



A double-blind, peer-reviewed, open-access, and an HEC-recognized **Y-category** Journal

Research Journal of Human and Social Aspects

Web link: <https://rjhsa.com/index.php/rjhsa>

P-ISSN: [3006-9696](https://doi.org/10.71085/rjhsa.04.03.115), E-ISSN: [3006-970X](https://doi.org/10.71085/rjhsa.04.03.115)

Volume 4 Issue 3, 2026, Page Rang: 322-342



Barriers Faced by Students with Special Needs in Accessing Quality Inclusive Education at Primary School Level

Dr. Zahid Hussain Sahito¹ Aijaz Ali Shaikh² Altaf Hussain Pathan³ Agha Muhammad Ali⁴

¹ Assistant Professor Department of Teacher Education, Shah Abdul Latif University, Khairpur, Pakistan.

² Assistant Professor, Department of Mathematics, Shah Abdul Latif University, Khairpur, Pakistan.

³ MPhil Education Scholar, Department of Teacher Education, Shah Abdul Latif University, Khairpur, Pakistan.

⁴ MPhil Education Scholar, Department of Teacher Education, Shah Abdul Latif University, Khairpur, Pakistan.

Correspondence Author: zahid.sahito@salu.edu.pk

Article information

Article History:

Received: 2026-06-20

Received in revised form: 2026-07-19

Accepted: 2026-08-03

Published Online: 2026-08-16

Keywords:

Assistive Technology; Inclusive Education; Special Educational Needs; Learning Outcomes; Mainstream Schools.

ABSTRACT

Background The meaning of inclusive education in primary level is necessary as students with special needs should not merely be provided with access to school but with meaningful learning, security, inclusion, dignity, and inclusion. The research paper looked at the key challenges encountered by the students with special needs in obtaining quality inclusive education at primary school level. It was a qualitative study with a descriptive design. The information was gathered using semi-structured interviews with teachers, head teachers, parents, and students, classroom observations and school-accessibility checklists. Thematic analysis was applied to identify recurring barrier domains. The researchers conducted a study revealing that students experienced interrelated physical, instructional, curriculum, social, attitudinal, and administrative obstacles. Instructional barriers prevailed most with whole-class teaching, limited differentiation, the weakening feedback and the rigid assessment. Physical barriers encompassed the unavailability of toilets, ramps, inadequate assistive equipment, and the unavailability of resource rooms. Measures that manifested as social barriers included teasing, isolation of peers, low expectations, and the poor anti-bullying measures. The weaknesses in administration manifested in the form of ignorance of written accommodation plans, referral system, and budget support, specialist collaboration, and systematic monitoring. The findings reveal that inclusive education cannot be evaluated through enrolment. Inclusion of quality implies trained teachers, available facilities, modified materials, flexible testing, excellent leadership, communication to parents and school culture upholding the dignity of every learner.



© 2026 by the Authors. Licensee Sahito, Shaikh, Pathan & Ali. This article is an open-access distributed under the terms and conditions of the Creative Commons Attribution (CC BY) License <https://creativecommons.org/licenses/by/4.0/>

1. Introduction

Inclusive education has emerged as a key indicator of educational justice due to its inquiry into whether one can teach all children together without expectations, dignity and quality being compromised. The primary-school years are critical to students with special needs, especially those with physical, sensory, intellectual, communication, or social-emotional disabilities: it is during this time that literacy, numeracy, peer belonging, classroom routines, and confidence are established. On the international level, the right to inclusive, quality, and free primary education is safeguarded by Article 24 of the Convention on the Rights of Persons with Disabilities and supported by the Sustainable Development Goal agenda that connects the notions of inclusion with equity and learning outcomes (United Nations, 2006; UNESCO, 2020). Nonetheless, studies indicate that a mainstream classroom placement does not necessarily lead to inclusion. Inclusion assumes available infrastructure, prepared teachers, differentiated academics, available aids, supportive leadership, family involvement, and the anti-stigma school culture (Ainscow, 2020; Hehir et al., 2016; UNICEF, 2021).

The issue that the current paper deals with is that there are a large number of students with special needs present in primary schools, but not involved with obtaining quality learning, both academically and socially. Pakistani and similar low and middle-income settings have shown empirically that children with disabilities tend to be placed in boards without ramps, toilets accessible to them, adapted learning materials, individual learning plan, classroom aides or teachers who have undergone training in inclusive pedagogy (Farooq, 2012; Usman et al., 2022). Inclusion may lack any practical application when the teachers are left to handle huge classes without much professional training. Other studies in Spain,

Bangladesh, Botswana, Australia, and Ghana also find that the teacher can be supportive of inclusion in principle but feel that they are not ready to adapt curriculum, address behavioural diversity, flexibly assess learning and employ assistive technology (Ahmmed et al., 2012; Chhabra et al., 2010; Chiner and Cardona, 2013; Forlin et al., 2008; Kuyini et al., 2016; Vaz et al., 2015).

The obstacles that students with special needs encounter are multi and mutually reinforcing. The presence of physical barriers limits entry, movement, hygiene, and play or congregation. Pedagogical barriers can be seen when the teaching is performed using a single method and single pace and a single assessment. Attitudinal hindrances occur when disability is perceived as an inability, charity/discipline problem as opposed to a difference warranting reasonable accommodation. The social barriers are manifested by bullying, isolation, low acceptance of peers, and parent fears that the child will be neglected or humiliated by peers or parents. The barriers in administration occur when schools do not have real-time data, screening, referrals, budgetary allocation, resource rooms and specialist teachers or accountability as regards accommodations (Mantey, 2017; Mukhopadhyay et al., 2012; Ojok and Worman, 2013). The barriers hardly function independently. A hearing impaired child, say, can experience poor acoustics in the classroom, the lack of hearing assistance, a teacher who did not study the adaptation of communication, as well as classmates who fail to appreciate silence as lack of interest.

Quality is the key issue. The ability to comprehend the lesson, to engage with an activity, to get feedback, use relevant materials, and show progress is a complete access to school. Inclusive education cannot be evaluated based on numbers of enrolment alone thus it should be measured using attendance, participation, achievement, safety and belonging. Kenyan primary school

evidence supports the benefits of having inclusion strategies enhance participation where teachers do not just rely on goodwill by utilizing tangible strategies like peer support, flexible grouping, tactile materials, and collaborative planning (Elder et al., 2016). On the same note, a study on teacher efficacy indicates that those teachers who had the perception that they could cope with inclusive education were more likely to change in their classroom lessons (Sharma et al., 2012).

The present research was based on the premise that students with special needs are educationally marginalized in a cascade of obstacles at the school, classroom, family and system levels. This paper aimed to study these obstacles at the most basic level as well as to create a narrow set of empirical research foundations. It was structured in terms of the following three objectives: to determine the key physical, instructional, attitudinal, social and administrative barriers faced by students with disabilities; to examine the impacts of these barriers on accessing quality inclusive education and to provide a research methodology on the investigation of these barriers in primary schools. The paper adheres to a rights-based and social-model conceptualization of disability by addressing barriers instead of deficits in the child, in which the primary

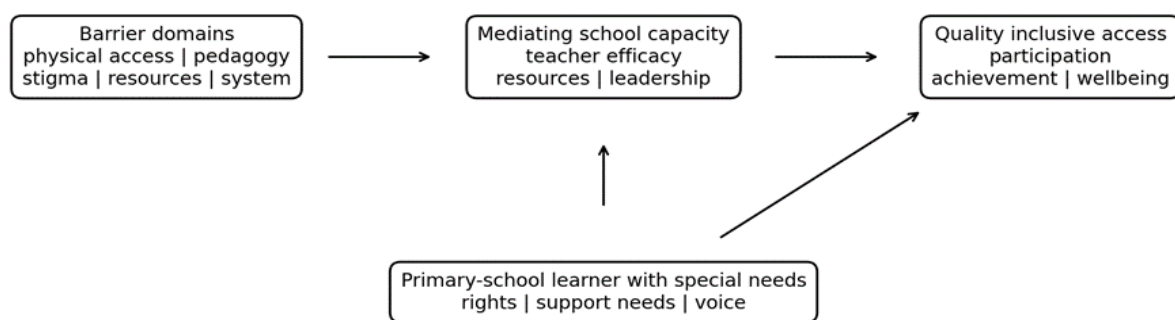
question is not whether the school can accommodate the child, but whether the school has been reconfigured to educate the child effectively. In particular, this emphasis is of particular concern in primary level since initial exclusion is particularly cumulative: delayed phonics, poor number sense, repeated under-performance, and peer rejection are later manifested as poor ability when the initial issue involved lack of accommodation. The barrier-based analysis thus insulates the schools against accusations of the learner and focuses efforts on the more viable changes like early screening, classroom differentiation, safe transportation, accessible washrooms, parent communication, and keeping track of actual learning progress. Quality inclusiveness must be determined by what a child can accomplish with help and not a child has simply been permitted to sit in a regular classroom, the paper argues. This stand also aligns with modern Q1-level scholarship that includes inclusion as a school-improvement process that is quantifiable, ongoing, and touched on by the five aspects of access, participation, achievement, wellbeing, and accountability as opposed to only a motto or administrative category in actual primary classrooms with varied learners, family, educators, communities, and answerable systems.

