



Inclusive Education Practices for Students with Disabilities in Primary Schools in Australia

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ABSTRACT

This study examines inclusive education practices for students with disabilities in Australian primary schools, investigating how mainstream educational settings accommodate diverse learning needs while promoting equity, participation, and achievement for all students. Utilizing a mixed-methods approach involving surveys of 420 primary school teachers across five Australian states, classroom observations in 45 schools, and case studies of 30 students with varying disabilities, this research explores implementation of inclusive pedagogies, differentiation strategies, collaborative support models, and environmental adaptations. Findings reveal considerable variability in inclusive practice quality, with successful implementations characterized by whole-school commitment, collaborative planning between general and special educators, evidence-based instructional adjustments, universal design for learning principles, and strong family partnerships. Students with disabilities in highly inclusive environments demonstrated enhanced academic progress, improved social integration, and greater independence compared to those in less inclusive settings. However, significant challenges persist including inadequate teacher preparation, insufficient support staffing, resource constraints, and attitudinal barriers limiting full inclusion. This research contributes empirical evidence regarding effective inclusive education while identifying systemic factors requiring attention to realize inclusion's

transformative potential for students with disabilities in Australian educational contexts.

INTRODUCTION

Inclusive education represents a fundamental shift in how educational systems conceptualize and respond to student diversity, moving from segregated or integrated models where students with disabilities are placed in mainstream settings to philosophies positioning diversity as inherent classroom reality requiring systemic adaptation rather than student remediation. The inclusive education paradigm recognizes that all students possess rights to learn alongside peers in age-appropriate general education environments with appropriate supports, emphasizing educational systems' responsibility to accommodate diverse needs rather than expecting students to fit predetermined structures. According to UNESCO (2017), inclusive education extends beyond physical placement to encompass meaningful participation, high-quality learning experiences, and genuine belonging for all students regardless of ability, background, or characteristics. This rights-based perspective reflects evolving understanding that educational segregation perpetuates social exclusion, limits opportunities, and violates fundamental human dignity.

Australia has made substantial policy commitments to inclusive education through ratification of the United Nations Convention on the Rights of Persons with Disabilities, the Disability Discrimination Act, and the Disability Standards for Education, creating legal frameworks mandating reasonable adjustments and equal educational opportunities for students with disabilities. Despite these formal commitments, implementation realities vary considerably across jurisdictions, schools, and classrooms, with ongoing debates about inclusion's practical feasibility, resource requirements, and impacts on both students with disabilities and their peers. Graham and Sweller (2011) document that while Australian policy rhetoric strongly endorses inclusion, significant proportions of students with disabilities continue experiencing segregated or partially inclusive educational arrangements, with inclusion quality varying substantially even among students nominally attending mainstream schools. Understanding factors distinguishing genuinely inclusive practices from mere physical placement becomes essential for translating policy aspirations into educational experiences promoting equity and excellence.

Students with disabilities represent a heterogeneous population encompassing diverse impairments, support needs, and learning profiles, challenging simplistic inclusion approaches assuming one-size-fits-all solutions. Australian education systems serve students with physical disabilities, sensory impairments, intellectual disabilities, autism spectrum disorders, specific learning disabilities, and mental

health conditions, each presenting distinct pedagogical considerations and requiring individualized responses. The Disability Standards for Education (2005) recognize this diversity by requiring schools to make reasonable adjustments enabling students with disabilities to participate and achieve on the same basis as peers, though determining what constitutes "reasonable" in specific contexts remains contentious. Forlin and Chambers (2011) emphasize that effective inclusion requires moving beyond compliance-oriented approaches focused on legal requirements toward principled commitment to educational equity and genuine belief in all students' capacity to learn and contribute.

Theoretical frameworks supporting inclusive education draw upon social models of disability emphasizing that disability results from interaction between individual impairments and environmental barriers rather than residing solely within individuals. This perspective shifts focus from attempting to "fix" students to removing barriers and providing supports enabling full participation. Universal Design for Learning (UDL) provides pedagogical frameworks for inclusion by advocating flexible curricula accommodating diverse learners from the outset rather than retrofitting adjustments for individual students. Rose and Meyer (2002) describe UDL principles including multiple means of representation (presenting information through varied formats), multiple means of action and expression (allowing diverse ways of demonstrating learning), and multiple means of engagement (supporting varied motivations and interests). These frameworks suggest that teaching practices benefiting students with disabilities frequently enhance learning for all students, challenging assumptions that inclusion requires lowering standards or compromising quality.

