early childhood education.

Contemporary research in the field of early childhood is highly diverse in its focus. For instance, Jeong et al. (2021) demonstrated that the development of responsive caregiving skills in both mothers and fathers is a key factor in program success.

Among various parenting styles, Murdiningsih and Pratiwi (2019) note that the authoritative (democratic) style – which combines high levels of emotional support with clear and consistent boundaries – proves to be the most effective. Their findings confirm that the level of parents' psychological and educational literacy is directly correlated with the rate of psycho-speech development in toddlers.

Furthermore, research by Scano Spinelli, and Lionetti (2023) indicates that overprotection or rigid, directive control in early childhood hinders the development of a child's self-regulation skills, whereas the monitored provision of freedom of choice strengthens a child's self-confidence.

A systematic review of psychological family support by Selman and Harrison (2023) highlights that the implementation of structured home environments – specifically through predictable daily rituals and a consistent routine – significantly reduces chaotic behavior in toddlers, minimizes the frequency of temper tantrums, and acts as a prophylactic measure against destructive stress for both the child and their legal guardians.

In their recent work, Turner and Khoury (2026) introduce the concept of 'digital parenting'. Their bibliometric analysis of Scopus-indexed literature demonstrates that unrestricted screen time for children under the age of 3 correlates with delays in speech development; however, active parental mediation – such as co-viewing and discussing content – can effectively mitigate these risks. The contemporary developmental landscape for early childhood is increasingly characterized by early immersion in digital environments.

To address behavioral difficulties, including those exacerbated by digitalization, Smith and Garcia (2026) propose the active implementation of parental motion coaching programs (e.g., adapted *Toddler Basic* protocols). Training parents to identify and 'contain' the emotions of children aged 1-

3 allows for the transformation of behavioral outbursts into opportunities for constructive socialization.

Zhai, Gao, and Wang (2025) examine psychological and educational approaches to the development of initiative in preschool age. They interpret initiative as an integrative personality trait characterized by motivational readiness to engage in specific activities, possession of the knowledge (ideas) required to carry them out, the mastery of reproductive and productive skills, and conscious orientation toward the goals and outcomes of the activity.

Smith and Garcia (2026) analyze the structure of contemporary psychological support programs aimed at developing child self-regulation and parental self-efficacy. Their findings indicate that strengthening emotional communication between parents and children, as well as fostering skills in positive discipline, serves as a robust tool for supporting children's socio-emotional development.

The study by Wittingham and Duncan (2024) focuses on remote and digital methods of psychological support for families during early childhood. This project aimed to evaluate the efficacy and implementation process of *Parenting Acceptance and Commitment Therapy (PACT) Online*, a support program designed for parents of children with neurodevelopmental disorders, with the objective of improving parent-child relationships and enhancing the well-being of both parents and children.

The primary objective of the study by Issabayeva et al. (2024) was to develop a support program for parents of children with special educational needs (SEN), with an emphasis on overcoming communication barriers and fostering mutual understanding. The program compromised lectures and practical workshops focused on understanding existing challenges, alongside innovative methods such as fairy tale therapy and initiatives aimed at promoting tolerance. Participant feedback indicates a significant positive impact of the program on parents.

Martinez and Chen (2026) investigate strategies for parental engagement in inclusive preschool education. Their results demonstrate that teachers act as key agents of inclusion by employing scaffolding techniques, differentiated instruction, and assistive technologies to personalize the learning process.

Al-Yagon (2023) examined cumulative vulnerability/protective models based on individual-level factors (child attachment and sense of coherence – SOC) and family-level factors (maternal emotional resources) to explain variations in the socio-emotional and behavioral adaption of children with learning disabilities (LD) versus those with typical development, aged 8-12. The results highlight the potentially significant role of maternal affect and attachment in child adaptation and in the development of mediating variables within the child.

The long-term effects of collaborative psychological support programs aimed at strengthening children's emotional health are addressed in the research by Brophy-Herb, Lin, and Horodynski (2024).

In the course of this study, we observed that the issue of early psychological and educational support for families with young children holds a central position in contemporary pedagogical and psychological science. It is driven by the objective need to improve early intervention systems aimed at creating conditions for the child's harmonious personality development and strengthening the family unit as a vital social institution. In the following table, we have attempted to synthesize international and domestic experiences in early intervention and family support.