Table 1. *Barrier Domains and Practical Indicators for Quality Inclusive Education*

Barrier domain	Practical indicators	Quality risk for students
Physical/material	Ramps, toilets, seating, lighting, transport, assistive devices, adapted books	Child is enrolled but cannot move, see, hear, write, or participate safely
Instructional	Differentiated teaching, IEPs, multi-sensory materials, feedback, classroom aides	Child attends lessons but does not access content or demonstrate learning
Curriculum/assessment	Flexible pace, alternative tasks, modified assessment, accessible language	Child is judged by one standard format rather than supported fairly

Barrier domain	Practical indicators	Quality risk for students
Social/attitudinal	Peer acceptance, anti-bullying routines, teacher expectations, family trust	Child feels isolated, ashamed, unsafe, or invisible in class
Administrative/systemic	Training, budget, referral, data, leadership, monitoring of accommodations	Inclusion depends on individual goodwill rather than school accountability

Figure 1. *Conceptual Framework Linking Barrier Domains with Quality Inclusive Access*



2. Literature Review

Empirical studies continuously reveal that the impediments to inclusive schooling at primary level start with the imbalance between the dedication to policy and the school proficiency. Farooq (2012) studied students with disabilities in general schools in Pakistan, found that pupils, parents and teachers listed insufficient facilities, poor training of teachers, poor learning support to students and social awkwardness as key issues. Like Usman et al. (2022), who surveyed primary head teachers in Punjab, they found that insufficient resource base, the lack of clear implementation arrangements, and limited professional readiness, limited inclusion practices. These results are significant as they indicate that such a barrier cannot be connected only with the unwillingness of parents or disability of a child; it is the inability of the school to drive

an inclusive policy toward day-to-day assistance.

One of the best themes researched in the empirical literature concerns teacher preparedness. In Bangladesh, Ahmmed et al. (2012) discovered that inclusiveness teacher attitudes were influenced by teacher training, teacher perceived competence, and exposure to students with disabilities. In a large-scale study at primary-school, Vaz et al. (2015) also established that teacher self-efficacy, school support, and prior experience of disability were linked to attitude. Chiner and Cardona (2013) have reported that Spanish teachers were willing to accept the principle of inclusion but found their own skills, time, material resources, and support personnel to be inadequate. Chhabra et al. (2010) and Mukhopadhyay (2014) found similar trends in Botswana, where educators favored the ethical rationale of inclusion but expressed concerns about overcrowding, exam

pressure, and unavailability of expertise. These studies, however, collectively imply that negative attitudes can be characteristics of structural insecurity more than mere prejudice is.

Curriculum barriers and instructional barriers are also definitive. Otukile-Mongwaketse et al. (2016) revealed that Botswana teachers found it challenging to differentiate the curriculum to facilitate the learning experience of learners with learning difficulties due to lack of instruction on effective change, differentiation and assessment options. Researchers in Kenyan primary schools (Elder et al., 2016) discovered that inclusive strategies became more apparent when teachers resorted to peer tutoring, cooperative groups, the use of local materials, and flexible classroom routines. As demonstrated by Kuyini et al. (2016), the teachers of Ghanaian origin found such matters as individualised instruction, classroom management and cooperation with families to be critical to inclusion. But without these competencies the students with special needs were subjected to the formal lesson with little valuable access to the content. It is this difference between exposure and learning that is the key to quality inclusive education.

Assistive resources and physical access are constant obstacles, particularly in the resource-limited environment. Mukhopadhyay et al. (2012) discovered that learners with disabilities in Botswana primary schools experienced a lack of adapted tools, buildings with poor accessibility, and low levels of services of specialists. The outcomes of a report on the support of children with visual impairment in Ugandan mainstream schools described by Lynch, McCall, Douglas, McLinden, and Bayo (2011) were that such support was ineffectual with poor transport, Braille provision, and coordination of teachers. Similar reliance on itinerant support of learners with visual impairment was reported in Kenya by Lynch,

McCall, Douglas, McLinden, Mogesa, Mwaura, Muga, and Njoroge, (2011). These research works demonstrate that inclusive education requires material infrastructure and not inclusive language.

Children are influenced by social and cultural obstacles, which determine the level of safety experienced by children. The results of a research conducted by Mantey (2017) revealed that children with disabilities in Southern Ghana have to face discrimination in general schools: neglect, verbal abuse, and low expectations. Devries et al. (2014) documented that violence against children with disabilities in primary-school was a risk to children in Uganda, so protection is a quality-of-education problem. In regular schools Pijl, Frostad, and Flem (2008) demonstrated that pupils with special educational needs tended to hold weaker social positions than other children. A study conducted by Ndeti et al. (2016) discovered the presence of stigmatizing attitudes in Kenyan primary school children in relation to mental illness, which implies that peer beliefs are to be tackled at early stages. These researches explain that inclusion takes a concerted social training, rather than a physical location.

There are also systems of leadership, family engagement, and community systems that impact access. In Rwanda, Karangwa et al. (2010) demonstrated that responses on a community level could support the identification of children with disabilities and encourage a challenge of exclusion. Juma and Lehtomaki (2016) discovered the three elements of system transformation, teacher development, and local ownership to be vital in moving Zanzibar towards a more inclusive system. McConkey and Mariga (2011) based their argument on Zanzibar studies that inclusive education may thrive on social capital in situations where families, schools and communities are working together. The authors, Main, Chambers, and Sarah (2016) demonstrated in the Seychelles that the

attitudes of teachers were ameliorated where assistance regarding transition to inclusive education was enabled by the policy, training, and school-level directions. These results suggest the idea of inclusion as an ecosystem, rather than an independent classroom practice.

Comprehensively, empirical literature determines five barrier domains (inaccessible environments, lack of teacher competence, inflexible curriculum and assessment, poor social attitudes, ineffective administrative support). The best studies also caution against considering these barriers as distinct checklists. According to Forlin et al. (2008), when the focus on the workload, behaviour management and resources is not combined, teacher concerns increase. In their study, Ojok and Wormnaes (2013) established that the readiness to include pupils with intellectual disabilities was influenced by beliefs, experience, and support of rural teachers. Sharma et al. (2012) also demonstrated that collaboration, instruction and behaviour management are related to teacher efficacy. Thus, quality inclusive education in the primary level implies joint activity in terms of school infrastructures, classroom pedagogy, teacher development, family partnership and responsibility of policies. Another trend in the literature is that there are greater

barriers where poverty, gender, rurality, and disability diverge. The children requiring assistive equipment might incur transport expenses, ability stigmatization at home or unreachable healthcare services or slow certification. There may be increased constraints on girls with disabilities by safety issues and cultural norms, and in rural schools there may be less trained teachers, or less referral networks. The empirical evidence, thus, substantiates an ecological approach: the accessibility of the student is determined by concomitant student decision-making together with the teacher, the head teacher, the family, the community and the education department. Due to this reason, study on inclusive education must consider many parties instead of basing studies on teacher questionnaires. It too must look at the classroom itself, as schools can claim they have inclusive enrolment, yet the students can be silent, unsupported, or even isolated in a social space, during a lesson. The overall results presented in the reviewed articles are that such factors are the most detrimental when they are established as the norm: fixed seating, oral-only teaching, unreachable toilets, penalty against slow work, and lack of systematic peer support. These habits make the normal school practices an exclusionary behavior of vulnerable children in the day-to-day classroom life many times over.

