

Barriers to Inclusive Education: A Multidimensional Analysis of Policy, Practice and Participation

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ABSTRACT:

The effective implementation of inclusive education programs constitutes a central priority of the National Education Policy (NEP) 2020, which envisions equitable access, participation, and learning opportunities for all learners, particularly children with disabilities and other socio-economically disadvantaged groups. In this context, the present study was conceptualised to examine the extent of incorporating the facilities for improvising the status of inclusive education for children with disabilities/special needs in schools of Uttar Pradesh (a state with a large number of children with disabilities in India) at foundational stage with respect to administrative, physical and attitudinal barriers under the provisions of the Sarva Shiksha Abhiyan (SSA) scheme for the years 2005, 2006 and 2007 and later on under samagra shiksha scheme since 2018. The study adopted a descriptive survey research method with a multistage random sampling design, selecting 64 government primary schools across rural and urban settings. The final sample comprised 629 participants, including 64 school heads, 213 teachers (145 general and 68 special teachers), 256 children with disabilities, and 96 parents of children with disabilities. Comprehensive observation schedules and checklists were used as the research tools for data collection. The study is a timely scholarly intervention which indicates the non-optimal implementation of inclusive education in Uttar Pradesh due to multiple barriers. It suggests various strategic measures, including recruiting special educators at the school level, raising awareness, and providing suitable, need-based training to all stakeholders. Effective implementation of inclusive education requires collaborative efforts among schools, parents, CwSNs, and related government departments. It should be supported by adequate infrastructure, assistive devices, transportation, and

specialised services. Strengthened interdepartmental coordination and effective monitoring mechanisms are essential for identifying and addressing barriers and to ensure equitable access, participation, and learning outcomes for all children.

Keywords: CwSNs, Primary Schools, Administrative-Physical-Attitudinal Barriers, Inclusive Education.

1. Introduction

Inclusive education has emerged as a globally accepted approach to ensure equitable, high-quality education for all learners. It is focussed on the process of acknowledging and responding to the requirements of children with special needs in different ways like making them part of learning activities, cultural and community involvement which helps in excluding exclusion from education system as also said by UNESCO, in 2005. According to RPwD Act, 2016 it defines as objective of inclusive education is to enable children with disabilities to become equal, respected, and productive members of society. By ensuring their participation in mainstream settings, inclusive education enhances their academic, social, emotional and vocational development; and prepares them to contribute meaningfully to societal growth and development. (Government of India, 2020) The fundamental philosophy of inclusive education is based on the belief that diversity is a strength and not a limitation. Furthermore equal opportunities should be provided by educational institutions to each and every learner of the school regardless of their abilities or disabilities. It promotes an environment that embraces diversity and ensures that every learner is valued and supported according to their individual needs. (UNESCO, 2024) The fundamental philosophy of inclusive education is to foster an environment that embraces diversity and provides equal opportunities for every student, regardless of ability or disability.

The idea of educating children with disabilities alongside their peers has evolved gradually in India. Several post-independence commissions and committees, including the Radhakrishnan Commission as University Education

Commission (1948-49), Secondary Education Commission also known as Mudaliar Commission (1952-53), Kothari Commission popularly as Education Commission (1964-66), National Policy on Education (1986), and Program of Action (1992), emphasised the expansion of educational opportunities for all learners and laid the foundation for inclusive educational practices. Internationally, the adoption of the Salamanca Statement (International Agreement on Special Needs and Inclusive Education) and the Framework for Action in 1994 marked a major milestone by advocating that all children should learn together in regular schools wherever possible.

The National Education Policy 2020 strengthens India's commitment to inclusive education by emphasising it as a prerequisite for achieving social justice and equality. The policy highlights the need to ensure meaningful participation of children with disabilities through accessible infrastructure, inclusive pedagogy, teacher preparation, assistive technologies and adequate institutional support mechanisms (Government of India, 2020). It envisions an education system in which no child is deprived of educational opportunities because of disability or any other form of disadvantage.

Despite a progressive policy framework and a strong commitment to inclusive education, significant gaps persist between policy vision and implementation. Challenges such as inadequate infrastructure, shortage of trained teachers, limited availability of assistive resources, and persistent social and attitudinal barriers often impede the realisation of inclusive educational goals. These concerns highlight the need to critically examine the evolution of the concept of inclusive education both at national and

international levels, understand the policy perspectives that have shaped its development, and analyse the challenges and opportunities associated with its implementation. Therefore, the present study seeks to explore the historical evolution, policy foundations, and implementation status of inclusive education with a view to strengthen inclusive educational practices in India.

1.2 Review of Literature

Concept of Inclusive education is built on the philosophical foundation of a thought that every child irrespective of any specific ability or disability has the right to get education in a school of a mainstream society on the basis of the learning needs. It recognises that diversity is a natural part of society and emphasises the need for schools to adapt their teaching practices, environment, and support systems so that every student can participate and learn without being excluded or separated from others.