The table 1 above provides a systematic overview of international and domestic practices in the development of early intervention systems and support for families with young children It demonstrates that in Canada, Australia, and Japan, early intervention programs are built upon principles of partnership, interdepartmental and interdisciplinary collaboration, active parental engagement, and consideration of the cultural context. The Canadian model exemplifies a combination of federal and regional governance, focusing on family-based resources, training parents in developmental interaction techniques, and adapting programs to meet the needs of an ethnically diverse population. The Australian experience highlights the seamless integration of medical, educational, and social services, alongside a priority commitment to supporting children with special

educational needs. Furthermore, the Japanese system illustrates the viability of leveraging traditional family values while maintaining an extensive network of professional support and developing initiatives aimed not only at the child's development but also at strengthening the family unit as the cornerstone of society.

Table 1 – International and Domestic Approaches to early intervention and Family support

№	Country/ Region	Key characteristics of early intervention models	Focus and Specific features
1	Canada	State and regional programs focused on partnerships between government, educational institutions, and families	Individualized, resource-oriented family approach; parent training in developmental play; early diagnosis of impairments; speech and psychological support; group activities; cultural sensitivity and adaptation to diverse ethnic and linguistic groups.
2	Australia	Integration of medical, educational, and social services within the early assistance system	State-run early development centers collaborating with preschools and schools; active parental engagement through training and consulting; strong emphasis on children with special educational needs and their families
3	Japan	Early intervention system developed within the context of respect for traditional family values	Close synergy between medical, educational, and community organizations; counseling, training, and parent support groups; focus on strengthening the family unit as the foundation of society
4	Kazakhstan	Comprehensive assistance; interdisciplinary approach; early diagnosis and preventive focus; active parental involvement; program individualization; service accessibility; state support	Supported by national standards and interdepartmental plans. Implementation of comprehensive programs (e.g., the *Sətti Bastau* plan 2025–2027), coordinated by ministries of healthcare, education, and labor. Operations via state-run Family Support Centers (under local Akimats) and school-based psychological services
5	Russia	Development amid shifts in social and educational policy, humanization of upbringing, and enhanced social protection for families and children	Adaptation of international practices to domestic cultural and economic conditions; focus on child rights and family support. Services provided at clinics, developmental homes, and preschools. Implementation of the national *Education* project featuring free psychological, methodological, and counseling services for all parents
6	Belarus	Transition from a strictly corrective model to a universal, prevention-oriented approach for families	Assistance is provided primarily through Social-Pedagogical Centers (SPC) and Territorial Centers for Social Services for the Population (TSSOP)
7	China	A symbiosis of ancient Confucian traditions and modern competitive pressures. Starts with unconditional affection in early childhood, transitioning to strict discipline and high academic standards upon school entry	Children under age 3 are rarely enrolled in daycare, with socialization occurring primarily within the family or supervised play. Early emphasis on basic autonomy (e.g., self-feeding, tidying up, and early toilet training)
8	USA	Promotion of early social development through playgroups and Montessori-based educational activities	Choice between licensed center-based care with age-segregated groups or home-based childcare (Family Child Care), including *Head Start* services

An analysis of effective early intervention models in Russia, Belarus, and Kazakhstan reveals a common reliance on comprehensive assistance, interdisciplinary approaches, early diagnosis, a preventive orientation, active parental participation, individualized programming, accessibility, and state support. In Russia, the development of early intervention began in the 1990s within the context pf the humanization of social and educational policy, accompanied by a heightened emphasis on child rights and family protection. Initially, attention was concentrated on early corrective services for children with disabilities and their families, established within clinics, specialized developmental

homes, rehabilitation centers, and preschool institutions. These entities focused on early detection of developmental delays, diagnosis and correction, parental counseling, and interprofessional collaboration.

As noted in the table, a significant shift has occurred in the scope of early intervention, moving beyond specialized pedagogy to encompass general educational practice. It has become evident that support is essential not only for children with special needs, but also for all families navigating he challenges of child-rearing and adapting to their parental roles. This necessitated a transition from a narrow corrective model to a universal, prevention-oriented system of assistance for families with young children. Consequently, the psychological and educational support of families has emerged as a universal mechanism for prevention and support.