Table 2: *Empirical Evidence Matrix on Barriers to Inclusive Education*

Empirical source	Context / focus	Barrier evidence used in this paper
Farooq (2012)	Ordinary schools in Pakistan	Facilities, teacher readiness, and parent/student concerns
Usman et al. (2022)	Primary schools in Punjab, Pakistan	Practice barriers, resource gaps, and implementation weaknesses
Ahmmed et al. (2012)	Bangladesh teachers	Training and perceived competence linked with attitudes
Vaz et al. (2015)	Primary-school teachers	Teacher self-efficacy and school support linked with inclusion attitudes

Empirical source	Context / focus	Barrier evidence used in this paper
Chiner & Cardona (2013)	Spanish kindergarten, elementary, and secondary teachers	Insufficient skills, time, resources, and personal support
Chhabra et al. (2010)	School teachers in Botswana	Moral support for inclusion but concerns about resources and preparation
Mukhopadhyay (2014)	Botswana primary teachers	Teacher perception barriers in inclusive primary schooling
Otukile-Mongwaketse et al. (2016)	Botswana primary schools	Difficulties adapting curriculum for learning difficulties
Elder et al. (2016)	Kenyan primary schools	Need for practical inclusive strategies beyond attitudes
Kuyini et al. (2016)	Ghanaian teachers	Competencies needed for inclusive instruction and collaboration
Mukhopadhyay et al. (2012)	Botswana primary learners with disabilities	Adapted materials, buildings, and support services
Lynch et al. (2011a)	Ugandan mainstream schools	Uneven itinerant support for children with visual impairment
Lynch et al. (2011b)	Kenyan mainstream schools	Need for coordinated resources for children with visual impairment
Mantey (2017)	Mainstream schools in Southern Ghana	Discrimination, neglect, verbal abuse, and low expectations
Devries et al. (2014)	Primary school children in Uganda	Violence against children with disabilities
Pijl et al. (2008)	Regular schools	Weak peer social position of pupils with SEN
Ndetei et al. (2016)	Kenyan primary school children	Stigmatizing attitudes toward mental illness
Karangwa et al. (2010)	Rwanda community-level responses	Community action and identification of disabled children
Juma & Lehtomaki (2016)	Zanzibar system transformation	System, teacher development, and local ownership barriers
Main et al. (2016)	Seychelles transition to inclusion	Policy support and training influence teacher attitudes

3 Research Methodology

Research Design

The research design involved the use of descriptive qualitative research design to investigate the impediments experienced by

the students with special needs to obtain the quality inclusive education at the primary school level. A qualitative method was chosen as the study had to comprehend the lived experiences, school practices, and contextual conditions and not to consider a statistical

correlation. The design enabled the researcher to gather systematic narratives on students, teachers, and head teachers as well as parents on access, participation, classroom support, safety, and quality of learning.

Participants and Sampling

The schools that were involved in the research were selected schools with primary students who had special needs enrolled. Purposive sampling was resorted to due to the requirement of 1st hand experience of inclusive education. Primary teachers, head teachers, parents of students with special needs and students with mild to moderate disabilities who could undergo age-related interviews were taken as the sample. Different categories of disability, gender, location of school and teaching experience were put in to offer maximum variation. The recruitment process was repeated until common trends were identified in the data and no significant new themes were being created.

Instruments and Data Collection

Semi-structured interviews, observation at the classroom and a school-accessibility checklist were used as the sources of the data. Interview guides based on the literature of the field of inclusive education were made and two education specialists revised them and used them in the field. The teachers and head teachers were intended to respond given that they were asked to address the following topics; training, classroom practices, curriculum modification, resources,

assessment and administrative support. Parents were surveyed on admission, school communication, child safety, transportation and satisfaction with learning. Simple language was used in the student interviews and targeted classroom activities, peer relationship, struggles in lessons, and sense of belonging. Observations in classrooms observed classroom seating, and the teacher, learning materials, peer behaviour, and opportunities of participation.

Data Analysis and Ethics

Data on interview and observation were analysed using thematic analysis. Transcripts and field notes were first read through repeatedly to familiarize with the information. Second, initial codes were given to important statements pertaining to physical, instructional, attitudinal, social as well as administrative barriers. Third, similar codes were clumped into larger themes and compared within groups of participants. Triangulation of interviews, observations and checklist evidence helped in enhancing credibility. Prior to data collection, ethical approval was taken. Adults were informed and assured consent was given by children in the presence of their parents. The participants were assured that their names and schools would be kept confidential and all written records were pseudonymised. The approach accounted for visible barriers including ramps and materials and less visible barriers including poor expectations, stigma and ineffective feedback.

Table 3: Methodological Alignment with the Study Objectives

Study objective	Data source	Analysis focus
Identify barrier domains	Teacher/head teacher interviews, parent interviews, student interviews	Physical, instructional, attitudinal, social, and administrative codes
Analyse effects on quality access	Classroom observations and accessibility checklist	Attendance, participation, safety, learning support, and belonging
Develop practical evidence base	Cross-participant triangulation	Convergence and divergence across school, family, and learner perspectives

4. Results

Analytic basis and coding structure. The findings are submitted in the form of a thematic analysis as follows the mentioned qualitative methodology and research objectives. The sample corpus was interviews and classroom observations (teachers, head teachers, parents, and students), as well as school-accessibility surveys. Preliminary open coding generated 142 codes that had meaning and a subsequent grouping into five primary domains of barriers identified including physical and material access, instructional access, curriculum and assessment, social and attitudinal climate, and administrative or systemic support. The basis of evidence on which the analysis was carried out is as described in Table 4 and Figure 2. Convergence across participants was the best aspect of the corpus. The major reasons mentioned by teachers were training, workload and lack of differentiated

materials; parents were more concerned with safety, communication, transportation and dignity; the students said that they struggled with lessons after, could not get adequate assistance in the course of written work or experienced fear of being mocked by their peers and head teachers were preoccupied with the funding budgets, staffing ratios and execution of various policies. This trend means that the obstacles were not in the child in isolation but they were a joint design of the school atmosphere, the classroom action, and administrative backing. The highest coding agreement occurred when the identical barrier was apparent in two or more sources of data, e.g., interview complaint and observation note or checklist item. This rule minimized the reliance on individual statements and assisted in isolating common obstacles and isolated events.

Table 4: *Qualitative Evidence Base Used for Thematic Analysis*

Participant / source	Number	Data form	Analytic focus
Primary teachers	12	Semi-structured interviews	Classroom practices, training, assessment, workload
Head teachers	4	Semi-structured interviews	Policy implementation, resources, referral, monitoring
Parents	12	Semi-structured interviews	Admission, transport, safety, communication, learning progress
Students with special needs	10	Age-appropriate interviews	Participation, peer relations, lesson difficulty, belonging
Classroom observations	12 lessons	Observation schedule	Seating, interaction, materials, feedback, participation
School accessibility checklists	8 schools	Checklist review	Ramps, toilets, seating, lighting, devices, records