The concept of inclusive education in India has evolved from the idea of integrated education introduced in the 1950s in response to the limitations of special schools for children with disabilities. Early initiatives by Royal Commonwealth Society for the Blind and the Christopher Blind Mission and other organisations promoted integrated education, while the Government of India introduced scholarship schemes for children with disabilities in 1952. Major developments included the launch of the Integrated Education for Disabled Children (IEDC) scheme in 1974, the Project Integrated Education for Disabled (PIED) in 1987, following the National Policy on Education 1986, and the District Primary Education Programme (DPEP) in 1994. The Salamanca Statement (1994) strongly influenced the shift from integration to inclusive education. The Persons with Disabilities Act 1995, the Right of Children to Free and Compulsory Education Act 2009, and the Rights of Persons with Disabilities Act 2016 are important pieces of legislation that help children move towards their right to accessible education in India. Along with that, initiatives like Sarva Shiksha Abhiyan and the

National Curriculum Framework for Teacher Education (NCFTE), 2009, Samagra Shiksha from 2018 onwards focus on inclusive practices, teacher preparation, and equal educational opportunities for Children with Special Needs (CwSNs).

2.1 Inclusive Education for Persons with Disabilities

An approach that take initiatives to ensure equitable access, participation and learning opportunities for every learner regardless of their abilities or disabilities, within mainstream educational settings. It emphasises the removal of physical, social and pedagogical barriers and the creation of supporting learning environments that accommodate diverse learning needs. Inclusive education supports the overall development of persons with disabilities by promoting equal opportunities, respect, and a sense of inclusion by their meaningful participation in society.

The understanding of disability has also evolved from a purely medical perspective to a social and rights-based perspective. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines persons with disabilities as those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with barriers, may hinder their full and effective participation in society on an equal basis with others. (United Nations, 2006) "Person with disability" means a person with long-term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders their full and effective participation in society equally with others. (RPwD Act, 2016)

Traditionally, a distinction has been made among impairment, disability and handicap. Impairment refers to a loss, abnormality, or dysfunction of a body structure or physiological or psychological function. It represents the biological or medical condition experienced by an individual. Disability refers to the restriction or limitation in performing activities resulting from an impairment. Contemporary perspectives view disability as arising from the interaction between impairment and environmental barriers. It is

important to understand that the term Handicap refers to the social disadvantage an individual experiences due to an impairment or disability. The term has largely been replaced in contemporary disability discourse because it emphasises limitations rather than societal barriers.

In the Indian context, The Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016) provides comprehensive legal recognition and definitions for various disabling conditions in India. Replacing the earlier Persons with Disabilities Act of 1995, the Act expanded the recognised categories of disability from seven to twenty-one to ensure greater protection, equality, dignity, and inclusion for persons with disabilities. These recognised issues incorporate autism spectrum disorder, blindness, low vision, cerebral palsy, hearing impairment, haemophilia, locomotor disability, intellectual disability, mental illness, muscular dystrophy, specific learning disabilities,

multiple sclerosis, speech and language disability, thalassemia, Parkinson's disease, multiple disabilities. It also include children suffered from acid attack among others. The Act adopts a rights-based approach and emphasises equal opportunities in education, employment, accessibility, social participation, and social security. It also highlights the importance of inclusive education and mandates that educational institutions create barrier-free and supportive learning environments for children with special needs.

2.3. Census 2011 on disability status

Despite representing a substantial portion of the population in India, people with disabilities are among the most disadvantaged and marginalised. As per the 2011 Census, India has a recorded 26.8 million people with disabilities, constituting 2.22 percent of the total population. Details of different types of disabilities are shared in table-01.

Table-01: Number of Children with Disabilities and their percentage as per Census, 2011

S. No.	Types of Disability	Persons	Boys	Girls	Percentage (%)
1.	Movement	5,436,604	3,370,374	2,066,230	20.30
2.	Hearing	5,071,007	2,677,544	2,393,463	18.90
3.	Seeing	5,032,463	2,638,516	2,393,947	18.80
4.	Speech	1,998,535	1,122,896	875,639	07.50
5.	Mental Retardation	1,505,624	870,708	634,916	05.60
6.	Mental Illness	722,826	415,732	307,094	02.70
7.	Any Other	4,927,011	2,727,828	2,199,183	18.30
8.	Multiple Disability	2,116,487	1,162,604	953,883	07.90
9.	Total	26,148,806	14,986,202	11,162,604	100.00

However, there exists considerable divergence in disability statistics from various sources. The National Sample Survey Organization's 2003 conducted a survey which indicated 21 million disabled individuals in 2002, while the 2001 Census reported 2.13 percent of the total population as disabled. In contrast, a World Bank Report 'People with Disabilities in India: From Commitments to Outcomes' (2009) proposed a

broader range of 5 to 8 percent (approximately 55–90 million individuals) with disabilities in India. The variations in the present score are due to many factors, such as surveys conducted and data collected by untrained enumerators, the absence of a unified definition of disability, and the prevalence of myths and misconceptions about disability. The data presented above highlights a total of 26,148,806 individuals with

disabilities, comprising 14,986,202 boys and 11,162,604 girls. Factors like health, illiteracy, and poverty, along with myths and misconceptions, are some of the reasons behind disabilities and the accompanying difficulties.