A key feature of the Russian model is the conceptualization of the family as both the primary object and the active subject of support. Parental empowerment is viewed as the cornerstone of effective early intervention; Professionals do not replace parents but rather assist them in becoming competent caregivers capable of independently addressing developmental challenges. Successful examples of these domestic practices include early intervention canters operating within teacher training institutes, preschools, and medical organizations. These centers provide diagnostic, consultative, and corrective-developmental services, as well as parental training, seminars, and family clubs. furthermore, several regions have successfully implemented “Parent schools”, which focus on fostering positive parenting skills, developing emotional bonds with the child, and training parents in techniques for play-based and speech stimulation.

In conclusion, an analysis of intervention practices confirms that early intervention and family support are essential prerequisites for sustainable societal development. The earlier a child and their parents receive support, the higher the probability of successful socialization, holistic development, and psychological well-being.

The model for organizing psychological and educational support for families raising young children represents a system of holistic, interrelated actions aimed at creating favorable conditions for the child’s development, strengthening the family unit, and the enhancing parents’ pedagogical competence. In the republic of Kazakhstan, this model is constructed by integrating domestic experience, cultural traditions, and national pedagogy with contemporary scientific approaches based on the principles of humanism, partnership, and interdisciplinary collaboration.

The relevance of developing and implementing this model is driven by the need to ensure equal developmental opportunities for every child, regardless of health status, socioeconomic background, or geographical location. Domestic practice demonstrates that an effective system of family support is possible only through a comprehensive approach, encompassing diagnosis, counseling, corrective-developmental work, parental education, and outcome monitoring. This model must be flexible, adaptive, and oriented toward the unique needs of each family. It should integrate the efforts of educators, psychologists, social workers, and medical specialists, while maintaining the family as the key entity where the foundation of the child’s personality is formed. The core of the domestic model is built on the early identification of developmental specificities and the provision of timely support to the family. The system must ensure continuous support from birth until the child enters formal preschool education. This necessitates active collaboration between healthcare, educational, and social protection institutions, with parents serving as equal participants in the process. Such an approach reflects the contemporary trends of humanization in education and social policy in Kazakhstan.

One of the key elements of the model is its diagnostic-prognostic component. At early stages, specialists conduct a comprehensive assessment of the child’s mental, emotional, speech, and physical development, as well as an analysis of the family environment. In domestic practice, this is implemented through the activities of Psychological-Medical-Pedagogical Consultations (PMPC), early intervention centers, and inclusive education offices. Based on diagnostic findings, an individual support plan is developed, outlining areas of intervention for both the child and parents, as well as specific methods of support.

The next critical element is the consultative-psychological component. Its primary objective is to assist parents in understanding the nuances of child development, fostering positive parenting attitudes, and developing skills for effective interaction. Counseling is delivered through various formats: individual and family consultations, group meetings, training sessions, roundtables, and parent clubs. Experience shows that consultative work is instrumental in alleviating emotional stress, reducing parental anxiety, strengthening self-efficacy, and establishing a basis for constructive cooperation with professionals. Finally, the corrective-developmental component is equally significant, as it aims to stimulate all facets of the child's development.

Table 2 illustrates the structure of the model for psychological and educational support of families raising young children, developed by integrating domestic experience with contemporary scientific approaches. It delineates key principles, including humanism, partnership, and interdisciplinary collaboration, while emphasizing the comprehensive nature of the support system, which encompasses diagnosis, counselling, corrective-developmental work, parental education, and progress monitoring. The table further highlights the central role of the family as the primary nexus of a child's development. It underscores the significance of interdepartmental cooperation, the continuity of care from birth through the transition to formal preschool education, and the integration of diagnostic-prognostic and consultative-psychological components alongside individualized support plans. Ultimately, the table demonstrates how the coordinated efforts of multidisciplinary specialists, coupled with active parental involvement, facilitate the creation of favorable conditions for the child's harmonious development and the strengthening of the family unit.