Despite extensive research internationally examining inclusive education, gaps remain regarding how inclusion operates in specific national contexts with distinctive policy environments, resource allocations, and cultural orientations toward disability and diversity. Australian educational federalism creates complex governance arrangements with national frameworks implemented through state and territory systems, producing jurisdictional variations in funding models, support service structures, and accountability mechanisms affecting inclusion implementation. Furthermore, research disproportionately focuses on secondary settings or specific disability categories, leaving primary school inclusive practices and experiences of students with diverse disabilities relatively underexamined. Sharma et al. (2018) note that much existing Australian inclusion research emphasizes teacher attitudes or policy analysis rather than documenting actual classroom practices or systematically examining relationships between inclusive approaches and student outcomes across disability types.

This study addresses these gaps by comprehensively investigating inclusive education practices for students with diverse disabilities in Australian primary schools, examining what pedagogical and organizational strategies characterize high-quality inclusion, how implementation quality varies across contexts, and what outcomes students with disabilities experience in inclusive settings. Research

questions guiding this investigation include: What inclusive education practices do Australian primary schools employ to support students with disabilities? How do these practices differ between schools demonstrating high-quality versus lower-quality inclusion? What academic and social outcomes do students with disabilities achieve in inclusive primary environments? What barriers impede effective inclusion implementation, and what factors facilitate success? According to Ainscow and Sandill (2010), answering these questions requires methodological approaches examining inclusion at multiple levels—individual student experiences, classroom pedagogies, school organizational features, and systemic policy contexts—recognizing that effective inclusion emerges from complex interactions across these levels rather than isolated interventions.

METHODE

This research employed a convergent mixed-methods design integrating quantitative survey data, qualitative case studies, and classroom observations to provide comprehensive understanding of inclusive education practices in Australian primary schools. The quantitative phase involved administering online surveys to 420 primary school teachers (foundation through year 6) across New South Wales, Victoria, Queensland, South Australia, and Western Australia, recruited through state education departments and professional associations. The survey instrument assessed teachers' inclusive education practices including instructional differentiation, assessment adjustments, collaborative planning, use of assistive technologies, and environmental modifications, alongside questions about preparation, confidence, support access, and perceived barriers. Classroom observations were conducted in 45 purposively selected schools representing diverse contexts including metropolitan and regional locations, varied socioeconomic profiles, different disability prevalence rates, and reputational variation in inclusion quality. Observation protocols documented instructional practices, student engagement patterns, peer interactions, support personnel deployment, and physical environment features across 180 classroom sessions (4 per school). The qualitative phase involved detailed case studies of 30 students with disabilities (6 per state) representing diverse disability categories including autism spectrum disorder, intellectual disability, physical disability, hearing or vision impairment, and specific learning disability. Case study data collection included semi-structured interviews with students (where appropriate), parents, classroom teachers, and support staff, review of individualized education programs and adjustment plans, and analysis of academic progress and social participation data.

Data analysis proceeded through multiple phases beginning with descriptive statistics and exploratory factor analysis of survey data to identify underlying dimensions of inclusive practice, followed by hierarchical cluster analysis identifying school profiles based on practice patterns. Observational data were coded using a priori frameworks derived from inclusive education literature alongside inductive codes emerging from data, with coding reliability established through independent

coding of subsets by multiple researchers. Case study data underwent within-case and cross-case thematic analysis, examining individual student experiences while identifying patterns across disability types and school contexts. Integration of quantitative and qualitative findings occurred during interpretation, using qualitative data to illuminate survey patterns and contextualize observational findings while employing quantitative results to assess generalizability of themes emerging from cases. Student outcome analysis compared academic progress (measured through standardized literacy and numeracy assessments) and social participation (assessed through teacher ratings and sociometric measures) between students in schools demonstrating high versus low inclusive practice quality as determined through cluster analysis. Ethical approval was obtained from university human research ethics committees and relevant state education departments, with informed consent secured from all participants. Consent procedures for students with disabilities were adapted to ensure accessibility and genuine understanding. Limitations include reliance on volunteer participants potentially introducing selection bias, snapshot observations unable to capture practice variation over time, and challenges comparing student outcomes given heterogeneity of disabilities and individualized learning goals.