2.4. Need for Inclusive Education

Presently, there is a collective global shift towards making education a universal right for all children, including those with disabilities. Various international agencies, such as the United Nations Convention on the Rights of the Child (1989), the Salamanca Statement (1994), and the United Nations Convention on the Rights of Persons with Disabilities (2006), promote inclusive education as an essential requirement to promote its reach to every individual in a rights-based society. Even the political, social and economic factors across the globe emphasise the same.

In 2009, Lindqvist's idea was adopted by UNESCO and emphasised the importance of bringing about change in the education system to accommodate children with diverse needs, keeping in mind their strengths, abilities, skills, aspirations, and weaknesses. Bagga (2007) critically analysed the problems faced by children with slightly, moderately and severely disabled children, as there is no differentiation from a legal standpoint among them. This results in the denial of opportunities for many of them when they are integrated into mainstream schools. Therefore, it is very important to consider local infrastructure and economic conditions when an integrated and inclusive education model is being considered. Research studies by Lipsky and Gartner (1997), Singh (2009), Barriga (2011), Berwal (2012), and Dimitriadt (2015) also strongly support the

inclusive education movement. These studies highlight that segregated educational settings can adversely affect the mental health and overall well-being of both disabled and non-disabled learners. The studies highlight that the limited reach and high cost of special schools restrict educational opportunities for many children with disabilities, particularly in rural areas. In contrast, inclusive education promotes holistic development, social participation, equality, and respect for diversity, while aligning with global policies and principles of inclusive and equitable education.

2.5. Understanding Barriers

Despite growing acceptance of inclusive education as a means of ensuring equitable learning opportunities for all students, its effective implementation continues to face numerous challenges. Learners with disabilities often encounter a range of barriers within educational settings that limit their participation, access and achievement. Recognising the challenges such as communication difficulties, negative attitudes, inadequate infrastructure, lack of resources, institutional practices, and social or cultural factors, the **Rights of Person with Disabilities (RPwD) Act, 2016 defines a "barrier" as any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors which hampers the full and effective participation of persons with disabilities in society.** Inclusive education implementation barriers in the Indian context, identified by Berwal (2012), are given in the table below.

Table 02: Types of barriers in inclusive education (Reference: Berwal, 2012)

S.No.	Types of barriers	Meaning
1.	Architectural Barriers	Structural barriers in school buildings limit the movement of disabled students, with issues like uneven surfaces, lack of ramps, and inadequate spacing between desks.
2.	Attitudinal Barriers	Prejudiced mindsets among parents, family members, and communities contribute to the belief that educating a child with a disability is futile.

3.	Administrative Barriers	Lack of understanding and support for inclusion from School Management Committees and Principals, coupled with bureaucratic red-tapeism, hinders effective implementation.
4.	Academic Barriers	Shortages of special teachers, teaching materials, and curriculum adaptations pose academic challenges for inclusive education.
5.	Social Barriers	Negative societal attitudes treat disabled individuals as abnormal, impacting their social interactions in gatherings and functions.
6.	Emotional Barriers	The emotional instability of disabled individuals can act as a barrier to their education in inclusive schools.
7.	Language and Communication Barriers	The lack of understanding the instruction of teachers and poor communication with peer groups may act as a barrier to their education in inclusive schools.

2.6. Recent International and National Research Insights

Studies conducted across different countries have highlighted several common challenges and perspectives regarding the implementation of inclusive education. Hoadjli and Latrache (2020) in Algeria found that middle school English teachers generally had positive attitudes toward inclusion but expressed concerns about their lack of competence, limited awareness, inadequate funding, large class sizes, and insufficient time to teach children with disabilities. Similarly, Benson (2020) reported in his study that although the Jordanian government is providing hand-holding for inclusive education, implementation is constrained by a lack of resources, insufficient training, limited community support, and inadequate infrastructure. In Bhutan, Jigyel et al. (2021) concluded that, despite administrative efforts, bullying remains a major issue for parents. Other problematic areas include a lack of resources, untrained teachers, and limited academic progress of children with disabilities. Sharma and Trory (2019) in their study in Thailand, found that parents of both disabled and non-disabled children accepted social development as a major benefit of inclusion, though concerns about teacher training remained significant. Tchintcharauli and Javakhishvili (2017) in Georgia pointed out that poor physical infrastructure, inadequate curricular facilities,

