

SOCIO-EDUCATIONAL APPROACHES FOR VULNERABLE GROUPS: RURAL CHILDREN AND OLDER ADULTS

Alexandra GHEORGHIU, Ph.D. Cnd.,

Interdisciplinary Doctoral School, Aurel Vlaicu University of Arad,
alexandraa.gheorghiu@gmail.com

Erika GOLDSCHMIDT, Ph.D. Cnd.,

Interdisciplinary Doctoral School, Aurel Vlaicu University of Arad,
erikagoldschmidt00@gmail.com

Abstract: *Vulnerability among rural children and older adults in residential care represents a multidimensional challenge shaped by structural inequality, limited access to services, and weakened community cohesion. Addressing these issues requires integrated socio-educational approaches that combine educational policy, social work interventions, and community-based strategies. This paper explores the socio-educational dimensions of vulnerability by examining the structural conditions affecting rural childhood and institutionalized aging, as well as the role of interdisciplinary collaboration in mitigating these challenges. The study analyzes intervention models that include non-formal education programs, mentoring initiatives, intergenerational activities, cognitive stimulation for older adults, and community regeneration strategies in rural contexts. Particular attention is given to the importance of coordinated institutional responses, trauma-informed and restorative frameworks, and inclusive educational practices that support participation and well-being across the life course. The findings highlight the need for integrated public policies that strengthen cross-sector collaboration between education, social services, and local governance in order to promote sustainable social inclusion. By linking educational innovation with community development and psychosocial support, socio-educational interventions can contribute to reducing inequalities and enhancing resilience among vulnerable populations.*

Keywords: *vulnerability; rural children; residential elder care; socio-educational interventions; social inclusion.*

Vulnerability and social inequality in rural childhood and residential elder care

Vulnerability is best understood not as a fixed attribute of particular individuals, but as a socially produced condition emerging from unequal access to protection, resources, participation, and recognition. In this sense, vulnerability reflects the interaction between personal needs and broader institutional, economic, and territorial arrangements that shape life chances across the lifespan (Fineman, 2012; Ranci, 2010). For both rural children and older adults in residential care, disadvantage is rarely the result of a single risk factor. Rather, it develops through cumulative exposures to social inequality, limited services, fragile support networks, and restricted opportunities for meaningful inclusion. A socio-educational analysis of these groups therefore requires attention to the structural conditions that make some individuals more dependent on institutional responsiveness than others. In the case of children growing up in rural environments, vulnerability is closely tied to territorial inequity. Rural residence often coincides with reduced access to educational infrastructure, fewer specialized services, transportation barriers, and lower institutional density, all of which affect children's developmental pathways and educational opportunities (Leight, 2003; Mayer et al., 2005). Research on vulnerability in child development has shown that social inequities influence children not only through material deprivation, but also through the diminished availability of stimulating environments, stable support systems, and early developmental opportunities (da Silva et al., 2015). Rural children may thus be exposed to forms of cumulative disadvantage in which educational inequality overlaps with family precarity, service scarcity, and community depopulation.

Educational inequality is one of the clearest manifestations of this structural vulnerability. Studies on rural–urban disparities consistently show that children in rural areas face lower access to quality schooling, fewer extracurricular and enrichment opportunities, and more limited pathways for academic progression than their urban peers (Zhang et al., 2015). These inequalities are not only logistical or geographic; they are also social, insofar as they reflect broader patterns of stratification that shape aspirations, educational resources, and participation. Romanian educational research similarly points to the importance of inclusive assessment, cognitive development, and school participation as key dimensions for understanding how structural disadvantages become visible in educational trajectories (Colareza et al., 2026; Certini et al., 2025). When educational institutions are weakly connected to community realities, rural children are at greater risk of disengagement, reduced achievement, and long-term exclusion.

This rural vulnerability must also be interpreted in relation to ongoing demographic and social transformations. Rural depopulation, driven in part by labor migration, weakens community cohesion, alters family structures, and reduces local institutional capacity. In migrant-sending areas, children may grow up in environments marked by parental absence, disrupted caregiving, and the erosion of everyday social support systems that would otherwise sustain development and educational continuity (Goldschmidt & Rad, 2025). At the community level, depopulation affects schools, local public services, and intergenerational solidarity, producing a social ecology in which children's vulnerability is intensified by institutional fragility (Goldschmidt & Rad, 2026). In such contexts, social inequality becomes embedded in place itself, making rural childhood a condition shaped not only by household disadvantage but also by the weakening of collective structures of care.

At the same time, rurality should not be equated exclusively with deficit. Educational scholarship has highlighted the potential of rural and non-formal contexts to support participation, experiential learning, and value formation when institutions are able to mobilize local resources meaningfully. Outdoor education, for example, has been associated with enhanced pupil involvement in social life, greater active participation, and alternative pathways for engagement beyond formal classroom routines (Torkos & Egerau, 2020a). Similarly, non-formal and innovative educational practices may help counterbalance some of the rigidity and resource constraints of traditional teaching models, especially when they are adapted to local community conditions (Coşarbă & Torkos, 2024; Roman et al., 2025). Yet these potentials do not erase structural inequality; rather, they reveal that rural vulnerability can be mitigated when educational environments become flexible, context-sensitive, and participatory.

A parallel, though distinct, configuration of vulnerability characterizes older adults in residential care. Aging has increasingly been theorized as a condition of vulnerability not because older adults are inherently passive or dependent, but because aging bodies and biographies become more exposed to the quality of social arrangements, institutional care, and relational support (Fineman, 2012). In residential settings, this dependence on institutional responsiveness becomes particularly visible. Older adults may face loneliness, reduced autonomy, health decline, cognitive fragility, and a shrinking network of reciprocal social relations. Ethical analyses of aged care therefore emphasize that vulnerability in later life is both existential and socially mediated, shaped by how care institutions recognize dignity, agency, and personhood (Sanchini et al., 2022).

The literature on old-age vulnerability further suggests that later-life disadvantage is multidimensional, involving material insecurity, health limitations, weak family support, and social isolation. Schröder-Butterfill and Marianti (2006) propose that vulnerability in old age emerges where exposure to threats is not matched by access to adequate coping resources. This framework is highly relevant for residential care, where institutional protection may coexist with emotional loss, dependency, and diminished control over everyday life. Older adults may be physically safer within care facilities while simultaneously experiencing relational impoverishment, role loss, and reduced opportunities for social participation. Residential care, in this sense, does not eliminate vulnerability; it reorganizes it within an institutional environment.