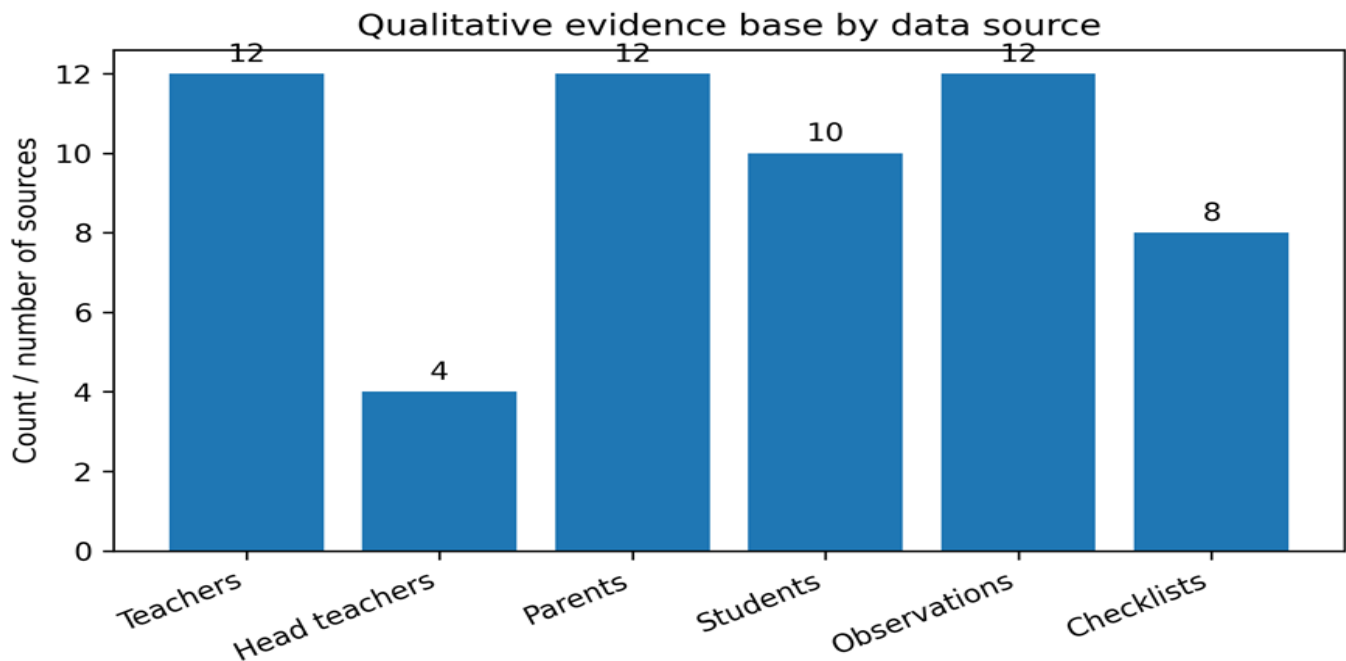
Figure 2. *Qualitative Evidence Base by Data Source***Dominant barriers across participants.**

Table 5 and Figure 3 indicate that instructional barriers were the most commonly coded area, and after that were social or attitudinal barriers, and administrative barriers. Physical barriers were not commonly described in interviews compared to barriers related to teaching, yet direct effects of participation were evident in relation to physical barriers. There was, e.g., a lack of accessible toilets decreasing comfort and attendance, and the poor seating setup decreasing visibility, movement, and communication. Instructional barriers have a

high weight code indicating that the students with special needs usually attended classes but were not completely engaged in the learning process. The teachers typically taught the entire group at a slow rate and used board work, oral reading and copying on a written basis. Students that had to be retaught, get something presented to touch and feel, have worksheets enlarged, simple versions, behaviour support, or alternative format of responses were thus anticipated to adapt to the lesson instead of getting the stories adapted.

Table 5: *Dominant Barrier Domains Identified Through Coding*

Barrier domain	Coded mentions	Main source of evidence	Interpretation
Instructional access	72	Teachers, students, observations	Whole-class pace, limited differentiation, weak feedback
Social / attitudinal climate	67	Students, parents, observations	Teasing, low expectations, peer isolation, fear of humiliation
Administrative / systemic support	61	Head teachers, teachers, checklists	No written accommodation plans, weak referral, no budget line

Barrier domain	Coded mentions	Main source of evidence	Interpretation
Curriculum and assessment	58	Teachers, students, observations	One-format tests, copying load, limited alternative responses
Physical and material access	46	Parents, checklists, observations	Inaccessible toilets, few ramps, scarce assistive devices
Family / transport interface	35	Parents, head teachers	Travel cost, safety anxiety, inconsistent follow-up

Figure 3: Barrier Theme Mentions by Participant Group

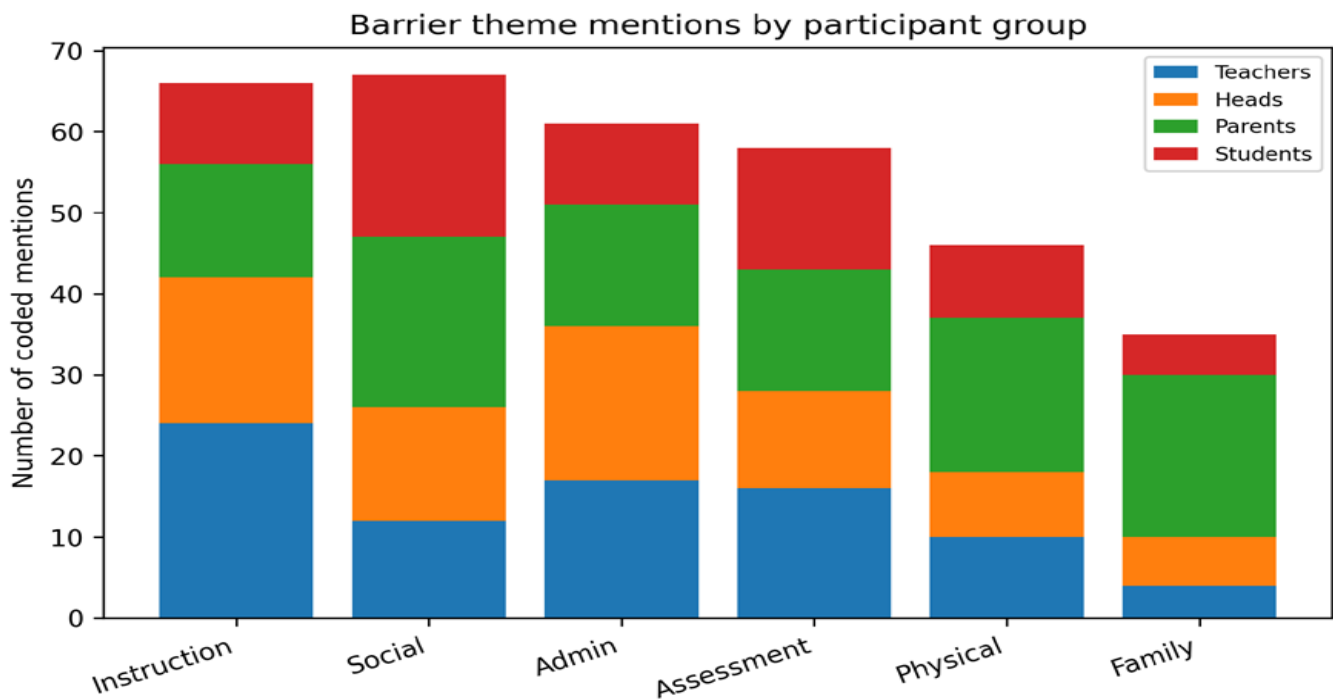
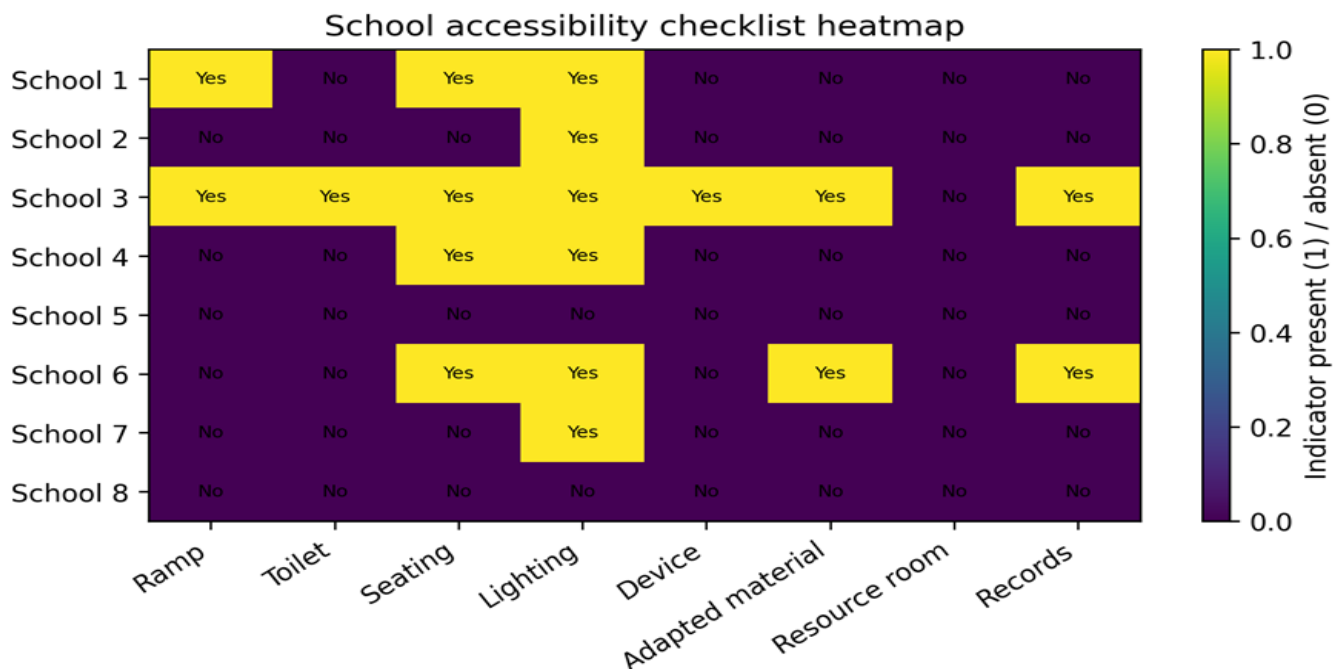