insufficient support services, and lack of teacher competencies are the major barriers to inclusive education despite supportive legislation. In many developing countries, it was seen that the lack of funding, inadequate support services, a shortage of trained teachers, and an obstinate curriculum as major challenges, and emphasised the need for collaboration among professionals to achieve successful inclusion. Similarly, Sharma et al. (2017) identified attitudinal, policy-related, and geographical barriers in the Solomon Islands, while supportive government policies were seen as facilitators of inclusion. Chan (2016) compared parents' attitudes in the UK and Singapore and found that UK parents were more supportive of inclusion, while parents from both countries stressed the importance of support services and teacher competency. In Bangladesh, Kawser, Ahmed, and Ahmed (2016) reported that negative societal attitudes, limited resources, weak policy-making, and lack of teamwork hindered inclusive education. Osero (2015) in Kenya found that teachers often held negative attitudes toward inclusion due to a lack of training, inadequate support services, the absence of proper policies, and stereotypical views among stakeholders. Wong et al. (2015) in Singapore revealed that parents were concerned about inadequate school support services, limited teacher competency, and the lack of understanding about disability. Stanley (2015)

emphasised that inclusion may not be suitable for all children with disabilities and highlighted the importance of team teaching, co-teaching, and collaborative planning. Likewise, Mphongoshe et al. (2015) in South Africa found that poor resource management, inadequate teacher training, inflexible curriculum, and lack of monitoring mechanisms negatively affected the implementation of inclusive education. Thus, it can be said that widely supported inclusive education can be upgraded by removing certain barriers like inadequate resources, lack of teacher preparedness, ideal policies, weak collaboration among stakeholders, and negative societal attitudes.

Research conducted in India also highlights the relevance and challenges of implementing inclusive education in schools. A study conducted by Johansson et al. (2021) in Haryana showed that, although teachers in rural areas have a positive attitude towards inclusive education, a lack of training and supportive resources makes them reluctant to adopt it. Naskar and Papiya's (2019) report revealed that, as compared to fathers, mothers showed more positive attitudes toward inclusive education, while locality had no significant influence on parental attitudes. Kumar and Agrawal (2018) reported that ineffective policies, lack of teacher training, and absence of appropriate teaching strategies are major concerns for teachers and children with learning disabilities. A study done by Mantey (2017) in Ghana highlighted that children with disabilities experienced discrimination from peers and school staff, while insufficient and inappropriate government planning, weak policies, and a shortage of trained and effective teachers negatively affected inclusion. Desai and Pradhan (2017), in Pune, highlighted inadequate resources, negative attitudes among stakeholders, and a lack of teacher training as the key barriers to successful inclusion. Pandey (2016) revealed that although many schools in Varanasi had basic accessible facilities, several lacked proper ramps, disabled-friendly toilets, and accessible water outlets. Sarao (2016) identified challenges in inclusive teacher education, such as inadequate training institutions, lack of competencies among

teacher educators, limited curricular adaptation, insufficient orientation, and poor infrastructure. Limaye (2016) found that parental perceptions, societal attitudes, poverty, gender discrimination, lack of awareness, inadequate infrastructure, and insufficient government funding affected the accessibility of education for children with disabilities. Vijayan and Geetha (2016) emphasised that inclusive education is a necessity in India and recommended the use of locally available resources and flexible educational models to support children with disabilities. Mishra and Bhaumik (2015) argued that inclusive education is more cost-effective than special schooling and stressed the need for trained staff, accessible infrastructure, flexible curriculum, and diverse teaching methods. Deshprabhu (2014) identified negative societal attitudes, physical inaccessibility, insufficient funding, fragmented teacher training, socio-economic barriers, and weak policies as major obstacles to inclusion. Sharma and Sharma (2014) similarly highlighted social stigma, inadequate facilities, health issues, and poor infrastructure as barriers discouraging children with disabilities from fully benefiting from inclusive education. Studies by Bhatnagar and Das (2014) and Menon (2014) emphasised that deficiencies in administrative support, lack of training, poor infrastructure, and parental pressure are among the reasons that make inclusive education a challenge for the entire school system in various forms. In addition to the above issues, Das et al. (2013) found that teachers who had personal contact with disabled individuals tended to have more positive attitudes toward inclusion. Overall, these studies reflect that although inclusive education is widely accepted and recognised as essential, its successful implementation depends on adequate and supportive infrastructure, effective policies, well-trained teachers, support services, positive societal attitudes, and strong institutional support.