These dynamics become even more pronounced when older adults come from rural or high-vulnerability contexts. Studies comparing elderly caregivers across urban, rural, and highly vulnerable environments show that social context significantly shapes the burdens, needs, and support resources available in later life (Pavarini et al., 2017). Likewise, analyses of aging in rural communities underline that older people often inhabit “vulnerable places,” where limited services, social isolation, and territorial marginalization compound the challenges of aging itself (Joseph & Cloutier-Fisher, 2004). When such individuals transition into residential care, they may carry with them a history of accumulated disadvantage, including poverty, fragile health trajectories, and disrupted social ties. Their institutional needs are therefore not merely medical, but socio-educational and relational.

Health and care inequalities further deepen these vulnerabilities. Systematic reviews on vulnerable populations in rural societies show that rural residence is associated with greater unmet health and care needs, lower service accessibility, and broader exposure to social determinants of poor well-being (Gonzalez et al., 2018a; Gonzalez et al., 2018b). These patterns are especially relevant for older adults, whose quality of life depends heavily on continuity of care, psychosocial stimulation, and the maintenance of social bonds. In residential settings, well-being cannot be reduced to physical care alone. Evidence-based psychosocial therapies have been shown to support active aging, emotional balance, and improved quality of life among older adults in care facilities, indicating that vulnerability in institutional contexts must be addressed through more than custodial care models (Gheorghiu & Rad, 2025).

From a socio-educational perspective, the experiences of rural children and older adults in residential care reveal a common pattern: both groups are highly dependent on the quality of institutional mediation

between vulnerability and inclusion. Children rely on schools, families, and communities to transform structural disadvantage into opportunities for participation and development. Older adults rely on care institutions and professional support systems to protect dignity, autonomy, and relational continuity in the face of age-related dependency. In both cases, vulnerability is intensified when institutions respond narrowly, treating needs as isolated deficits rather than as outcomes of broader social inequality.

This observation also invites a wider interdisciplinary reading. Social work and allied professions increasingly operate in environments marked by technological change, ethical uncertainty, and shifting forms of agency. Recent work on agency and institutional participation shows that empowerment depends not only on access to tools or services, but also on whether individuals are positioned as active participants rather than passive recipients of intervention (Rad et al., 2026; Runcan et al., 2026). Although these studies address educational and digital contexts, their implications are broader: vulnerability is reduced when institutional systems enable voice, participation, and ethically grounded support. The same principle applies to rural childhood and residential elder care, where inclusion depends on whether vulnerable persons are recognized as relational, capable subjects within educational and care environments.

Finally, vulnerability should not be framed only as exposure to harm, but also as a call for organized social responsibility. Trauma-informed and restorative perspectives in social work argue that effective responses to vulnerability require ethical grounding, interdisciplinary collaboration, and attention to both suffering and resilience (Runcan et al., 2025; Vlaj & Rad, 2025). Although developed in partly different applied fields, these frameworks are relevant here because they shift the focus from managing fragile populations to designing responsive systems of care, participation, and recovery. For rural children and older adults in residential care, social inequality becomes most damaging when institutions fail to create these conditions. Conversely, socio-educational responses become meaningful when they treat vulnerability as relational, contextual, and transformable.

Thus, the vulnerability of rural children and older adults in residential care should be understood as the result of intersecting inequalities shaped by place, age, institutional quality, and social belonging. Rural childhood is marked by territorial disparities, educational precarity, and the social consequences of migration and depopulation. Residential elder care is marked by dependency, relational loss, and the ethical challenge of sustaining dignity within institutional life. In both cases, vulnerability is neither accidental nor purely individual. It is socially

distributed, institutionally mediated, and therefore open to intervention through coherent socio-educational strategies.

The role of social work and education in supporting vulnerable populations

The support of vulnerable populations requires more than the coexistence of welfare and schooling systems; it depends on the creation of integrated socio-educational environments capable of responding to developmental, emotional, relational, and structural needs. For rural children and older adults in residential care, vulnerability is rarely reducible to one domain alone. Educational disadvantage, social isolation, unmet health needs, weak institutional access, and reduced participation tend to intersect, which makes fragmented intervention insufficient. In this context, the relationship between social work and education becomes especially important, because both fields address not only individual difficulties but also the conditions that allow people to participate, learn, and remain connected to supportive communities (Ranci, 2010; Fineman, 2012).

Social work contributes to this effort by translating vulnerability into coordinated support, advocacy, and relational care. Rather than treating beneficiaries as passive recipients of services, contemporary social work increasingly emphasizes person-centered, context-sensitive, and interdisciplinary responses that connect material needs with psychosocial development and social participation (Runcan et al., 2025). This orientation is particularly relevant for groups exposed to cumulative disadvantage. Rural children may require educational continuity, emotional support, family mediation, and community-based opportunities for engagement, while older adults in residential care may need interventions that preserve dignity, autonomy, emotional balance, and meaningful participation in everyday life (Gheorghiu & Rad, 2025). In both cases, the role of social work is not secondary to education, but complementary and often foundational, because educational inclusion depends on the broader ecology of care and support surrounding the individual.

Education, in turn, is not limited to formal instruction. It includes all those structured and semi-structured processes through which individuals acquire competencies, develop agency, and remain socially engaged. This broader understanding is crucial when working with vulnerable populations. For children, educational support involves not only curriculum delivery, but also participation, belonging, developmental monitoring, and the cultivation of cognitive and socio-emotional competences. For older adults, educational processes may take the form of cognitive stimulation, social learning,

intergenerational dialogue, therapeutic participation, or activities that support active aging and preserve functional autonomy (Gheorghiu & Rad, 2025). A socio-educational framework therefore understands education as a lifelong resource for resilience, adaptation, and inclusion.

In the case of rural children, the interaction between education and social work is especially significant because school participation is strongly conditioned by social context. Research on school participation in disadvantaged territories shows that attendance and engagement are influenced not only by school-level factors, but also by family instability, community resources, and the degree to which educational systems are responsive to local inequalities (Certini et al., 2025). Educational inequality between rural and urban areas further confirms that structural differences in access, resources, and opportunity shape children's trajectories from early stages onward (Zhang et al., 2015). Under such conditions, schools cannot respond effectively in isolation. Social workers, psychologists, educators, and community actors must work together to reduce the effects of territorial disadvantage and create pathways for sustained participation.