Table 2 – A model for organizing psychological and educational support for families with young children in the republic of Kazakhstan

Component/ Aspect of the model	Content	Objective	Key Stakeholders
1	*2*	*3*	*4*
General Model Characteristics	A holistic system of interrelated actions for supporting families raising young children	To create favorable conditions for child development, strengthen the family unit, and enhance parental pedagogical competence	Educators, psychologists, social workers, medical staff, and parents
National and Cultural Context (RK)	Integration of domestic experience, cultural traditions, national pedagogy, and contemporary scientific approaches	To ensure the model aligns with the values and realities of Kazakhstani society	Researchers, practitioners, and government bodies.
Organizational principles	Humanism, partnership, interdisciplinary collaboration, comprehensiveness, flexibility, and adaptability	To ensure a respectful, individualized, and coordinated approach to the family and child	All stakeholders within the support system
Equal opportunities for the child	Independence of access to support from health status, family socioeconomic status, or place of residence	To guarantee the availability of support for every child and family	State authorities, educational, healthcare, and social protection services
Comprehensive approach	Includes diagnosis, counseling, corrective-developmental work, parental education, and outcome monitoring	To increase the effectiveness of support by covering all key aspects of child development and family dynamics	PMPC, early intervention centers, educators, and psychologists
Role of the family	The family as the key entity, the primary environment for personality formation, and an active participant in the support process	To increase parental responsibility, engagement, and competence	Parents and support specialists
Continuity of support	From birth until the child enters formal preschool education	To ensure the seamless transition and timeliness of assistance	Healthcare, educational, and social protection institutions

1	*2*	*3*	*4*
Interdepartmental collaboration	Interaction between healthcare, education, and social protection sectors; information sharing and coordination	To create a unified early intervention system, eliminating fragmentation and duplication of functions	Ministries, local administrative bodies, and regional services
Diagnostic-prognostic component	Comprehensive assessment of mental, emotional, speech, and physical development, as well as family environment analysis	Early identification of developmental specificities and forecasting child/family needs	PMPC, early intervention centers, and inclusive education offices
Diagnostic tools	Observation, parent interviews, analysis of medical and pedagogical records, and standardized assessment scales	To obtain an objective overview of the child's development and family resources	Psychologists, special educators, speech therapists, and physicians
Individual support plan	A document defining intervention goals, forms of interaction, and specific support methods for the child and parents	To personalize the support process based on individual child and family needs	Multidisciplinary team and parents
Consultative-psychological component	Individual/family counseling, training sessions, group meetings, parent clubs, and roundtables	To assist parents in understanding child development, fostering positive parenting attitudes, and enhancing communication skills	Psychologists, educators, and social workers
Emotional support for the family	Alleviating anxiety, reducing emotional stress, and strengthening parental self-efficacy	To foster a positive emotional climate within the family and build trust in professionals	Psychologists, consultants, and support groups
Corrective-developmental component	Stimulation of various developmental domains (cognitive, speech, socio-emotional, motor, etc.)	To address developmental challenges and facilitate harmonious development	Educators, special educators, speech therapists, and psychologists

Data analysis

In domestic practice, a wide range of play-based, art-therapeutic, musical, sensory, and motor methods are utilized to foster the development of speech, cognition, attention, imagination, and socio-emotional spheres. Corrective and developmental interventions are implemented through play – the leading activity during early childhood. The focus is placed not only on overcoming developmental challenges but also on identifying and nurturing he child's individual strengths and potential.

The pedagogical component of the model involves the creation of a development home environment and the training of parents in techniques for interacting with their child. Specialists assist adults in organizing the physical space and selecting appropriate developmental games, books, and toys that stimulate cognitive activity. Furthermore, parents are instructed on how to integrate developmental elements into daily routines, such as walks, mealtimes, social interactions, and household chores. Consequently, the family becomes an active participant in the educational process rather than merely a passive recipient of counseling.

The social-support component is aimed at providing families with essential resources, information, and opportunities. In Kazakhstan, this is facilitated by social services, public foundations, and family support centers. Social workers assist parents in securing financial benefits, accessing medical and educational services, an establishing networks with other families. A significant initiative in the regard is the information of parent peer-support groups, which provide a platform for experience exchange, emotional validation, and a sense of belonging to a supportive community.

An interdisciplinary team of specialists serves as the coordinating link of the model. Domestic experience demonstrates that the most effective outcomes are achieved through the collaboration of educators, psychologists, special educators, speech therapists, physicians, and social workers. While each specialist manages their specific area of expertise, decisions are made collegially, based on a

comprehensive assessment of the child's development and family circumstances. This collaborative framework ensures the integrity of support, prevents the duplication of functions, and facilitates professional exchange.

In Kazakhstan, the development and implementation of this support model are carried out through pilot projects supported by the state and civil society organizations. For instance, within the framework of inclusive education programs, resource centers have been established to refine interaction technologies with families, conduct training seminars, and develop methodological guidelines. These centers act as innovation laboratories, accumulating best practices and disseminating them at the regional level.