3. Rationale

The effective implementation of inclusive education is intricately linked to how the educational community perceives disability and addresses the associated barriers. Research results

suggest that students and teachers without disabilities often view students with disabilities as less appealing, unengaging, reserved, and less intelligent compared to their able peers. Parents perceive the inclusion of students with disabilities as challenging, while administrators express concerns about resource limitations and a lack of expertise to successfully implement inclusive education. For children with disabilities, physical structures such as steep ramps, narrow doors, slippery floors, unsafe stairs, and inaccessible facilities like libraries, classrooms, toilets, and recreational areas are among the physical barriers that further impede students' mobility within and outside the school environment. Keeping these diverse factors in mind, it is crucial to evaluate existing inclusive education programs, reassess solutions to barriers, focus on practical measures, and recommend appropriate steps to the government to promote inclusion effectively in India. The relevance of the present study lies in meeting the need for efficient and successful inclusive education, which is expected to improve educational opportunities for Children with Special Needs (CwSNs) in India. The successful implementation of the provisions under the SSA is expected to ensure unhindered access to education for Children with Special Needs (CwSNs). This study not only validates prior research in the realm of inclusive education but is notably valuable for its insights into barriers at the primary school level in Uttar Pradesh and its recommendations for overcoming them.

The study was confined to government primary schools in the Saharanpur, Muzaffarnagar, Bijnor, and Moradabad districts of Uttar Pradesh, India, with a key focus on determining the administrative, physical, and attitudinal barriers to the implementation of inclusive education in primary schools with appointed special educators.

4. Objectives

- To study the implementation of inclusive educational programs in Government schools of urban and rural areas at the primary level in the districts of Saharanpur, Muzaffarnagar, Bijnor, and Moradabad in Uttar Pradesh, India.

- To determine the **nature of administrative, physical and attitudinal barriers in the successful implementation of inclusive education** in the districts of Saharanpur, Muzaffarnagar, Bijnor, and Moradabad in Uttar Pradesh, India.

Here, Administrative Barriers refer to a lack of understanding and support for inclusion among School Management Committees and Principals, coupled with bureaucratic hurdles, which hinder effective implementation. Physical Barriers are found in many schools, including those in rural or remote areas, which lack accessibility for learners with physical disabilities. Poorly maintained structures with inadequate facilities, such as doors, stairs, and ramps, create physical barriers. Attitudinal Barriers refer to prejudiced mindsets among parents, family members, and communities contributing to the belief that educating a child with a disability is futile. The environment of schools considering Inclusive Education is a place where every child receive education together in cooperation with each others in the same physical, social, and emotional dimensions, supported by special educators and necessary equipment; and Primary School refers to an educational institution where students from all backgrounds—regardless of caste, class, gender, ability, or disability—learn together, spanning from grade one to grade five.

5. Research Methodology

5.1. Research design

The Descriptive survey research design was used in the study. It investigated the status of implementation of inclusive education and the barriers present in schools, which drastically impact the learning outcomes of children with disabilities.

5.2. Sample and its Population

The population of the study include all students enrolled in government primary schools across Uttar Pradesh, India. Uttar Pradesh has one of the largest populations of children with disabilities in India, making it a critical context for examining barriers to inclusive education. Its demographic significance provides a valuable

context for understanding the challenges and opportunities of implementing inclusive educational practices. The sample was drawn from four districts of Uttar Pradesh-Bijnor, Moradabad, Muzaffarnagar, and Saharanpur. These districts were purposely selected due to their comparatively high concentration of children with disabilities in the 5-9-year age group. The selection of these districts enhanced the study's relevance and representativeness by capturing contexts where issues of inclusive education are most pronounced.

5.3. Research Tools

The data was collected using a structured Observation Schedule and a Barrier Checklist for

identifying barriers to inclusive education. Both research tools consisted of dichotomous-response items for the clear categorisation and systematic analysis of observed barriers.

5.4. Data collection procedure

A multistage random sampling technique was adopted, wherein districts were selected first, followed by schools and respondents. A total of 64 government primary schools were randomly selected, with 16 schools chosen from each district. The study sample included 64 school heads, 213 teachers, 96 parents of Children with Special Needs (CwSNs), and 256 CwSNs. Details of the sample has been given below,

Table 03: Sample selection

Sr. No.	Sample/Participants	Number
1.	School	64
2.	School Heads Teachers	64
3.	School Teachers	145
4.	Special Teachers	68(64+4(Block Special-Educator Heads))
5.	Children with Disability	256
6.	Parents of Children with Disability	96

Table 04: Schools Distribution

S.No	Category	Numbers	Percentage(%)
1.	Rural	31	48.43
2.	Urban	33	51.57
	Total	64	100.00

6. Results and Discussion

6.1. Implementation and Accesses

The findings indicate that urban schools performed slightly better than rural schools across all implementation dimensions. Functional and formal assessment of Children with Special Needs (CwSNs) showed complete implementation in both urban and rural schools, with 100% implementation reported in each category. However, other important dimensions, such as the identification of CwSNs, the provision of aids and appliances, teacher training, and resource support, showed

comparatively low levels of implementation. Urban schools showed a higher implementation rate for the identification of CwSNs (36.95%) than rural schools (30.95%). Similarly, the provision of aids and appliances was better in urban schools than in rural schools. Teacher training for inclusive education and resource support also remained inadequate in both settings. The overall implementation percentage across all dimensions as 47.58% in urban schools and 43.50% in rural schools, clearly indicates that there is less effort taken in incorporating the idea of inclusive education programs, particularly in rural areas where

infrastructural and resource-related problems are more prominent.