This is why interdisciplinary practice becomes central. Educational professionals bring expertise in pedagogy, assessment, learning progression, and classroom inclusion, while social workers contribute ecological assessment, family-centered intervention, resource coordination, and a stronger sensitivity to structural vulnerabilities. Psychologists add knowledge related to emotional regulation, developmental needs, coping, and mental well-being. When these roles are integrated, support programs can move beyond remediation toward more coherent developmental intervention. Work on cognitive education and innovative assessment in primary school, for example, shows that inclusion requires educational practices capable of recognizing learning progression, diversity of needs, and broader systemic challenges affecting school performance (Colareza et al., 2026). Such educational innovations are especially relevant in vulnerable settings where standardized responses often fail to capture the realities of children's learning contexts.

The whole school perspective is particularly useful in this regard. A whole school approach emphasizes that participation, learning, and well-being are produced collectively through relationships among students, teachers, families, and community institutions rather than within classrooms alone. In contexts marked by rural inequality and migration-related disruptions, this perspective helps explain why children's educational outcomes depend on broader patterns of social cohesion and institutional collaboration (Certini et al., 2025;

Goldschmidt & Rad, 2026). Where communities are weakened by depopulation, parental migration, or declining public trust, schools may become one of the few remaining infrastructures of stability. Their capacity to collaborate with social services is therefore not optional but essential.

The rural community context also matters because social work and education operate within places shaped by demographic and institutional change. In migrant-sending villages, family fragmentation, reduced adult presence, and weakened local institutions may undermine both educational continuity and children's everyday support systems (Goldschmidt & Rad, 2025). Rebuilding community cohesion in such settings is not only a matter of public policy; it directly affects the effectiveness of educational and social interventions. When local institutions cooperate and community ties remain active, vulnerable children are more likely to benefit from coordinated forms of care, supervision, and participation (Goldschmidt & Rad, 2026). Thus, socio-educational work in rural areas must also be community work.

Educational practice itself must become more flexible and socially responsive in order to support vulnerable populations. Research on contemporary educational innovation argues that meaningful learning increasingly depends on adaptive, participatory, and context-sensitive approaches rather than rigid transmission models (Roman et al., 2025). This is highly relevant for children exposed to structural disadvantage, who may benefit more from educational environments that incorporate non-formal learning, experiential methods, and diverse forms of engagement. Outdoor education has shown positive effects on pupils' involvement in social life, suggesting that alternative pedagogical settings can strengthen participation and social integration (Torkos & Egerau, 2020a). Similarly, the use of informational technologies in outdoor educational activities demonstrates that innovative formats can expand access and engagement even in difficult or atypical circumstances (Torkos & Egerau, 2020b).

These approaches are not merely methodological alternatives; they also reshape how vulnerable children are positioned within education. Non-formal activities and innovative teaching strategies can foster inclusion by allowing pupils to experience competence, cooperation, and belonging outside the narrow framework of academic performance (Coşarbă & Torkos, 2024). In this sense, socio-educational intervention is not only about compensating for deficits, but also about creating contexts in which vulnerable children can participate successfully and be recognized as capable social actors. Risk management in outdoor learning further shows that such educational experiences require structured planning, safety awareness, and professional competence,

especially when implemented with children in sensitive contexts (Torkos, 2018).

Intercultural education is another important dimension of support, even when the groups under discussion are rural children and older adults rather than explicitly migrant students. Vulnerability often involves social distance, symbolic exclusion, and limited exposure to diversity. Educational work that promotes intercultural values contributes to future-oriented inclusion by encouraging openness, mutual respect, and social belonging (Torkos & Egerău, 2022). In rural areas affected by migration or social change, such educational orientations may help children navigate more complex social realities while also strengthening community resilience.

Teacher preparation also has a decisive role in determining whether educational institutions can respond effectively to vulnerability. New directions in teacher training emphasize the need for professionals who are not only pedagogically competent, but also able to address inclusion, developmental diversity, and emerging social challenges in early childhood and primary education (Balas & Torkos, 2025). This is particularly important in rural and under-resourced settings, where teachers are often among the first professionals to identify vulnerability, disengagement, or developmental difficulties. When teacher training remains disconnected from the realities of social inequality, schools are less able to function as protective environments. The same socio-educational logic applies, with necessary differences, to older adults in residential care. Although they are not usually associated with education in the narrow sense, residential elder care involves continuous processes of adaptation, communication, emotional regulation, and cognitive engagement. The role of social work here includes case management, psychosocial support, family mediation, safeguarding dignity, and facilitating participation in meaningful daily activities. Education, broadly understood, contributes through stimulation programs, therapeutic activities, health literacy, intergenerational interaction, and opportunities for maintaining or relearning skills that support autonomy and quality of life (Gheorghiu & Rad, 2025). Supportive practice in residential settings therefore depends on the convergence of care, pedagogy, and psychosocial intervention.

This convergence is justified by the nature of vulnerability in older age. Ethical scholarship on aged care emphasizes that vulnerability in later life is shaped by dependency, frailty, institutionalization, and reduced access to relational reciprocity, which makes the quality of care environments critically important (Sanchini et al., 2022). Frameworks for understanding old-age vulnerabilities similarly underline that

exposure to decline becomes harmful when coping resources, social support, and institutional responsiveness are insufficient (Schröder-Butterfill & Marianti, 2006). Social work and educationally informed psychosocial practice respond precisely at this point: they do not eliminate aging-related challenges, but they can enhance adaptive capacity, preserve meaning, and reduce the social consequences of dependency.

The broader health and care literature reinforces this need for integration. Rural and socially vulnerable populations experience disproportionate unmet needs in access to health and support services, which means that educational and psychosocial interventions often function as indirect protective mechanisms against deeper exclusion (Leight, 2003; Mayer et al., 2005; Gonzalez et al., 2018a; Gonzalez et al., 2018b). Studies on older adults living in rural or high-vulnerability contexts further show that later-life well-being is inseparable from the social conditions in which care is provided and relationships are maintained (Pavarini et al., 2017; Joseph & Cloutier-Fisher, 2004). Residential care institutions therefore need more than medical routines; they need socio-educational climates that foster interaction, stimulation, continuity, and trust.