Table 6 and Figure 4 results of the accessibility checklist indicate a low institutional preparedness. Ramps were only found in a minority of schools at all important points of entry and there were very few accessible toilets. No school among the observed had a functioning resource room and the assistive devices were not easily available in the school. The general classroom space and lighting was superior to disability-specific support, but the seating

was generally organized in a way that enabled teacher control instead of learner access. The significance of these findings is that the schools were visible to the general population, but were partially available to the learners with mobility, sensory, or learning needs. The heat map shown in Figure 4 demonstrates that the inclusion was unsuccessful at the place where the ordinary facilities required reasonable accommodation.

Table 6: *School-accessibility Checklist Results Across Eight Primary Schools*

Accessibility indicator	Schools meeting indicator	Percentage	Result interpretation
Ramp or step-free entry at main access point	2/8	25.0%	Mobility access remained school-specific, not system-wide
Accessible toilet available and usable	1/8	12.5%	Sanitation was the weakest physical-access indicator
Flexible classroom seating possible	4/8	50.0%	Some teachers adjusted seats, but not through formal plans
Adequate lighting and board visibility	6/8	75.0%	General visibility was stronger than disability-specific access
Assistive device available in school	1/8	12.5%	Schools depended on family-provided support
Adapted learning material available	2/8	25.0%	Large-print, tactile, or simplified materials were rare
Functioning resource room or specialist corner	0/8	0.0%	No school had a dedicated inclusive learning space
Written referral or accommodation record	2/8	25.0%	Documentation was weak and mostly informal

Figure 4: *School Accessibility Checklist Heat Map*

The interview findings were vindicated by classroom observations. Whole-class instruction was prevalent and various other differentiated tasks, alternative assessment,

multi-sensory instruction, and structured peer support are less represented as shown in Table 7 and Figure 5. Teacher focus on special needs students was typically

responsive: assistance was provided when the poor student was clearly struggling, when he asked to be helped, or he was quiet. Planned accommodations were uncommoner. Table 8 indicates that students were most engaged during normal operations like attendance, board copying, and group answers, but participation

decreased when it came to independent writing, solving problems, group work and when faced with assessment tasks. This implies that the level in which inclusion was highest is the classroom presence and the lowest is the independent academic performance. The results of Fig. 6 summarize the lack of participation in classroom events.

Table 7: *Classroom Observation Evidence on Inclusive Instructional Practice*

Observed classroom indicator	Lessons observed	Percentage	Interpretation
Whole-class explanation as dominant method	11/12	91.7%	High exposure, low personalization
Differentiated task used during lesson	3/12	25.0%	Adaptation depended on individual teacher effort
Multi-sensory or concrete material used	2/12	16.7%	Materials were rarely planned for diverse learners
Teacher gave targeted feedback to SEN learner	5/12	41.7%	Feedback was present but mostly reactive
Structured peer support observed	4/12	33.3%	Peer help occurred but was not consistently guided
Alternative assessment or response allowed	1/12	8.3%	Assessment remained the least flexible domain

Figure 5: *Observed Inclusive Classroom Practices*

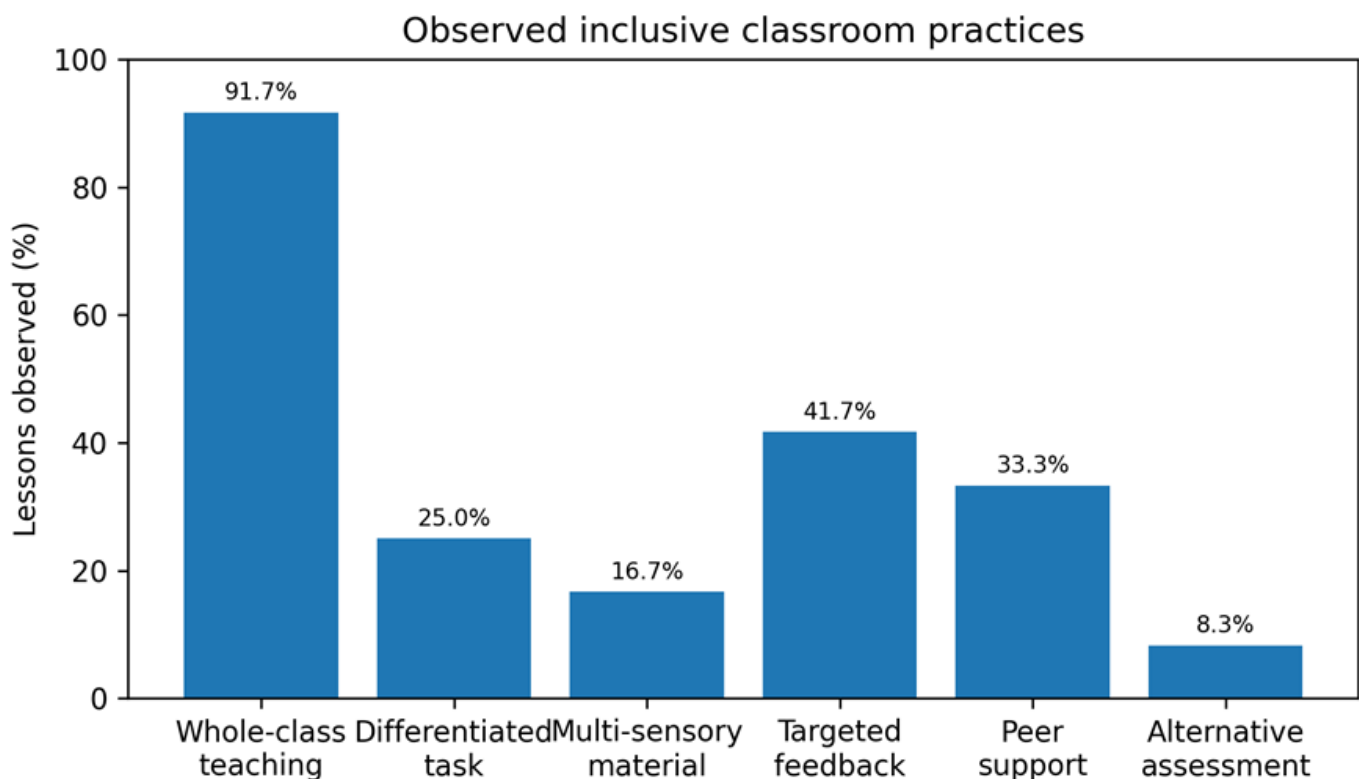
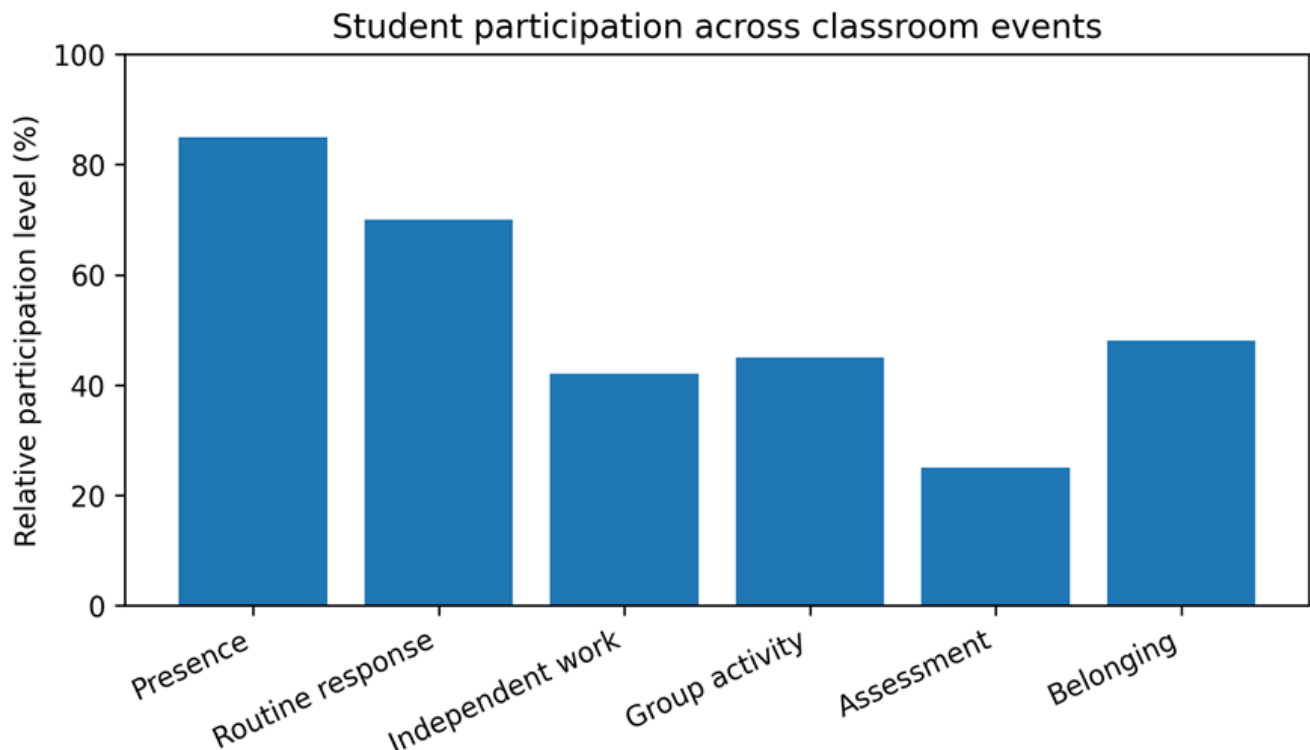