Table 05: Implementation status of various dimensions of inclusive education programs in urban and rural government schools

S.No.	Dimensions for the Implementation of Inclusive Educational Programs	Urban (33 schools)	Rural (31 schools)
1.	Children with Special Needs (CwSNs)	36.95%	30.95%
2.	Functional and Formal Assessment of CwSNs	100.00%	100.00%
3.	Provision of Aids and Appliances	31.63%	29.16%
4.	Training of Teachers for Inclusive Education	36.32%	30.02%
5.	Resource Support	33.02%	27.41%
6.	Implementation percentage of all the dimensions	47.58%	43.50%

However, an important outcome of the study emphasised that the procedures used to identify CwSNs exhibited inconsistencies, suggesting that identification was undertaken largely as a procedural formality, with limited adherence to government guidelines. The deficiencies in the identification procedures may be attributed to the lack of a clear definition of CwSNs in the SSA framework. The guidelines followed by enumerators for identification were originally intended for Out-of-School Children, or 'Special Focus Groups,' which include CwSNs, female children, Scheduled Castes (SC), Scheduled Tribes (ST) and other underprivileged children, urban disadvantaged children, and children facing challenging circumstances, such as street children and migrant children.

The data reflected in Table 05 suggests that the percentage of implementation of identification-related parameters for Children with Special Needs (CwSNs) was higher in urban areas (36.95%) than in rural areas (30.95%), indicating a significant disparity in implementation across locations. The value of the second dimension (100%) provides insights into compliance with provisions concerning the functional and formal assessment of Children with Special Needs (CwSNs) across all 64 schools. According to the guidelines of Sarva Shiksha Abhiyan (SSA) and later on Samagra Shiksha

scheme, a district-level team of experts must be formed to conduct assessment camps at the block level to determine the type, nature, and extent of disability.

During the identification process, CwSNs initially enrolled in nearby schools were subsequently invited to participate in block/district camps with their parents. In these camps, a team of experts, including special teachers, psychologists, and doctors specialising in the relevant areas, conducted functional and formal assessments of CwSNs at no cost. The assessments included evaluations of cognitive development, vision, hearing, mobility, and other relevant criteria, as outlined earlier in the SSA framework later in Samagra Shiksha scheme, followed by the issuance of individual reports for each CwSN assessed by the experts. These medical assessment reports served various purposes, such as certification, the creation of Individual Educational Plans, the provision of aids and appliances, the grant of scholarships, and the provision of escort and travel allowances. It was also mandatory to inform parents in advance about the camps and invite them to participate in the assessment process. The findings of this study confirm that the prescribed provisions and standards for formal and medical assessment outlined in the SSA were adhered to by all 64 (100%) of the sampled schools. The table also indicates that

implementation of parameters for the functional and formal assessment of CwSNs was 100% in both urban and rural areas, with no difference between them. Out of 64 schools, 31.63% of urban and 29.16% of rural schools in the sample periodically received aids and appliances through collaborative efforts with various government departments. It was also observed that in some schools, aids and appliances were made available to CwSNs through partnerships with non-governmental organisations (NGOs), implying that all the schools were successfully adhering to the standards for effective implementation.

With reference to this context, it is necessary to update that since the time of Sarva Shiksha Abhiyan (SSA) framework the initiative was to give focused attention on ensuring the availability of aids and appliances. It includes a comprehensive list specifying aids and appliances required by children with visual, hearing, orthopaedic, and intellectual disabilities. The primary objective is to enhance the day-to-day functioning of Children with Special Needs (CwSNs). The frameworks also envisaged the resource teachers as key providers of remedial support to CwSNs in inclusive schools, including through block-level resource rooms. However, the present study found that resource teachers were appointed at the block level to serve clusters of schools rather than being available in individual schools.

An SSA document from 2007 observed that “classroom practices and teaching methods

adopted by teachers for effective classroom management of Children with Special Needs (CwSNs) have remained neglected.” The present research also confirms similar practices, as 33.02% Urban and 27.41% Rural sampled schools neither had an Individualised Education Plan (IEP) for CwSNs nor used appropriate teaching aids, devices, appliances, or modalities for effective classroom management by special teachers. The comparison of their percentages of parameters related to the Resource Support for Inclusive Education in urban and rural areas shows significant differences of 33.02% and 27.41%, respectively. The difference in their percentage scores shows that urban schools receive more resource support for inclusive education than rural schools.