Finally, the model includes a monitoring and evaluation component that ensures continuous feedback and oversight of outcomes. Monitoring is conducted based on a range of criteria, including the child's developmental level, the dynamics of change, the degree of parental involvement, family satisfaction, and the quality of professional collaboration.

The «Child development cycle» diagram (Figure 1) illustrates the model of psychological and educational support, in which child development is viewed as a continuous process underpinned by a series of interconnected components. At the center of the cycle lies the child's development, surrounded by the constituent elements of the support system. The corrective-developmental component provides targeted stimulation of cognitive, speech, emotional, and motor domains, assisting in overcoming challenges and realizing the child's individual potential. The preventive direction focuses on mitigating potential developmental delays, early identification of risks, and the cultivation of favorable conditions within the family and immediate environment. The pedagogical component involves the creation of a developmental environment and training parents in interaction techniques for daily life, effectively positioning the family as an active participant in the support process. Cultural and ethnic adaptation ensures that the model accounts for the linguistic, traditional, and value-based specificities of Kazakhstani society, thereby fostering trust and acceptance by families. The social-support component is designed to provide families with necessary resources, information, and the opportunities, including access to social services, civil society organizations, and parent peer-support groups. The monitoring and evaluation component verses the integrity and coherence of all activities by tracking developmental dynamics, the level of parental engagement, and the quality of professional intervention, allowing for the timely adjustment of support programs.

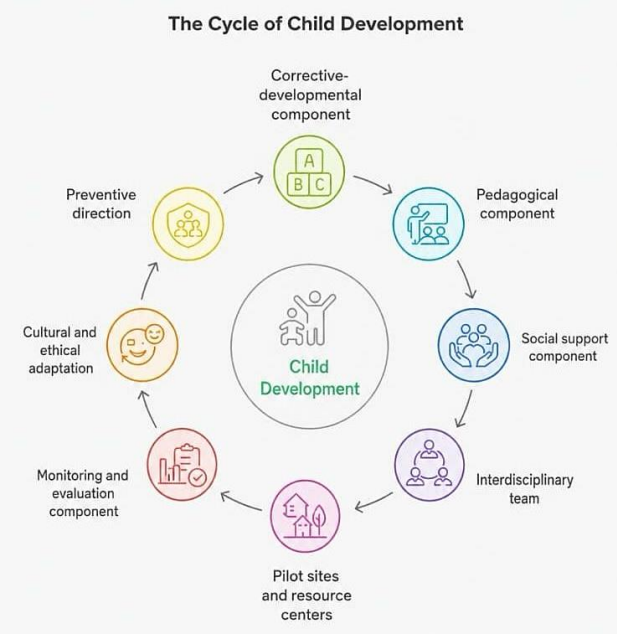


Figure 1 – Child development cycle

Crucial roles are played by the interdisciplinary team (educators, psychologists, speech therapists, medical professionals, and social workers), which ensures a holistic approach, and by pilot and resource centers, which serve as platforms for developing innovative technologies, providing methodological support, and disseminating best practices. Collectively, these elements form a closed-loop cycle, in which every stage of a child's development is met with systematic family support and professional collaborative intervention.

Discussion of Results

The synthesized model of psychological and educational support reflects a systematic shift in the Kazakhstan early intervention paradigm from a traditionally narrow, corrective approach toward a universal, family-centered, and preventive framework. While international practice offers diverse blueprints – such as Canada's resource-oriented family partnerships, Australia's integrated medical-educational-social services, or Japan's reliance on community and traditional structures – the presented model uniquely adapts these global trends to the socio-cultural realities of Kazakhstan.

In contrast to models that rely heavily on center-based interventions, the proposed framework emphasizes parental empowerment within the home environment. This aligns directly with findings by Jeong et al. (2021) and Murdiningsih and Pratiwi (2019), who demonstrated that enhancing parental literacy and active caregiving directly correlates with accelerated psycho-speech and emotional development in toddlers. Furthermore, the integration of structured routines and parental emotion coaching protocols within the pedagogical and corrective components addresses modern developmental risks, including behavioral difficulties and screen-time challenges highlighted by Turner and Khoury (2026) and Smith and Garcia (2026).