An additional lesson comes from work with other highly vulnerable groups. Research on trauma-informed interventions in social work emphasizes that effective support must be ethically grounded, relationally sensitive, and interdisciplinary, particularly when beneficiaries have experienced dislocation, loss, or prolonged stress (Runcan et al., 2025). Reviews of psychosocial interventions in immigration detention and custody centers further demonstrate that resilience is strengthened when support systems address both emotional suffering and structural vulnerability rather than focusing only on immediate control or protection needs (Pîrvu & Rad, 2025). Although these studies concern different populations, their implications are transferable: vulnerable persons benefit most when institutions integrate care, participation, and recovery-oriented support. The restorative dimension of social work also adds value to socio-educational practice. Restorative frameworks stress relationship-building, accountability, participation, and reintegration rather than simple management of problems. While often discussed in criminal justice contexts, restorative principles are equally relevant to educational and care settings because they encourage dialogue, shared responsibility, and the repair of relational disconnection (Vlai & Rad, 2025). In schools serving vulnerable children and in residential institutions caring for older adults, these principles can inform

professional practice by shifting attention from compliance and containment toward inclusion, dignity, and collaborative support.

The role of social work and education must now be considered in relation to changing technological and ethical environments. Recent studies on digital agency and attitudes toward artificial intelligence in education show that empowerment is linked not only to access to innovation, but also to ethical mediation, perceived control, and the ability to use tools meaningfully within supportive learning contexts (Rad et al., 2026; Runcan et al., 2026). Although these studies address educational technology, they point to a broader principle highly relevant here: vulnerable populations require not simply services, but guided, ethically informed participation in environments that can otherwise reproduce exclusion. The same is true of rural schools and residential care institutions. Their effectiveness depends on whether professionals are able to create inclusive settings in which people learn, adapt, and remain socially connected rather than merely being managed.

Socio-educational intervention models for rural children and older adults

If vulnerability is socially produced, intervention must also be socially organized. For rural children and older adults in residential care, effective support cannot rely on isolated services or one-dimensional programs. It requires socio-educational models that connect learning, care, participation, and community life in ways that respond to structural inequality while strengthening individual and collective capacities. Such models are especially important for vulnerable populations because disadvantage often persists not through a lack of formal eligibility for support, but through fragmented access, weak institutional coordination, and the absence of meaningful opportunities for engagement (Ranci, 2010; Fineman, 2012). Socio-educational interventions therefore become most effective when they are relational, place-sensitive, and developmentally appropriate.

For rural children, one important intervention model is non-formal and experiential education. In contexts where formal schooling may be constrained by limited resources, rigid routines, or low engagement, non-formal educational approaches can provide alternative pathways for participation and learning. These approaches often include project-based work, group activities, creative workshops, outdoor learning, and community-based initiatives that strengthen both social competence and motivation. Research on outdoor education has shown that it can increase pupils' successful involvement in social life by encouraging active participation, cooperation, and direct engagement with the

learning environment (Torkos & Egerau, 2020a). Such models are particularly valuable for children in rural communities, where local space itself may become a pedagogical resource when schools and educators are prepared to work beyond strictly classroom-based formats.

Outdoor and non-formal education also support inclusion by expanding the range of contexts in which competence can be experienced. Children who do not thrive in conventional instructional settings may respond more positively to participatory and experiential forms of learning that make room for collaboration, exploration, and embodied engagement. The transformation of traditional teaching methods through outdoor and non-formal activities has been linked to innovation in educational practice and to a broader rethinking of how schools can foster participation and relevance (Coşarbă & Torkos, 2024). At the same time, these models require careful planning, especially when implemented with vulnerable groups. Risk management in outdoor learning is therefore not merely a technical concern, but a core component of responsible socio-educational design (Torkos, 2018).

A second important model involves educational mentoring and whole school participation strategies. In vulnerable rural contexts, school participation is often affected by factors external to instruction itself, including family instability, migration-related disruptions, transportation difficulties, and reduced trust in institutions. Mentoring models can provide continuity, encouragement, and individualized support that help children remain connected to school life despite these pressures. This logic is consistent with the whole school approach, which views participation not as a matter of attendance alone, but as the result of relational and institutional conditions that sustain belonging and engagement (Certini et al., 2025). From this perspective, intervention should include not only academic remediation, but also social support, family–school communication, and coordinated responses to emerging risks of disengagement.

The value of such models is reinforced by research on school functioning among highly vulnerable children in residential child care, which shows that educational outcomes depend heavily on the stability, responsiveness, and coordination of the systems surrounding the child (González-García et al., 2017). Although rural children and children in residential care are distinct groups, both are affected by structural conditions that make school participation more fragile. This suggests that socio-educational intervention models should place greater emphasis on continuity of support, relational security, and

institutional collaboration rather than assuming that classroom exposure alone will generate inclusion.

Innovative pedagogical models also play an increasingly important role. Work on cognitive education and innovative assessment in primary school highlights the need for educational practices that align inclusion with learning progressions and diverse developmental trajectories (Colareza et al., 2026). For vulnerable rural children, this means moving away from deficit-based assumptions and toward models that recognize uneven developmental starting points while still creating pathways for competence and progress. Such an approach is particularly relevant in education systems facing wider performance and equity challenges, because it reframes support not as compensation for failure, but as a structured opportunity for participation and growth. Digital and technologically mediated learning models may also become part of the intervention landscape, provided they are implemented ethically and inclusively. Research on digital agency and students' engagement with artificial intelligence in education suggests that participation in innovative learning environments depends on perceived control, ethical guidance, and supportive mediation rather than mere access to tools (Rad et al., 2026; Runcan et al., 2026). In rural contexts, where educational inequalities may be exacerbated by infrastructural limitations, digital inclusion strategies must therefore be carefully designed so that they do not reproduce exclusion under the guise of modernization. The use of informational technologies in outdoor and alternative educational activities illustrates that technology can enhance learning flexibility when it is integrated pedagogically rather than imposed instrumentally (Torkos & Egerau, 2020b).

Intercultural and value-oriented educational models add another useful dimension. Even in rural settings that appear socially homogeneous, children are increasingly growing up in contexts shaped by migration, mobility, and cultural change. Educational activities that promote intercultural values, social openness, and future-oriented citizenship can strengthen children's ability to relate constructively to difference and change (Torkos & Egeräu, 2022). Such models are not peripheral; they contribute to the long-term social resilience of rural communities by preparing children for participation in wider and more diverse social worlds.

At the community level, development-oriented interventions are also essential. Rural children's educational well-being depends not only on school practices but also on whether the wider community can sustain institutions of trust, participation, and support. In migrant-sending villages, the weakening of community cohesion undermines children's everyday developmental environments by eroding local support

structures and reducing collective capacity for care (Goldschmidt & Rad, 2025). Community-based socio-educational models therefore need to involve more than teachers and families; they should include local authorities, civil society actors, and social service providers working together to rebuild environments in which children can participate meaningfully. The theory-of-change model proposed for depopulating rural Romania is particularly useful here because it frames social recovery as a cumulative process in which education, local governance, social work, and community participation reinforce one another (Goldschmidt & Rad, 2026).