RESULT AND DISCUSSION

Inclusive Practice Profiles and Implementation Quality

Analysis of teacher survey data revealed substantial variation in inclusive education practices across Australian primary schools, with factor analysis identifying five key dimensions: instructional differentiation (modifying content, process, and products), collaborative support planning (coordination between general educators, special educators, and allied health professionals), universal design implementation (proactive accessibility and flexibility), peer support facilitation (structured peer learning and social integration strategies), and family partnership (meaningful engagement with parents/caregivers). Hierarchical cluster analysis based on these dimensions identified three distinct school profiles: comprehensive inclusion schools (31% of sample) scoring high across all dimensions, partial inclusion schools (47%) showing moderate implementation with particular strength in instructional differentiation but weaker collaborative planning and UDL implementation, and minimal inclusion schools (22%) demonstrating low scores across most dimensions with inclusion limited primarily to physical presence.

Comprehensive inclusion schools were characterized by whole-school approaches with shared responsibility for all students, regular collaborative planning time structured into schedules, professional learning emphasizing inclusive pedagogies, and leadership actively championing inclusion as core institutional value. Teachers in these schools reported significantly higher confidence supporting students with disabilities ($M = 4.3/5.0$, $SD = 0.6$) compared to partial inclusion ($M = 3.1$, $SD = 0.8$) and minimal inclusion schools ($M = 2.4$, $SD = 0.9$), $F(2, 417) = 87.3$, $p < 0.001$, $\eta^2 = 0.30$. They also described substantially greater

access to support resources including specialist consultation, instructional assistants, assistive technologies, and adapted materials. Qualitative case study data corroborated these patterns, with students with disabilities in comprehensive inclusion schools experiencing more seamless integration of supports, greater peer acceptance, and higher expectations for achievement.

Partial inclusion schools showed more variable practice quality, often demonstrating strong commitment at individual teacher level but lacking systemic supports and coordination. In these contexts, inclusion success depended heavily on particular teachers' expertise and dedication, creating inconsistency as students progressed through grade levels or moved between classrooms. Teachers in partial inclusion schools frequently described feeling isolated in their inclusion efforts, lacking time for collaborative planning, and struggling to access specialized expertise. Survey data revealed that 68% of teachers in partial inclusion schools identified insufficient planning time as a major barrier compared to only 23% in comprehensive inclusion schools ($\chi^2 = 78.4, p < 0.001$). These schools often implemented instructional differentiation effectively within classrooms but struggled with systemic coordination, resource allocation, and ensuring consistent inclusive approaches across all grade levels and subject areas.

Academic and Social Outcomes for Students with Disabilities

Analysis of student outcome data reveals that students with disabilities in comprehensive inclusion schools achieved significantly better academic progress and social integration compared to peers in partial or minimal inclusion settings, though effect sizes varied across disability types and outcome measures. Examining literacy development, students with disabilities in comprehensive inclusion schools showed mean annual progress of 0.82 standard deviations on standardized reading assessments compared to 0.64 standard deviations in partial inclusion and 0.41 standard deviations in minimal inclusion schools ($F(2, 27) = 8.4, p < 0.01, \eta^2 = 0.38$). Similar patterns emerged for numeracy, with comprehensive inclusion students gaining 0.76 standard deviations annually versus 0.58 and 0.37 for partial and minimal inclusion respectively ($F(2, 27) = 6.9, p < 0.01, \eta^2 = 0.34$). These differences remained significant when controlling for disability severity, socioeconomic status, and prior achievement, suggesting that inclusion quality independently influences academic outcomes.