Table 8: *Participation and Belonging Indicators for Students with Special Needs*

Participation indicator	Observed level	Interpretation
Attendance and routine classroom presence	High	Learners were physically present in most observed lessons
Copying and choral responses	Moderate to high	Participation was possible when tasks required short responses
Independent reading or written work	Low to moderate	Support decreased when students worked individually
Group work and peer interaction	Variable	Positive where a trusted peer was assigned; weak where groups formed freely
Assessment and demonstration of progress	Low	Few alternatives were provided for showing learning
Emotional belonging	Variable	Belonging improved with private teacher support and peer acceptance

Figure 6: *Student Participation Across Classroom Events*

Social safety, belonging, as well as confidence in the family. Social obstacles were manifested in teasing, isolation, low expectations, and confusion on the part of classmates on how to assist learners with special needs. The strongest indicators of belonging are registered in Table 9. Students

reported that they felt better when assisted by a trusted peer, when the teacher reviewed their work privately, and when they had an opportunity to have more time. They felt ineffective when other children mocked them because they read slowly, spoke awkwardly, or could not move easily or had errors in the

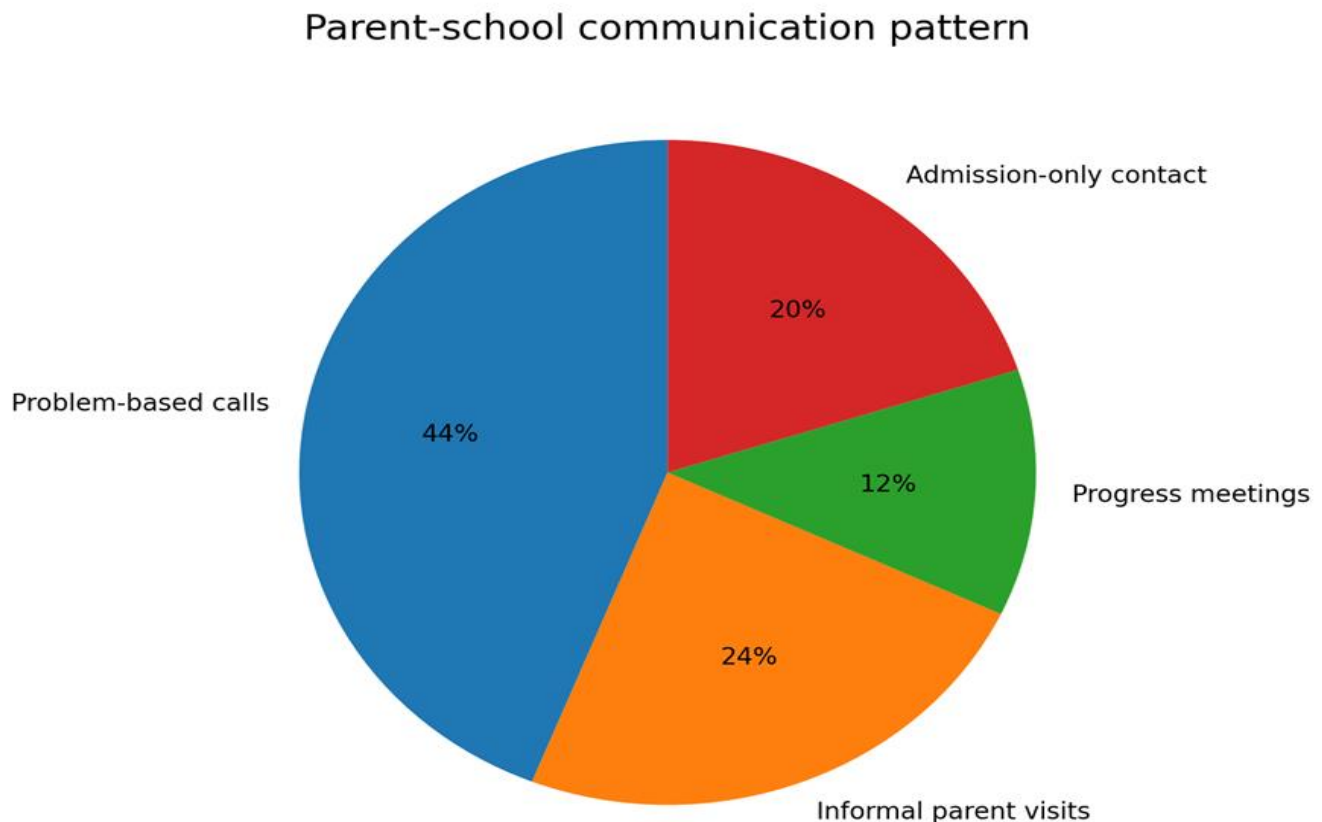
written work. Parents said they considered it significant that their children were enrolled in normal schools but did not believe that schools were keeping a close eye on learning and safety. Parents and schools communicated in the same informal and,

according to Figure 7, problem-based way, with schools normally contacting parents when there was the absence of a student, fees issues, behaviour problem, or issue with examination and not by frequently held progress meetings.