For older adults in residential care, socio-educational intervention models take different but equally important forms. One major category is psychosocial and cognitive stimulation programming. Such interventions aim to preserve cognitive functioning, enhance emotional well-being, reduce isolation, and maintain a sense of meaning and participation in everyday life. Evidence-based psychosocial therapies for older adults in care facilities have been associated with improved well-being and more active aging, suggesting that residential institutions should not be limited to custodial care, but should function as environments of continuing development and social engagement (Gheorghiu & Rad, 2025). Cognitive stimulation, structured conversation, reminiscence activities, therapeutic groups, and creative expression programs can all contribute to a more active and humane institutional life.

These interventions are especially important because vulnerability in old age is not only medical. Ethical analyses of aged care emphasize that older adults in institutional settings remain highly sensitive to the quality of relational, moral, and social environments in which care is delivered (Sanchini et al., 2022). Models of support must therefore address loneliness, dependency, and relational loss alongside physical care needs. Theoretical frameworks of old-age vulnerability also suggest that supportive interventions are most effective when they increase access to coping resources, social reciprocity, and institutional responsiveness (Schröder-Butterfill & Marianti, 2006). In practical terms, this means that residential care programs should be designed to foster agency wherever possible, rather than interpreting frailty as a reason for passive containment.

Intergenerational activities represent a particularly promising socio-educational model because they create reciprocal forms of participation between children, youth, and older adults. For rural communities and residential settings alike, intergenerational programs can reduce symbolic separation between age groups while enhancing social learning, emotional exchange, and community belonging. When older

adults are included in educational or community-based projects, they are repositioned from beneficiaries of care to participants in social life. Likewise, children benefit from contact with older generations through the development of empathy, memory work, and social continuity. Such programs can be especially powerful in socially fragmented environments, because they rebuild relational bridges that are often weakened by migration, institutionalization, or demographic change (Goldschmidt & Rad, 2026; Gheorghiu & Rad, 2025).

Another relevant model is trauma-informed socio-educational support. Although rural children and older adults in residential care are not always described explicitly through trauma frameworks, both groups may experience forms of chronic stress, loss, separation, and cumulative adversity. Trauma-informed interventions in social work emphasize ethical grounding, relational safety, interdisciplinary practice, and the importance of recognizing how adversity shapes behavior, participation, and trust (Runcan et al., 2025). Such principles can be integrated into schools, community programs, and care institutions by prioritizing predictable routines, sensitive communication, reflective professional practice, and opportunities for emotional expression. The broader review of trauma and resilience in institutional settings further supports the idea that vulnerable populations benefit when support systems aim not only to manage risk, but to strengthen resilience and adaptive capacity (Pîrvu & Rad, 2025). Restorative and relationship-based intervention models also have important socio-educational value. Although restorative approaches are often associated with criminal justice, their underlying principles, dialogue, accountability, reparation, participation, and reintegration, are equally relevant to vulnerable educational and care settings. Restorative justice-informed social work emphasizes the importance of rebuilding relationships and creating contexts in which individuals are not reduced to problems, but engaged as participants in constructive social processes (Vlai & Rad, 2025). In rural schools, restorative practices may support conflict resolution, participation, and belonging. In residential care, they may strengthen communication, dignity, and collective life by encouraging more inclusive and respectful forms of interaction.

The quality of intervention also depends on professional preparation. New directions in teacher training suggest that early childhood and primary education require professionals capable of responding to inclusion, diversity, and changing social realities with flexibility and competence (Balas & Torkos, 2025). This is crucial for rural areas, where teachers often function as key agents of early identification, support, and community mediation. Likewise, socio-educational

interventions for older adults require staff trained not only in care routines, but also in psychosocial facilitation, communication, and active aging approaches (Gheorghiu & Rad, 2025). Effective intervention models are therefore inseparable from professional development.

Finally, socio-educational intervention models must be evaluated against the broader context of social inequality and unmet need. Rural vulnerability is consistently associated with reduced access to health, care, and developmental resources (Leight, 2003; Mayer et al., 2005; Gonzalez et al., 2018a; Gonzalez et al., 2018b). Child development is shaped by social inequities from early on (da Silva et al., 2015), while older adults in rural or highly vulnerable environments face context-specific burdens that influence how support must be organized (Pavarini et al., 2017; Joseph & Cloutier-Fisher, 2004). This means that intervention models cannot be generic. They must be adapted to territorial realities, institutional capacity, and the lived experiences of beneficiaries.

Socio-educational intervention models for rural children and older adults are most effective when they combine pedagogical innovation, psychosocial support, community participation, and institutional coordination. Non-formal education, mentoring, whole school participation strategies, community development, cognitive stimulation, intergenerational programming, trauma-informed support, and restorative practice each offer important resources for addressing vulnerability. Their common strength lies in the fact that they do not isolate educational or care needs from the social environments in which they emerge. Instead, they treat vulnerability as a relational condition and intervention as a collaborative, developmental, and ethically grounded process.

Policy implications and community-based strategies for social inclusion

The preceding analysis suggests that vulnerability among rural children and older adults in residential care cannot be adequately addressed through isolated interventions or sector-specific responses. When disadvantage is produced through the interaction of territorial inequality, institutional fragility, unmet developmental needs, and weakened social bonds, policy responses must be equally integrated. Social inclusion, in this sense, is not achieved simply by expanding access to services in a formal sense. It requires public policies and institutional practices capable of linking education, social work, health-related support, and community development into coherent systems of care and participation (Ranci, 2010; Fineman, 2012). The policy

challenge is therefore twofold: to reduce structural inequalities that generate vulnerability and to strengthen local institutional capacity to respond in relational, preventive, and sustainable ways.

A first implication concerns the need for integrated social services in territorially vulnerable environments. Rural inequality is often sustained by fragmented infrastructures of support, where education, health, and social protection operate in parallel rather than in coordination. Research on vulnerable populations in rural settings shows that unmet need is shaped not only by personal circumstances, but by geographic isolation, limited institutional density, and restricted access to specialized services (Leight, 2003; Mayer et al., 2005; Gonzalez et al., 2018a; Gonzalez et al., 2018b). For children, this means that school disadvantage is often inseparable from family precarity, transportation barriers, and limited psychosocial support. For older adults, especially those moving into or living within residential care, it means that health, social isolation, and dependency must be addressed together rather than through compartmentalized care routines (Joseph & Cloutier-Fisher, 2004; Pavarini et al., 2017). Policy frameworks should therefore prioritize integrated case coordination and place-based service design rather than assuming that institutional specialization alone ensures effectiveness.