6.2. Physical barriers

The data strongly indicates that the overall situation regarding the fulfilment of physical accessibility standards was disappointing (table-06). Only 27.76% standards were completely met by the sample schools. This suggests that the majority of schools (72.24%) were not adequately addressing the needs of Children with Special Needs (CwSNs) by providing easy access to drinking water facilities, mid-day meal serving areas, and safe, independent use of restroom facilities. Identifying areas such as the mid-day meal zone, drinking water sources, morning assembly grounds, and toilets was challenging. The areas designated for voluntary activities during leisure time were not accessible to children with disabilities for safety and security reasons.

Table 06- Summary of Physical Barriers to the Implementation of Inclusive Education

S. No.	Dimensions	‘Standards achieved’(%)	‘Standards not achieved’(%)
1.	Entry Barrier (Blockage-free, 4’ to 5’ feet width, Plain and level path)	42.70%	57.3%
2.	Internal Barrier (Reachable Multiple stories, Low tree branches, window panel, sharp curves.)	1.04%	98.96%
3.	Ramp Barrier (quad raids, non – slippery surface, ramp slope, Minimum 48’width)	40.62%	59.38%
4.	Toilet Barrier (Broad and reachable toilets, Guard rails, Door handles and switches, Height of toilet commode)	49.21%	50.79%
5.	Drinking Water (Accessible height of water tap, Separate facilities)	14.06%	85.94%

6.	Signage Barrier (Braille/print Signboard)	0%	100%
7.	Floor/Open Surface Barrier (Non-Slippery, without loose stones.)	23.95%	76.05%
8.	Class Room Barrier (height of light / fan switch, Seat arrangement, accessible furniture, shelves)	56.25%	43.75%
9.	Library Barrier (accessible furniture, shelves)	71.87%	28.13%
10.	Door Barrier (wheel chair access)	2.08%	97.92%
11.	Mid-Day Meal Serving Area Barrier (Proper signed)	0	100%
12.	Sports/Recreation Area Barrier (playground, Accessible stage)	31.25%	68.75%
Total		27.76%	72.24%

Overall, it was noted that not all pathways within the schools were suitable for CwSNs, as they contained sharp turns and obstructions. The buildings in all schools were not interconnected by passage, indicating that CwSNs could not access all parts of the campus. The findings also showed that not all classrooms in the four districts were usable by CwSNs. Many classrooms lacked proper lighting, whether from electricity or natural light, and blackboards were not centrally placed at an appropriate height for clear visibility from all angles. The seating arrangements in the classrooms were deemed suitable and accessible. Overall, the data analysis suggests that schools have not taken proper steps to remove architectural barriers to improve accessibility. The efforts do not fully align with the standards outlined in SSA documents. The results imply that future construction projects for school buildings in Eastern Uttar Pradesh should be meticulously planned to meet all government-mandated

physical accessibility standards, ensuring that school buildings are fully accessible for CwSNs.

6.3. Administrative barriers

The data highlight the significant role of school administration in hindering the successful implementation of inclusive education. It clearly indicates that out of available standards only 55.74% standards were achieved by head teachers (administrators) in the schools taken as a sample for the study given in table 07. It suggests that the majority of school heads were not adequately adhering to the inclusive education provisions outlined long before even in the SSA framework. They fell short in motivating teachers to utilise technology in the classroom and in preparing and implementing Individual Educational Plans (IEPs). Only 6.25% head teachers had received in-service training on inclusive education, and almost 33.34% were unaware of the existing policies and provisions for inclusive education.

Table 07- Summary of Administrative Barriers to the Implementation of Inclusive Education

S.No.	Dimension	Standards achieved	Standards not achieved
1.	Resource Barriers (Funds Transferred, Receipt Of Funds, Utilisation Of Fund)	42.5%	57.5%
2.	Enrolment Barriers (Identification Of CwSNs, Enrolment)	62.5%	37.5%
3.	Planning And Management Barriers (Medical Camps, Counselling Camps, Curricular and Co-Curricular Activities)	72.91%	27.09%
4.	In-Service Training Barriers (Head- Teachers, Teachers and Special Educator Trainings)	6.25%	93.75%
5.	Instructional And Assessment Innovation Barriers (Textbooks, TLM, Arrangement Of Suitable Writer, Use Of Technology,	25.62%	74.38%

	Resource Rooms Like Library, Computer Class)		
6.	Policy Barriers (Salary Of Special Teachers, Placement Of Special Teachers, Appointment Of Special Teachers)	66.66%	33.34%
	Total	55.74%	44.26%

The primary administrative barriers identified included low teacher salaries and flawed teacher appointments. However, it is also noted that head teachers did not play a positive role in facilitating inclusive education by ensuring the timely procurement of activities and textbooks for Children with Special Needs (CwSNs).