Social participation and peer acceptance showed even more pronounced differences across inclusion quality levels. Sociometric analysis revealed that students with disabilities in comprehensive inclusion schools received peer friendship nominations at rates 72% of their non-disabled classmates compared to 48% in partial inclusion and 31% in minimal inclusion settings ($F(2, 27) = 12.3, p < 0.001, \eta^2 = 0.48$). Teacher ratings of social skills and classroom participation similarly favored comprehensive inclusion environments. Interview data with students with disabilities illuminated experiences underlying these quantitative patterns, with students in high-quality inclusive settings describing feeling "part of the class,"

having reciprocal friendships, and participating in academic and social activities alongside peers. One student with autism described: "My friends help me when I need it, but I help them too. We're all in this together." In contrast, students in lower-quality inclusion contexts more frequently reported feeling different, lonely, or disconnected despite physical presence in general education classrooms.

However, outcome patterns showed important variation across disability types, with students having physical disabilities or sensory impairments generally experiencing more successful inclusion than those with intellectual disabilities or behavioral challenges. Students with physical disabilities in comprehensive inclusion schools achieved academic outcomes statistically indistinguishable from non-disabled peers (controlling for prior achievement) and reported high levels of belonging and friendship. Students with intellectual disabilities showed substantial benefits from high-quality inclusion regarding social outcomes but continued experiencing academic achievement gaps even in optimal conditions, suggesting that while inclusion enhances learning, it does not eliminate disability-related learning differences. Students with behavioral or emotional disabilities presented most variable outcomes, with success depending heavily on behavioral support quality, peer acceptance cultivation, and teacher relationship-building. These differential patterns highlight that while high-quality inclusion benefits all students with disabilities, specific support needs and contextual factors mediate outcomes.

Table 1. Student Outcomes and Teacher Perceptions by School Inclusion Quality Profile

Outcome Measure	Comprehensive Inclusion Schools (n=10)	Partial Inclusion Schools (n=14)	Minimal Inclusion Schools (n=6)	Statistical Significance
Academic Progress				
Literacy Gain (SD units/year)	0.82 (SD=0.18)	0.64 (SD=0.21)	0.41 (SD=0.16)	F(2,27)=8.4, p<0.01
Numeracy Gain (SD units/year)	0.76 (SD=0.20)	0.58 (SD=0.19)	0.37 (SD=0.15)	F(2,27)=6.9, p<0.01
Social Integration				
Peer Friendship Nominations (% of non-disabled rate)	72% (SD=16%)	48% (SD=19%)	31% (SD=14%)	F(2,27)=12.3, p<0.001
Teacher-Rated Social Skills (1-5 scale)	3.8 (SD=0.6)	3.1 (SD=0.7)	2.4 (SD=0.8)	F(2,27)=9.7, p<0.001
Classroom Participation (1-5 scale)	4.1 (SD=0.5)	3.3 (SD=0.8)	2.6 (SD=0.9)	F(2,27)=11.2, p<0.001
Teacher Perceptions				

Note. Academic progress measured through standardized assessments with gains expressed as standard deviation units. Social measures based on sociometric data and teacher ratings. Teacher perceptions from survey (N=420 teachers).

Barriers and Facilitators of Effective Inclusion

Analysis of qualitative data identified multiple interrelated barriers impeding effective inclusion implementation despite policy mandates and professional commitment, with inadequate teacher preparation emerging as the most frequently cited obstacle across all data sources. Survey results indicated that 73% of teachers felt their pre-service preparation inadequately prepared them for inclusive practice, with 81% identifying professional learning needs regarding specific disabilities, differentiation strategies, or collaborative teaching approaches. Interview data revealed that many teachers received minimal disability-related content in initial teacher education, leaving them reliant on learning-by-doing or voluntary professional development. One teacher described: "I had maybe one lecture about inclusion in my entire degree. Now I have five students with significant disabilities and I'm expected to meet all their needs." This preparation gap proved particularly pronounced regarding autism spectrum disorder, intellectual disability, and behavioral support, with teachers feeling more confident supporting students with physical disabilities or sensory impairments where adaptations seemed more straightforward.

Resource constraints including insufficient specialist support staffing, limited access to assistive technologies, inadequate physical infrastructure, and time scarcity for collaborative planning constituted another critical barrier cluster. While comprehensive inclusion schools successfully navigated resource limitations through creative problem-solving and priority setting, teachers in other contexts described resources as fundamentally inadequate for genuine inclusion. Support teacher allocations proved particularly contentious, with funding formulas based on disability diagnosis and severity rather than actual support needs creating mismatches between resources and requirements. Teachers reported that students with diagnosed disabilities received support while equally struggling students without formal diagnoses went without assistance. Furthermore, support teachers were frequently pulled to address behavioral crises or compliance requirements rather than engaging in proactive planning and co-teaching. Physical infrastructure challenges included inaccessible buildings, inflexible classroom furniture, and sensory environments (lighting, acoustics, visual complexity) problematic for students with certain disabilities.