This logic is especially important in rural communities affected by migration and depopulation. Where out-migration reduces adult presence, weakens care networks, and destabilizes local institutions, public policy must move beyond compensatory service delivery and toward community regeneration. Evidence from rural Romania indicates that migration affects community cohesion by eroding trust, intergenerational continuity, and everyday support structures that sustain both children's development and the social well-being of older adults (Goldschmidt & Rad, 2025). A policy response that focuses only on the individual beneficiary risks missing the broader ecology of exclusion. By contrast, theory-of-change approaches centered on rebuilding community cohesion show that social inclusion becomes more viable when education, local government, civil society, and social services act through mutually reinforcing mechanisms (Goldschmidt & Rad, 2026). This suggests that sustainable policy should treat school participation, active aging, and community resilience as interconnected policy domains rather than separate sectors.

A second implication concerns educational policy. Reducing rural inequality requires more than equal curricular provision; it requires differentiated strategies capable of addressing uneven starting points, diverse learning pathways, and structural barriers to participation. Comparative evidence on rural–urban educational disparities

demonstrates that educational inequality is deeply embedded in broader patterns of social stratification and territorial disadvantage (Zhang et al., 2015). National and local educational policies should therefore support flexible, inclusion-oriented learning environments, especially in early childhood and primary education, where vulnerability can either accumulate or be mitigated. The alignment of cognitive education, inclusive assessment, and learning progression is particularly important in this respect, because it allows institutions to recognize developmental diversity without reducing vulnerable children to fixed deficit categories (Colareza et al., 2026).

The policy relevance of school participation is also evident from whole school research, which shows that engagement depends on more than school attendance or instructional delivery. Participation is relational and institutional: it emerges when schools are able to build trust, communicate with families, cooperate with other services, and create meaningful conditions of belonging (Certini et al., 2025). This has direct implications for social inclusion policy. Ministries, inspectorates, and local authorities should support frameworks in which schools function as hubs of coordinated intervention, especially in communities marked by poverty, depopulation, or family instability. Such a perspective would also align with broader calls for teacher preparation that equips educational professionals to respond to complexity, inclusion, and developmental diversity in practice (Balas & Torkos, 2025).

At the level of pedagogical policy, support should be extended to non-formal, community-based, and experiential educational strategies. Innovative educational environments are not merely supplements to formal instruction; they can serve as inclusion mechanisms for children who are otherwise at risk of disengagement. Outdoor education, non-formal learning, and creative participatory methods have all been shown to strengthen social involvement, innovation, and active participation (Torkos & Egerau, 2020a; Coşarbă & Torkos, 2024). However, for such models to become sustainable rather than exceptional, policy must ensure that institutions have the resources, training, and procedural guidance necessary to implement them responsibly. This includes attention to risk management, especially when working with vulnerable children in non-traditional learning environments (Torkos, 2018). In addition, policies promoting intercultural and future-oriented values can contribute to more inclusive educational climates, even in settings not usually framed as multicultural, by preparing children for social worlds shaped by mobility, diversity, and change (Torkos & Egerău, 2022).

A third major implication concerns the governance of residential elder care. Older adults in institutional settings should not be positioned merely as recipients of protection, but as persons whose quality of life depends on the preservation of dignity, agency, and relational belonging. Ethical scholarship on aging emphasizes that vulnerability in later life is not simply the result of biological decline; it is intensified or mitigated by the responsiveness of social arrangements and care institutions (Fineman, 2012; Sanchini et al., 2022). Policy for residential care must therefore move beyond custodial models and explicitly support active aging, psychosocial stimulation, and meaningful participation. This includes investment in evidence-based psychosocial therapies, cognitive stimulation programs, and therapeutic environments that maintain social engagement and emotional well-being (Gheorghiu & Rad, 2025). Such measures are not optional enhancements; they are central to a rights-based understanding of care quality.

The relevance of such policy orientations becomes clearer when viewed through the lens of old-age vulnerability. Frameworks for understanding later-life risk emphasize that exposure to loss, dependency, and declining health becomes especially harmful when individuals lack coping resources, reciprocity, and institutional support (Schröder-Butterfill & Marianti, 2006). Residential institutions must therefore be evaluated not only by the adequacy of physical care, but also by their capacity to provide relational, psychological, and social continuity. For older adults originating from rural or high-vulnerability settings, these needs may be even more pronounced, since past exposures to inequality often shape the conditions under which institutional aging unfolds (Pavarini et al., 2017). Policy should thus integrate social care quality indicators that capture well-being, participation, and emotional life, not only safety and service provision.

A fourth implication concerns the role of trauma-informed and restorative frameworks in public policy and institutional culture. Vulnerable populations often experience not only objective disadvantage, but also repeated forms of dislocation, dependency, invisibility, and loss of control. Trauma-informed approaches in social work emphasize the importance of ethical grounding, relational safety, interdisciplinary cooperation, and the avoidance of institutional practices that reproduce helplessness or exclusion (Runcan et al., 2025). These principles can inform both school and elder care policy by encouraging systems that are predictable, participatory, and sensitive to the emotional realities of beneficiaries. The broader literature on trauma and resilience in institutional settings further supports the need for policies that do not treat vulnerability simply as a

category for control, but as a condition requiring recovery-oriented, resilience-building responses (Pîrvu & Rad, 2025).

Restorative principles can complement this orientation by shifting policy emphasis from management to relationship-building. Although developed prominently in justice-related contexts, restorative approaches provide a useful conceptual framework for schools, social services, and residential institutions because they foreground dialogue, accountability, inclusion, and the repair of relational fractures (Vlai & Rad, 2025). In practical terms, restorative policy strategies might include participatory decision-making within institutions, family-inclusive support planning, intergenerational programs, and community forums through which beneficiaries and local actors contribute to social problem-solving. Such approaches are especially relevant in communities where exclusion has become normalized and trust in institutions has eroded.