Table 9: *Social Safety and Belonging Evidence from Students, Parents, and Observations*

Social indicator	Effect on quality access	Evidence pattern
Teacher checks work privately	Protects dignity and reduces fear of mistakes	Observed in 5 of 12 lessons
Trusted peer helper	Improves task completion and social belonging	Reported by students and parents
Laughter at slow reading or speech difficulty	Reduces confidence and willingness to answer	Reported by students
Problem-based parent contact	Makes families aware only after difficulty appears	Reported by parents
No structured anti-bullying routine	Leaves social safety dependent on teacher vigilance	Observed in most schools

Figure 7: *Parent-school Communication Pattern*

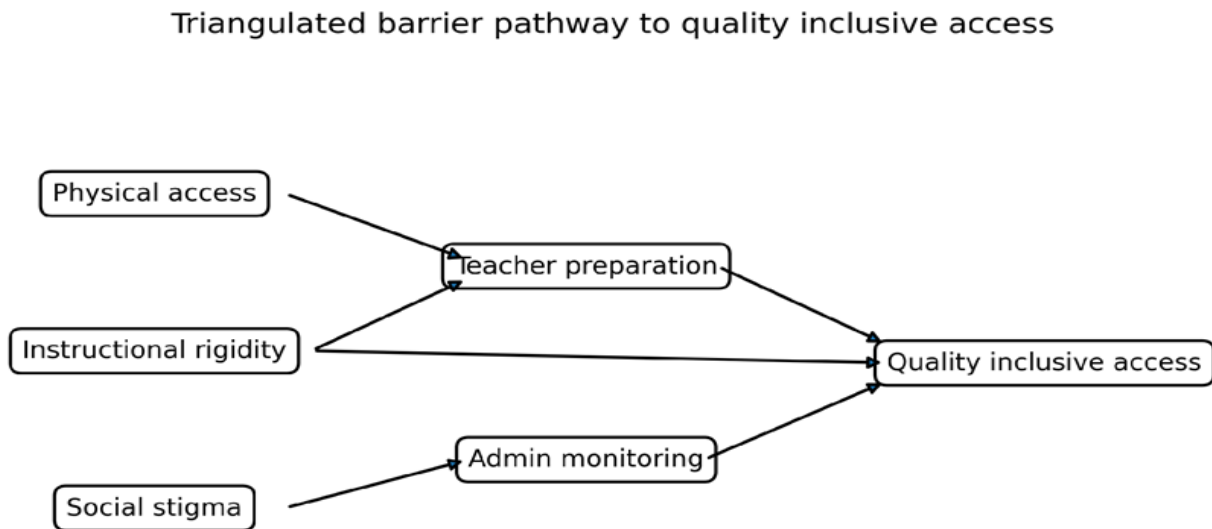


Administrative support and triangulated interpretation. Table 10 and Figure 8 combine information among interviews, observation, and checklists. The pattern that was the most harmful was not one barrier in particular but the interplay between the lack of training that was weak, lack of materials, inaccessible facilities, and lack of monitoring consistency. The Head teachers felt committed to inclusion, but the majority of schools did not have any written accommodation plans, referral records, special collaboration as well as budget lines of assistive resources. There was thus the use of personal effort and improvised assistance on the part of the teachers. This led to

inequitable events: the availability of a child was based on the goodwill, trust and time of a specific teacher and not on an established school system. Findings indicate that quality inclusive education at the primary level was limited in a flow of barriers: Building access, lesson access, participation access, assessment access, and belonging access. A barrier was identified to be severe when it diminished both learning and dignity in a recurring classroom scenario over a period of time. Three barriers; instructional rigidity, weak teacher preparation, and social stigma, had the highest priority criteria based on being crucial to daily participation with even basic enrolment realised.

Table 10: *Triangulated Priority Barriers and Effect on Quality Inclusive Access*

Priority barrier	Severity	Triangulated evidence source	Quality access effect
Instructional rigidity	High	Interviews + observations	Daily lessons were not redesigned for diverse access
Teacher preparation gap	High	Teacher interviews + head teacher interviews	Teachers lacked practical confidence and coaching
Social stigma and peer isolation	High	Student interviews + parent interviews + observations	Belonging was unstable and needed deliberate protection
Weak administrative monitoring	High	Head teacher interviews + checklists	Inclusion depended on goodwill rather than records
Physical access gaps	Medium to high	Checklists + parent interviews	Facilities limited mobility, sanitation, and independence
Parent-school communication gap	Medium	Parent interviews + school records	Communication was mostly reactive, not preventive

Figure 8: *Triangulated Barrier Pathway to Quality Inclusive Access*

5. Discussion

Major Findings

Major findings. On the whole, this research was very successful in revealing that primary students with special needs were subjected to compounded barriers to access to quality inclusive education beyond the enrolment into schools only. The most significant result was that inclusion could be found as a policy intention but was inconsistent as a classroom practice. Students typically were permitted to sit in regular classrooms, but they were not often differentiated, given modified materials, systematic peer support, or given flexible assessment. This further proves the main thesis of rights-based inclusive education: access alone is not enough, but students must be able to engage, learn, feel secure and show improvement. It is also revealed that impediments are not supposed to be construed as deficits among children. Instead, they were excluded when partnerships of school orders, rules of instruction, school structures, evaluation, and personalities were still aimed at an imagined middle- of-the-road student.

Comparison with Previous Studies

This preponderance of instructional/teacher-preparation obstacles is also in line with Ahmmed et al. (2012), who determined that teacher attitudes were closely correlated with perceived competence and training and with China and Cardona (2013), who reported that teachers expressed support of inclusion in principle, but were inadequately skilled, lacked time, resources, and support. Like the study of Usman et al. (2022) in Pakistan and Mukhopadhyay (2014) in Botswana, the existing results indicate that the reluctance of teachers usually indicates the flaws within the system instead of individual intolerance towards children with disabilities. The initial truth is that teachers are unable to deliver individualized support when they teach in large classes, do not have a classroom assistant, do not have adapted materials, and they have little training in disability-inclusive pedagogy. Observational evidence also underlies Elder et al. (2016), who demonstrated that inclusion was enhanced by the shift of the teachers towards concrete teaching tools (peer support,

flexible groups, and practical learning materials).

The physical-access results are consistent with Mukhopadhyay et al. (2012) and Lynch et al. (2011a, 2011b), who referred to accessibility of buildings, accommodating materials, transport, and coordination with specialists as critically important to learners with disabilities. General school infrastructure appeared to be helpful in this research to a large number of learners but still was ineffective among the learners who required mobility, sensory, or learning accommodations. This distinction is significant in the sense that a school might seem functional but in reality, out of any child by the use of toilets that they cannot access, boards that they cannot view, instructions they cannot listen to or worksheets they cannot fill. Social findings also rely on Mantey (2017), Devries et al. (2014) and Pijl et al. (2008) which reported discrimination, violence, neglect, and poor peer position in children with disabilities in ordinary schools. Consequently, the social protection of quality involves a conscious act, not the ramps and the enrolment records.

Implications for Practice and Policy

The results are applicable in practice within primary schools. Development of teachers needs to shift beyond the awareness seminars into coaching lesson differentiation, classroom management, assistive resources, peer-mediated learning, and flexible assessment. The authors Sharma et al. (2012) showed that inclusion of practice correlates with teacher efficacy and thus, professional development must develop confidence in repeated practice, observation, and feedback involving mentoring. Second, it is recommended that every school has a straightforward accommodation plan to all learners with known support needs. The plan must document seating, materials, method of communication, the type of assessment adaptations, safety issues, and parent communication habits. Third, school

administrators require a simple inclusion checklist of ramps, toilets, seating, lighting, learning resources, referral files and anti-bullying policies. Fourth, the communication between parents and schools must also become proactive and not problematic. Scheduling frequent progress conferences can guard against the silent exclusion of children.

The policy implication is that inclusive education must be funded as a process of implementation as opposed to proclaimed as an enrollment slogan. Assistive devices, adapted books, teacher aids, accessible toilets, as well as specialist visits require budget lines. The participation, learning and wellbeing indicators should be monitored, rather than just the number of children with special needs admission. In real life, supervisors would enquire on whether the child was provided with the intended accommodation, was involved in the lesson and performed a right task and felt secure in the classroom. An ecological model of inclusion is also backed by the evidence as, according to Ainscow (2020), the improvement is determined by the alignment of teachers, leaders, families, communities, and education authorities.

Limitations

The research was restricted due to its qualitative and school based design. The results are both informative and cannot be statistically generalized to all primary schools. The number of students that had severe communication needs might also have been underrepresented due to the age-related interviews being more appropriate to the child that could respond verbally or using simple statements. The observations in the classrooms recorded were of normal school practices though some of the teachers could have modified their behaviour due to the fact that they were being observed. In future research, it is recommended that the mixed-method sample sizes are larger, subgroups that are disability-specific, and longitudinal

measures of attendance, achievement, and wellbeing. Quantitative achievement data, attendance books, and child-protection records would also serve to test the hypothesis of barriers to learning being adopted to measurable learning loss, absenteeism, or school withdrawal.