A key novelty of the Kazakhstani model is its explicit focus on cultural and ethnic adaptation. In a multiethnic society, accounting for variations in language, family values, and child-rearing traditions is vital for establishing trust between professionals and legal guardians. By respecting local customs, the model lowers barriers to professional support, fostering constructive collaboration rather than resistance. Moreover, the inclusion of interdepartmental coordination – linking healthcare, education and social protection services through Family Support Centers – directly addresses the historical issue of service fragmentation noted in the domestic sector.

While the proposed model provides a comprehensive theoretical and structural foundation, certain limitations must be acknowledged. First, the implementation efficiency of the interdisciplinary team depends on uniform professional training across regions, which currently varies between urban and rural settings in Kazakhstan. Second, while the model incorporates continuous outcome monitoring, long-term longitudinal studies are necessary to evaluate its multi-year impact on children's socio-emotional readiness for formal schooling. Future research should focus on empirical testing across pilot resource centers to quantify for model's performance metrics in diverse socioeconomic contexts.

Conclusion

The primary premise of this model is that the family serves as the central nexus of the child's upbringing and development, while the mandate of the state and professionals is to provide a favorable environment, knowledge, resources, and support. Only within an atmosphere of trust, mutual understanding, and cooperation can a child's personality develop harmoniously, fostering self-confidence and a positive outlook on the world. This constitutes the humanistic mission of the contemporary early intervention system, reflecting the esteemed traditions of domestic pedagogy alongside current global scientific trends.

References

1. Parenting interventions to promote early child development in the first three years of life: a global systematic review and meta-analysis / J. Jeong et al // PLOS Medicine. – 2021. – Vol. 18, № 5, Art. e1003602. https://doi.org/10.1371/journal.pmed.1003602.

2. Murdiningsih. Knowledge and parenting patterns with toddler's growth and development / Murdiningsih, N. Komariah // International Journal of Public Health Science. – 2019. – Vol. 8, № 2. – P. 179-184. https://doi.org/10.11591/ijphs.v8i2.17808.
3. Parental sensitivity to toddler's need for autonomy: an empirical study on mother–toddler and father–toddler interactions during feeding and play / G. Ballarotto et al // Infant Behavior and Development. – 2023. – Vol. 73, Art. 101892. https://pubmed.ncbi.nlm.nih.gov/37839158/.
4. Parenting intervention programs supporting social-emotional development in preschool children: a literature review / A. Vatou et al // Encyclopedia. – 2026. – Vol. 6, № 1, Art. 17. https://doi.org/10.3390/encyclopedia6010017.
5. Psychological and pedagogical support for parents of children with special educational needs / Z. Issabayeva et al // Continuity in Education. – 2024. – Vol. 5, № 1. – P. 66-75. https://doi.org/10.5334/cie.103.
6. Positive parenting and early childhood cognition: a systematic review and meta-analysis of randomized controlled trials / H. Prime et al // Clinical Child and Family Psychology Review. – 2023. – Vol. 26, № 2. – P. 362-400. https://doi.org/10.1007/s10567-022-00423-2.
7. Supporting child development through parenting interventions in low- to middle-income countries: an updated systematic review / L. Zhang et al // Frontiers in Public Health. – 2021. – Vol. 9, Art. 671988. https://doi.org/10.3389/fpubh.2021.671988.
8. Family involvement in early childhood education: a systematic review of its measurement / A. Otero-Mayer et al // Early Childhood Education Journal. – 2026. – Vol. 54. – P. 2495-2516. https://doi.org/10.1007/s10643-025-02024-4.
9. Parenting intervention programs supporting social–emotional development in preschool children: a literature review / A. Vatou et al // Encyclopedia. – 2026. – Vol. 6, № 1, Art. 17. https://doi.org/10.3390/encyclopedia6010017.
10. Evidence-based implementation of the family-centered model and the use of tele-intervention in early childhood services: a systematic review // Healthcare. – 2024. – Vol. 12, № 1, Art. 112. https://doi.org/10.3390/healthcare12010112.
11. Supporting parents of children with learning disorders: a systematic review of intervention strategies / G.C. Guerra et al // Frontiers in Psychology. – 2025. – Vol. 16, Art. 1536894. https://doi.org/10.3389/fpsyg.2025.1536894.
12. Third-generation behavioural therapies in the context of neurodevelopmental problems and intellectual disabilities: a randomised clinical trial with parents // International Journal of Environmental Research and Public Health. – 2023. – Vol. 20, № 5, Art. 4406. https://doi.org/10.3390/ijerph20054406.
13. Engaging parents in technology-assisted interventions for childhood adversity: systematic review // Journal of Medical Internet Research. – 2024. https://pubmed.ncbi.nlm.nih.gov/38241066/.
14. Lembke E.J. Trauma-sensitive school concepts for students with a refugee background: a review of international studies / E.J. Lembke, F. Linderkamp, G. Casale // Frontiers in Psychology. – 2024. – Vol. 15, Art. 1321373. https://doi.org/10.3389/fpsyg.2024.1321373.