6.4. Attitudinal barriers

The data reveal that none of the respondents expressed exclusively positive sentiments in support of implementing inclusive education (Table 08). Instead, a majority of respondents expressed negative sentiments toward both Children with Special Needs (CwSNs) and inclusive education. These negative emotions appeared to be more closely associated with the practical aspects of implementing inclusive education than with its underlying philosophy

Table 08-Summary of Attitudinal Barrier to the Implementation of Inclusive Education

S.No.	Dimension	Percentage of standards met	Percentage of standards not met
1	Attitude Towards the CwSNs and their Disability	41.80%	58.20%
2	Attitude Towards Inclusive Education	39.42%	60.58%
	Total	40.61%	59.39%

These findings suggest a need for greater awareness and understanding among respondents about the philosophical approach, policies that need to be implemented, and practical aspects of inclusive education. This would enable them to contribute positively to the planning and execution of inclusive education initiatives. It also shows that the children with disabilities are often considered on the basis of their disabilities rather than their abilities or skills they possess.

6. Findings of the study

The results of the study highlighted that the implementation of inclusive education in primary government schools of Uttar Pradesh more of in Eastern region are generally weak and unsatisfactory, with urban schools performing

slightly better than rural schools. Although policies and provisions under the Sarva Shiksha Abhiyan and in Samagra Shiksha were formally present in many schools, their practical implementation remained limited. Schools showed comparatively better performance in identifying Children with Special Needs (CwSNs), conducting formal assessments, and discouraging discrimination against them. However, important components such as the timely provision of aids and appliances, the preparation of Individualised Education Plans (IEPs), teacher training, and collaboration between special and general teachers were poorly implemented. Model Inclusive Schools alone demonstrated some effective inclusive practices.

Most schools lack accessible features such as toilets, ramps, space in classrooms and corridors, disability-friendly doors and slopes, and other physical barriers. The other infrastructural facilities, such as switches, lighting, ventilation, and others, are not fully accessible to CwSNs. The other challenge for the children comes from the administrative part, where delay in finances, inadequate amount of funds received, improper planning to use it or deficient staff, and that also lacks training, are unable to use assistive technologies, weak monitoring and loopholes in implementation of many inclusive practices increase the administrative barriers. Administrative barriers also emerged as major challenges. Delays in fund transfer, inadequate release of teachers for training, lack of training opportunities for head teachers, insufficient use of assistive technology, and weak implementation monitoring negatively affect inclusive practices in schools. Attitudinal barriers significantly influenced the effectiveness of inclusion. Many respondents exhibited less favourable attitudes towards disability and showed limited commitment to promoting inclusion in classrooms and society. Such perceptions created resistance and acted as hurdle to the successful incorporation of inclusive education programs. Overall, the effective implementation of inclusive education remains restricted by inadequate infrastructure, poor support by the administrative block, insufficient teacher preparation, and limited stakeholder commitment, resulting in persistent challenges for children with disabilities.

7. Conclusion

The Government of India introduced the inclusive education program under SSA in 2003 and Samagra Shiksha in 2018 to enhance the enrollment of CwSNs in elementary education and provide them with accessible, quality schooling. This initiative was aligned with the government's aim of achieving Universal Elementary Education. However, the findings

show that despite all the initiatives given in the policy, the objective of successful inclusive education has not been fully realised. The implementation of inclusive education was found to be lacking, with 54.46% of the surveyed standards not being fully met by the sample schools. In light of the present study's findings, it can be concluded that school heads were consistently perceived as the most common and significant barrier to the successful implementation of inclusive education. These results highlight the need for several actions: First, school heads should receive adequate training in inclusive education. Secondly, efforts should be made to help teachers understand the challenges School Heads face in implementing inclusion. This is important because teachers often attribute the poor implementation of inclusive education to administrators, suggesting a potential tension between teachers and school heads in the context of inclusion. Overall, the implementation of inclusive education in 4 districts (Saharanpur, Muzaffarnagar, Bijnor, and Moradabad districts) of Uttar Pradesh was found to be unsatisfactory, with various barriers hindering the education of Children with Special Needs (CwSNs) in inclusive schools. School head teachers were perceived as significant barriers by all stakeholders. To reduce the hurdles faced during the implementation, it is important to upgrade and aware them, and support with facilitating by providing training on inclusive education. Additionally, recruiting special teachers at the school level to address the specific needs of CwSNs within the classroom is essential. Collaborative efforts involving parents and CwSNs in planning construction and classroom activities, and in providing transportation facilities, in consultation with teachers and administrators, can help address these challenges. Involving stakeholders as partners is vital for the successful implementation of inclusive education and the identification and removal of barriers to its effectiveness.

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