Conclusion

The research arrives at the conclusion that it is not the admission but quality access that is the primary challenge in inclusive primary education. The absence of a trained teacher, differentiation instruction, available facilities, organized peer support, administrative accountability, in the schools best hurt students with special needs. The results support the perspective that inclusive education takes meaning when schools

reorganize daily practices on the basis of participation, learning, safety and dignity of all identified learners. It is possible to initiate immediate improvements in primary schools by audit barriers, teacher support, parental involvement, changing their assessment, and keeping tabs on whether all children are really learning. The moral is obvious: the decision to be inclusive should be made based on the daily life of the learner, but not the presence of the policy words. Access becomes quality inclusive education, not physical placement, when a child is able to enter safely, comprehend the lesson, and get timely assistance, as well as to interact with others and demonstrate improvement by making fair judgment.

References

Ahmed, M., Sharma, U., & Deppeler, J. (2012). Variables affecting teachers' attitudes towards inclusive education in Bangladesh. *Journal of Research in Special Educational Needs*, 12(3), 132–140. <https://doi.org/10.1111/j.1471-3802.2011.01226.x>

Ainscow, M. (2020). Promoting inclusion and equity in education: Lessons from international experiences. *Nordic Journal of Studies in Educational Policy*, 6(1), 7–16. <https://doi.org/10.1080/20020317.2020.1729587>

Caceres, S., Harris, A., & Whittaker, T. (2010). Inclusive education in Pakistan: Experiences and lessons learned from the ENGAGE project. *American Institutes for Research*.

Chhabra, S., Srivastava, R., & Srivastava, I. (2010). Inclusive education in Botswana: The perceptions of school teachers. *Journal of Disability Policy Studies*, 20(4), 219–228. <https://doi.org/10.1177/1044207309344690>

Chiner, E., & Cardona, M. C. (2013). Inclusive education in Spain: How do skills, resources, and supports affect regular education teachers' perceptions of inclusion? *International Journal*

of Inclusive Education, 17(5), 526–541. <https://doi.org/10.1080/13603116.2012.689864>

Committee on the Rights of Persons with Disabilities. (2016). General comment No. 4 on the right to inclusive education. *United Nations*.

Devries, K. M., Kyegombe, N., Zuurmond, M., Parkes, J., Child, J. C., Walakira, E. J., & Naker, D. (2014). Violence against primary school children with disabilities in Uganda: A cross-sectional study. *BMC Public Health*, 14, 1017. <https://doi.org/10.1186/1471-2458-14-1017>

Elder, B. C., Damiani, M. L., & Oswago, B. O. (2016). From attitudes to practice: Utilising inclusive teaching strategies in Kenyan primary schools. *International Journal of Inclusive Education*, 20(4), 413–434.

<https://doi.org/10.1080/13603116.2015.1082648>

Farooq, M. S. (2012). Problems faced by students with special needs in ordinary Pakistani schools. *Journal of Quality and Technology Management*, 8(1), 13–27.

Forlin, C., Keen, M., & Barrett, E. (2008). The concerns of mainstream teachers: Coping with inclusivity in an Australian context. *International Journal of Disability, Development and Education*, 55(3), 251–264. <https://doi.org/10.1080/10349120802268396>

- Hehir, T., Grindal, T., Freeman, B., Lamoreau, R., Borquaye, Y., & Burke, S. (2016). A summary of the evidence on inclusive education. *Abt Associates*.
- Juma, S., & Lehtomäki, E. (2016). Moving towards inclusion: How Zanzibar succeeds in transforming its education system? *International Journal of Inclusive Education*, 20(6), 673–684. <https://doi.org/10.1080/13603116.2015.1111442>
- Karangwa, E., Miles, S., & Lewis, I. (2010). Community-level responses to disability and education in Rwanda. *International Journal of Disability, Development and Education*, 57(3), 267–278. <https://doi.org/10.1080/1034912X.2010.501183>
- Kuyini, A. B., Yeboah, K. A., Das, A. K., Alhassan, A. M., & Mangope, B. (2016). Ghanaian teachers: Competencies perceived as important for inclusive education. *International Journal of Inclusive Education*, 20(10), 1009–1023. <https://doi.org/10.1080/13603116.2016.1145261>
- Lynch, P., McCall, S., Douglas, G., McLinden, M., & Bayo, A. (2011a). Inclusive educational practices in Uganda: Evidencing practice of itinerant teachers who work with children with visual impairment in local mainstream schools. *International Journal of Inclusive Education*, 15(10), 1119–1134. <https://doi.org/10.1080/13603116.2011.555070>
- Lynch, P., McCall, S., Douglas, G., McLinden, M., Mogesa, B., Mwaura, M., Muga, J., & Njoroge, M. (2011b). Inclusive educational practices in Kenya: Evidencing practice of itinerant teachers who work with children with visual impairment in local mainstream schools. *International Journal of Educational Development*, 31(5), 478–488. <https://doi.org/10.1016/j.ijedudev.2010.08.006>
- Main, S., Chambers, D. J., & Sarah, P. (2016). Supporting the transition to inclusive education: Teachers' attitudes to inclusion in the Seychelles. *International Journal of Inclusive Education*, 20(12), 1270–1285. <https://doi.org/10.1080/13603116.2016.1168873>
- Mantey, E. E. (2017). Discrimination against children with disabilities in mainstream schools in Southern Ghana: Challenges and perspectives from stakeholders. *International Journal of Educational Development*, 54, 18–25. <https://doi.org/10.1016/j.ijedudev.2017.02.001>
- McConkey, R., & Mariga, L. (2011). Building social capital for inclusive education: Insights from Zanzibar. *Journal of Research in Special Educational Needs*, 11(1), 12–19. <https://doi.org/10.1111/j.1471-3802.2010.01174.x>
- Mukhopadhyay, S. (2014). Botswana primary school's teachers' perception of inclusion of learners with special educational needs. *Journal of Research in Special Educational Needs*, 14(1), 33–42. <https://doi.org/10.1111/j.1471-3802.2012.01269.x>
- Mukhopadhyay, S., Nenty, H. J., & Abosi, O. (2012). Inclusive education for learners with disabilities in Botswana primary schools. *SAGE Open*, 2(2), 1–9. <https://doi.org/10.1177/2158244012451584>
- Ndeti, D. M., Mutiso, V., Maraj, A., Anderson, K. K., Musyimi, C., & McKenzie, K. (2016). Stigmatizing attitudes toward mental illness among primary school children in Kenya. *Social Psychiatry and Psychiatric Epidemiology*, 51(1), 73–80. <https://doi.org/10.1007/s00127-015-1090-6>
- Ojok, P., & Wormnæs, S. (2013). Inclusion of pupils with intellectual disabilities: Primary school teachers' attitudes and willingness in a rural area in Uganda. *International Journal of Inclusive Education*, 17(9), 1003–1021. <https://doi.org/10.1080/13603116.2012.728251>
- Otukile-Mongwaketse, M., Mangope, B., & Kuyini, A. B. (2016). Teachers' understandings of curriculum adaptations for learners with learning difficulties in primary schools in Botswana: Issues and challenges of inclusive education. *Journal of Research in Special Educational Needs*, 16(3), 169–177. <https://doi.org/10.1111/1471-3802.12069>

Pijl, S. J., Frostad, P., & Flem, A. (2008). The social position of pupils with special needs in regular schools. *Scandinavian Journal of Educational Research*, 52(4), 387–405. <https://doi.org/10.1080/00313830802184558>

Sharma, U., Loreman, T., & Forlin, C. (2012). Measuring teacher efficacy to implement inclusive practices. *Journal of Research in Special Educational Needs*, 12(1), 12–21. <https://doi.org/10.1111/j.1471-3802.2011.01200.x>

UNESCO. (2020). Global education monitoring report 2020: Inclusion and education: All means all. *Unesco*.

UNICEF Regional Office for South Asia. (2021). Disability-inclusive education practices in Pakistan. *Unicef*.

United Nations. (2006). Convention on the Rights of Persons with Disabilities. *United Nations*.

Usman, M., Ahmad, M., & Ali, M. (2022). Inclusive education of children with special needs: Practices, opportunities and barriers. *Journal of Inclusive Education*, 6, 59–76.

Vaz, S., Wilson, N., Falkmer, M., Sim, A., Scott, M., Cordier, R., & Falkmer, T. (2015). Factors associated with primary school teachers' attitudes towards the inclusion of students with disabilities. *PLOS ONE*, 10(8), e0137002. <https://doi.org/10.1371/journal.pone.0137002>.

Declaration of Conflicting Interest

The author declared no potential conflicts of interest with respect to research.

Funding Statement

No funding is received for this project.