Community-based strategies are therefore indispensable to social inclusion. The social vulnerability of rural children and older adults is shaped as much by the strength of local relationships and institutions as by the content of specific services. Programs that encourage intergenerational contact, community participation, civic belonging, and shared local responsibility can strengthen both child development environments and the quality of later-life care. When communities are viewed as active social ecosystems rather than passive settings for service delivery, interventions become more sustainable and more likely to generate cumulative effects (Goldschmidt & Rad, 2026). In this sense, community-based policy is not a secondary supplement to institutional action; it is one of the conditions that makes institutional inclusion meaningful.

Contemporary policy must also take seriously the role of innovation and digital mediation. Studies on digital agency and the adoption of artificial intelligence in educational settings show that participation in new systems depends not simply on access, but on ethical design, perceived control, and the quality of institutional guidance (Rad et al., 2026; Runcan et al., 2026). This insight is directly relevant to social inclusion policy. Whether in schools or care institutions, innovation can either reduce or deepen exclusion depending on how it is governed. Policies that promote digitalization without addressing agency, ethics, and support risk reproducing disadvantage under new technological forms. Conversely, digitally supported services and educational innovations can enhance inclusion when they are embedded in human-centered institutional practices and adapted to the needs of vulnerable users.

At a broader level, the policy implications of this analysis point to the need for coherence across social sectors. Rural childhood vulnerability, school participation, active aging, and residential well-being should not be addressed through isolated ministerial logics or short-term project fragmentation. Instead, policy should encourage cross-sector collaboration among education, social work, health, and local governance structures. Such coherence is also necessary because child development is influenced by social inequities from early stages onward (da Silva et al., 2015), while older adults remain dependent on socially organized responsibility for dignity and support in later life (Fineman, 2012). Public policy must therefore acknowledge that inclusion is not the automatic outcome of service presence, but the product of intentional coordination between institutions and communities.

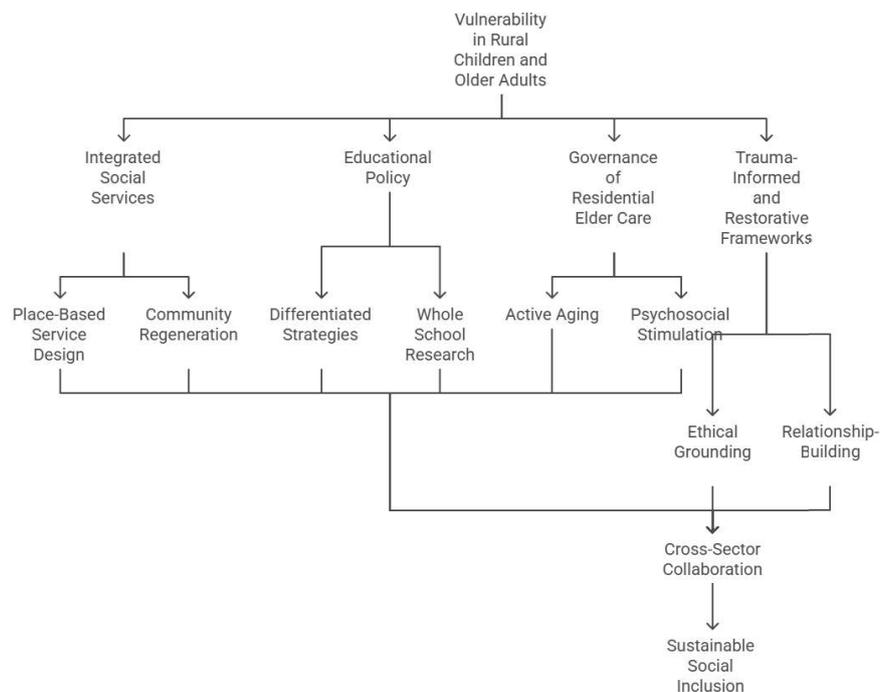


Figure 1. Integrated socio-educational policy framework for addressing vulnerability among rural children and older adults

Figure 1 illustrates the conceptual architecture linking vulnerability in rural children and older adults with key policy and intervention domains. It highlights four major pillars: integrated social services, educational policy responses, governance of residential elder care, and trauma-informed and restorative frameworks. These domains converge through cross-sector collaboration, emphasizing place-based service

design, community regeneration, differentiated educational strategies, whole-school participation, active aging initiatives, and psychosocial stimulation programs. Together, these interconnected mechanisms support ethical grounding, relationship-building, and sustainable pathways toward long-term social inclusion. The framework aligns with recent educational research emphasizing the role of teacher–parent communication, mentoring practices, and innovative pedagogical approaches in strengthening resilience, engagement, and socio-emotional development among vulnerable learners, while supporting inclusive and community-oriented educational environments (Dughi, 2020; Dughi & Bold, 2022; Dughi & Coșarbă, 2025; Dughi et al., 2025).

In conclusion, community-based social inclusion requires a policy architecture capable of linking structural equity with relational care. For rural children, this means reducing territorial educational inequality, strengthening school participation, supporting non-formal and innovative learning, and rebuilding local systems of trust and care. For older adults in residential care, it means promoting active aging, psychosocial well-being, ethical care environments, and opportunities for meaningful participation. Across both groups, the most effective strategies are those that combine integrated services, trauma-informed and restorative principles, educational innovation, and community regeneration. Social inclusion, ultimately, becomes sustainable not when vulnerable groups are merely protected, but when institutions and communities are reorganized so that participation, dignity, and belonging become realistic possibilities in everyday life.

References

- Balas, C. E., & Torkos, H. (2025). Early childhood education and primary education in Romania: New directions in teacher training and current challenges. *Journal Plus Education*, 39(2), 255–266.
- Certini, R., Mara, D., Distefano, C., & Rad, D. (2025). The Level of School Participation of Children in the Transylvanian Territory: An Exploratory Analysis Within a Whole School Approach Framework. *Revista Romaneasca pentru Educatie Multidimensionala*, 17(4), 617-640.
- Colareza, C., Bocoș, M. D., Rad, D., Ivan, S., Paraschiv, R. V., Neacșu, M. G., ... & Lăcătuș, R. (2026). Cognitive Education and Innovative Assessment in Primary School: Aligning Inclusion, Learning Progressions, and Romania's OECD–PISA Challenges. *Social Sciences*, 15(1), 24.