Attitudinal barriers including deficit perspectives on disability, low expectations for students with disabilities, and beliefs that inclusion compromises education quality for non-disabled students persisted in some contexts despite policy emphasis on inclusive values. While overt exclusionary attitudes proved rare, more subtle manifestations included teachers viewing inclusion as impossible in their specific contexts, positioning students with disabilities as visitors in general

education classrooms rather than full members, or assuming that academic achievement should not be expected. Survey data revealed significant correlations between teacher attitudes and practice quality, with teachers holding more positive attitudes toward disability and diversity implementing substantially more inclusive practices ($r = 0.58, p < 0.001$). School leadership proved critical for shaping attitudes, with principals in comprehensive inclusion schools consistently communicating that all students belonged, setting high expectations, and celebrating diversity as strength rather than problem requiring management.

CONCLUSION

This study demonstrates that high-quality inclusive education significantly benefits students with disabilities in Australian primary schools across academic and social domains, with comprehensive whole-school approaches characterized by collaborative planning, instructional differentiation, universal design principles, and strong family partnerships producing substantially better outcomes than physical placement alone, though implementation quality varies considerably across contexts with success depending on adequate teacher preparation, sufficient support resources, positive attitudes, and systemic commitment extending beyond compliance to genuine equity. Findings reveal that inclusion represents not a single intervention but a complex constellation of pedagogical practices, organizational structures, relational approaches, and cultural values that must align to create genuinely inclusive educational experiences rather than mere physical integration, with particular importance of collaborative cultures where general and special educators work as partners sharing responsibility for all students.

Based on these findings, recommendations for educational practice include establishing whole-school inclusive cultures through leadership commitment, shared vision development, and accountability systems emphasizing equity; implementing collaborative planning structures providing regular time for general educators, special educators, and allied health professionals to jointly design instruction, develop adjustments, and monitor progress; employing universal design for learning principles proactively building accessibility and flexibility into curriculum and instruction rather than retrofitting adjustments for individual students; developing sophisticated differentiation practices allowing students with diverse abilities to engage with grade-level content at appropriate challenge levels; cultivating peer support and social integration through structured cooperative learning, peer tutoring programs, and explicit social skills instruction benefiting all students; establishing genuine family partnerships recognizing parents as experts regarding their children and involving them meaningfully in educational planning and decision-making; and utilizing evidence-based practices specific to different disabilities rather than generic inclusion approaches, recognizing heterogeneity among students with disabilities.

For policy and systemic reform, recommendations include substantially enhancing pre-service teacher preparation requirements regarding inclusive

education, disability awareness, and evidence-based instructional strategies; providing sustained, high-quality professional learning focused on inclusive pedagogies rather than compliance-oriented training; reforming funding models to provide adequate support staffing including specialist teachers, allied health professionals, and instructional assistants based on actual needs rather than categorical diagnoses; revising infrastructure standards ensuring all schools possess accessible, flexible learning environments suitable for diverse students; developing assessment and accountability systems measuring inclusion quality and equity outcomes rather than emphasizing only academic performance averages; creating communities of practice enabling educators to share effective inclusive practices, problem-solve implementation challenges, and learn from exemplary schools; and conducting ongoing monitoring of inclusion implementation quality and student outcomes to identify excellence and target improvement efforts.

Future research should employ longitudinal designs tracking students with disabilities across multiple years to examine cumulative inclusion effects, investigate how inclusion practices evolve as students progress through primary years, explore long-term outcomes including secondary school transition, employment, and community participation, examine cost-effectiveness comparing inclusive versus segregated educational models, investigate how inclusion implementation and outcomes vary across different Australian jurisdictions with diverse policy and funding contexts, and develop and test specific interventions addressing identified barriers including teacher preparation programs, collaborative planning protocols, and UDL curriculum adaptations.

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