МОДЕЛИРОВАНИЕ ПСИХОЛОГО-ПЕДАГОГИЧЕСКОГО СОПРОВОЖДЕНИЯ ДЕТЕЙ РАННЕГО ВОЗРАСТА В РЕСПУБЛИКЕ КАЗАХСТАН

А. Досанова[*], Р.Ж. Аубакирова[2], Н.К. Султанова[1], М.П. Тырина[3]
[1]Alikhan Bokeikhan university, г. Семей, Казахстан
[2]Университет Нархоз, Алматы, Казахстан
[3]Институт гуманитарных наук Алтайского государственного университета, г. Барнаул, Россия Федерация
[*]e-mail: Alinka_1509@list.ru

Аннотация: *В статье систематизирован международный и отечественный опыт создания систем раннего вмешательства и поддержки семей, воспитывающих детей раннего возраста. К числу важнейших задач психолого-педагогической поддержки родителей и детей относятся формирование осознанного родительства и навыков конструктивного общения, а также понимание закономерностей психического и личностного развития в раннем возрасте. Авторы представляют модель организации психолого-педагогической поддержки семей с детьми раннего возраста в Казахстане, отвечающую требованиям современной науки и практики и учитывающую опыт различных стран. В ходе исследования авторы проанализировали психолого-педагогическую литературу по вопросам дошкольного образования, выявили особенности психолого-педагогической поддержки в мировой практике и разработали модель такой поддержки для детей раннего возраста в Республике Казахстан. Представленная модель организации психолого-педагогической поддержки семей, воспитывающих детей раннего возраста, представляет собой систему целостных, взаимосвязанных действий, направленных на создание благоприятных условий для полноценного развития ребенка, укрепление семьи и повышение педагогической культуры родителей. Успешная организация системы психолого-педагогической поддержки семей возможна лишь при комплексном подходе, включающем диагностику, консультирование, коррекционно-развивающую работу, просвещение родителей и мониторинг результатов. Модель, основанная на этом принципе, должна быть гибкой, адаптивной и ориентированной на индивидуальные потребности каждой семьи.*

Ключевые слова: *модель, психолого-педагогическое сопровождение, ранний возраст, дошкольное образование и воспитание, родители и дети.*

ҚАЗАҚСТАН РЕСПУБЛИКАСЫНДАҒЫ ЕРТЕ ЖАСТАҒЫ БАЛАЛАРДЫ ПСИХОЛОГИЯЛЫҚ-ПЕДАГОГИКАЛЫҚ СҮЙЕМЕЛДЕУДІ МОДЕЛЬДЕУ

А. Досанова[*], Р.Ж. Аубакирова[2], Н.К. Султанова[1], М.П. Тырина[3]
[1]Әлихан Бөкейхан университеті, Семей, Қазақстан
[2]Narxoz университеті, Алматы, Қазақстан
[3]Гуманитарлық ғылымдар институты, Алтай мемлекеттік университеті, Ресей Федерациясы
[*]e-mail: Alinka_1509@list.ru

Аңдатпа: *Бұл мақалада ерте жастағы балалары бар отбасыларға ерте араласу қызметтерін көрсету және психологиялық-педагогикалық сүйемелдеу жүйесін әзірлеу бойынша халықаралық және отандық тәжірибе жүйеленген. Ата-аналар мен балаларды психологиялық-педагогикалық сүйемелдеудің негізгі міндеттеріне саналы ата-аналық ұстанымды қалыптастыру, конструктивті қарым-қатынас дағдыларын дамыту, сондай-ақ ерте балалық шақтағы психикалық және тұлғалық даму заңдылықтарын түсіндіру жатады.*

Авторлар әртүрлі елдердің тәжірибесіне сүйене отырып, қазіргі ғылым мен практиканың талаптарына сәйкес Қазақстандағы ерте жастағы балалары бар отбасыларды психологиялық-педагогикалық сүйемелдеуді ұйымдастыру моделін ұсынады. Зерттеу барысында мектепке дейінгі тәрбие мен оқыту мәселелеріне арналған психологиялық-педагогикалық әдебиеттерге талдау жасалып, әлемдік тәжірибедегі психологиялық-педагогикалық сүйемелдеудің ерекшеліктері айқындалды. Сонымен қатар Қазақстан Республикасында ерте жастағы балаларды психологиялық-педагогикалық сүйемелдеу моделі әзірленді.