- Coșarbă, E. M., & Torkos, H. (2024). Means of transformation of traditional teaching methods and innovation fostering through outdoor education and non-formal activities. *Journal Plus Education*, 37(1), 477–484.
- da Silva, D. I., Larocca, L. M., Chaves, M. M. N., & de Azevedo Mazza, V. (2015). Vulnerability in child development: influence of social inequities. *Revista Brasileira em Promocao da Saude*, 28(1), 58.
- Dughi, D. (2020). Mentoring in lifelong learning for teachers-example of good practice. *Educația Plus*, 26(1), 247-253.
- Dughi, D., & Bold, I. (2022). Language teaching and emotional intelligence developing at preschool age, through fairy tales and stories. *Journal Plus Education*, 31(2), 83-96.
- Dughi, D., & Cosarba, E. M. (2025). Education and resilience: how teacher–parent communication can shape children's futures. *Journal Plus Education*, 38(Special Issue), 276-284.
- Dughi, D., Paul, B. P., & Grindeanu, B. (2025). Innovative approaches to stimulating interest in reading. *Journal Plus Education*, 37(1), 531-543.
- Fineman, M. A. (2012). Elderly as vulnerable: Rethinking the nature of individual and societal responsibility. *Elder LJ*, 20, 71.
- Gheorghiu, A., & Rad, D. (2025). Evidence-based psychosocial therapies for enhancing well-being and promoting active aging in elderly care facilities. *Journal Plus Education*, 39(2), 395–415. <https://doi.org/10.24250/jpe/2/2025/AG/DR>
- Goldschmidt, E., & Rad, D. (2025). The effects of migration on community cohesion in rural Romania: Antecedents and consequences. *Journal Plus Education*, 39(2), 437–459. <https://doi.org/10.24250/jpe/2/2025/EG/DR>
- Goldschmidt, E., & Rad, D. (2026). Rebuilding community cohesion in migrant-sending villages: A theory-of-change model for social work and public policy in depopulating rural Romania. *Rural and Regional Development*, 4(1), 10005. <https://doi.org/10.70322/rrd.2026.10005>
- Gonzalez, K. M., Shaughnessy, M. J., Kabigting, E. N. R., West, D. T., Robinson, J. C., Chen, Q., & Fahs, P. S. (2018). The healthcare of vulnerable populations within rural societies: a systematic review. *Online Journal of Rural Nursing & Health Care*, 18(1), 112-147.
- Gonzalez, K. M., Shaughnessy, M. J., Kabigting, E. N. R., West, D. T., Robinson, J. F. C., Chen, Q., & Fahs, P. S. (2018). A systematic review of the health of vulnerable populations

- within US rural societies. *Online Journal of Rural Nursing and Health Care*, 18(1), 112-147.
- González-García, C., Lázaro-Visa, S., Santos, I., Del Valle, J. F., & Bravo, A. (2017). School functioning of a particularly vulnerable group: Children and young people in residential child care. *Frontiers in psychology*, 8, 1116.
- Joseph, A. E., & Cloutier-Fisher, D. (2004). Ageing in rural communities: Vulnerable people in vulnerable places. In *Ageing and place* (pp. 149-162). Routledge.
- Leight, S. B. (2003). The application of a vulnerable populations conceptual model to rural health. *Public Health Nursing*, 20(6), 440-448.
- Mayer, M. L., Slifkin, R. T., & Skinner, A. C. (2005). The effects of rural residence and other social vulnerabilities on subjective measures of unmet need. *Medical Care Research and Review*, 62(5), 617-628.
- Pavarini, S. C. I., Neri, A. L., Brigola, A. G., Ottaviani, A. C., Souza, É. N., Rossetti, E. S., ... & Luchesi, B. M. (2017). Elderly caregivers living in urban, rural and high social vulnerability contexts. *Revista da Escola de Enfermagem da USP*, 51, e03254.
- Pîrvu, B. & Rad, D. (2025). Bridging trauma and resilience: An evidence-based review of psychosocial interventions in immigration detention and custody centers. *Journal Plus Education*, 39(2), 334–353.
- Rad, D., Roman, A., Egerău, A., Ignat, S., Balaş, E., Dughi, T., Bocoş, M., Mara, D., Mara, E.-L., Costin, A., Marcu, R., Colareza, C. C., Coman, C., & Rad, G. (2026). Empowered or Constrained? Digital Agency, Ethical Implications, and Students' Intentions to Use Artificial Intelligence. *Behavioral Sciences*, 16(2), 222. <https://doi.org/10.3390/bs16020222>
- Ranci, C. (2010). Social vulnerability in Europe. In *Social vulnerability in Europe: The new configuration of social risks* (pp. 3-24). London: Palgrave Macmillan UK.
- Roman, A., Dughi, T., Rad, D., Costin, A., & Torkos, H. (2025). Innovative approaches to contemporary trends in education. Peter Lang Publishing Group.
- Runcan, P., Runcan, R., Rad, D., & Cădariu, I. E. (2025). Trauma-informed interventions in social work: ethical grounding, philosophical reflections, and interdisciplinary practices. *Interdisciplinary Research in Counseling, Ethics and Philosophy-IRCEP*, 5(13), 1-28.

- Runcan, R., Runcan, P. L., Rad, D., & Marina, L. (2026). Exploring Students' Attitudes Toward the Integration of Artificial Intelligence in Education. *Societies*, 16(1), 21.
- Sanchini, V., Sala, R., & Gastmans, C. (2022). The concept of vulnerability in aged care: a systematic review of argument-based ethics literature. *BMC medical ethics*, 23(1), 84.
- Schröder-Butterfill, E., & Marianti, R. (2006). A framework for understanding old-age vulnerabilities. *Ageing & Society*, 26(1), 9-35.
- Torkos, H. (2018). Risk management in outdoor learning experiences. *Educația Plus*, 19(1), 185-198.
- Torkos, H., & Egerau, A. M. (2020). Outdoor education and its influence on the successful involvement of pupils in the social life. *Postmodern Openings*, 11(4), 127-143.
- Torkos, H., & Egerau, A. M. (2020). The Use of Informational Technologies in the Outdoor Educational Activities in Times of Special Educational Situations. *Revista Romaneasca Pentru Educatie Multidimensionala*, 12(3), 107-124.
- Torkos, H., & Egerău, A. M. (2022). Students opinion on the values of intercultural education as education for future in primary school. *Postmodern Openings*, 13(3), 86-105.
- Vlai, A., & Rad, D. (2025). Restorative justice-informed criminal justice social work and probation services. *International Journal of Social and Educational Innovation (IJSEIro)*, 12(23), 209–232.
- Zhang, D., Li, X., & Xue, J. (2015). Education inequality between rural and urban areas of the People's Republic of China, migrants' children education, and some implications. *Asian development review*, 32(1), 196-224.