Ерте жастағы балаларды тәрбиелеп отырған отбасыларды психологиялық-педагогикалық сүйемелдеуді ұйымдастыру моделі баланың жан-жақты дамуына қолайлы жағдай жасауға, отбасы әлеуетін нығайтуға және ата-аналардың педагогикалық мәдениетін арттыруға бағытталған өзара байланысты іс-шаралардың тұтас жүйесін білдіреді. Отбасыларды психологиялық-педагогикалық сүйемелдеу жүйесін тиімді

ұйымдастыру диагностика жүргізуді, кеңес беруді, түзету-дамыту жұмыстарын, ата-аналарды педагогикалық ағартуды және алынған нәтижелерге мониторинг жүргізуді қамтитын кешенді тәсіл негізінде жүзеге асырылады. Осы қағидаға негізделген модель икемді, бейімделгіш және әрбір отбасының жеке қажеттіліктерін ескеруге бағытталған болуы тиіс.

Түйін сөздер: *модель, психологиялық-педагогикалық сүйемелдеу, ерте жастағы балалар, мектепке дейінгі тәрбие мен оқыту, ата-аналар, отбасы.*

Information about authors

Alina Dossanova* – Phd student, Educational program «Pedagogy and Psychology» Alikhan Bokeikhan University, Semey, Kazakhstan; e-mail: Alinka_1509@list.ru. ORCID: https://orcid.org/0009-0005-3562-5734.

Rakhila Aubakirova – Doctor of Pedagogical Sciences, Professor, Educational Program «Psychological Counseling» Humanitarian School, Narxoz University, Almaty, Kazakhstan; e-mail: rakhila.aubakirova@narxoz.kz. ORCID: https://orcid.org/0000-0002-7984-2387.

Nurgul Sultanova – Candidate of Pedagogical Sciences, Associate Professor of the Department of Preschool and Primary Education, Faculty of Humanities, Alikhan Bokeikhan University, Semey, Republic of Kazakhstan; e-mail: ailin2269@mail.ru. ORCID: https://orcid.org/0000-0003-2734-2599.

Marina Tyrina – Candidate of Pedagogical Sciences, Associate Professor, Department of Pedagogy and Education Management, Institute of Humanities, Altai State University, Barnaul, Russian Federation; e-mail: tyrina@mail.asu.ru. ORCID: https://orcid.org/0000-0002-7931-2474.

Авторлар туралы мәлімет

Алина Досанова* – PhD докторанты, «Педагогика және психология» білім беру бағдарламасы Әлихан Бөкейхан университеті, Семей, Қазақстан; e-mail: Alinka_1509@list.ru. ORCID: https://orcid.org/0009-0005-3562-5734.

Рахила Жуматаевна Аубакирова – Педагогика ғылымдарының докторы, профессор, «Психологиялық кеңес беру» білім беру бағдарламасы Гуманитарлық мектеп, Narxoz университеті, Алматы, Қазақстан; e-mail: rakhila.aubakirova@narxoz.kz. ORCID: https://orcid.org/0000-0002-7984-2387.

Нургуль Камильевна Султанова – педагогика ғылымдарының кандидаты, «Мектепке дейінгі және бастауыш білім беру педагогикасы» кафедрасының доценті, Гуманитарлық факультет, Әлихан Бөкейхан университеті, Семей, Қазақстан Республикасы; e-mail: ailin2269@mail.ru. ORCID: https://orcid.org/0000-0003-2734-2599.

Марина Петровна Тырина – педагогика ғылымдарының кандидаты, доцент, Педагогика және білім беруді басқару кафедрасы, Гуманитарлық ғылымдар институты, Алтай мемлекеттік университеті, Барнаул, Ресей Федерациясы; e-mail: tyrina@mail.asu.ru. ORCID: https://orcid.org/0000-0002-7931-2474.

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