Inclusive Education Policies and Their Impact on Health and Learning Outcomes

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ABSTRACT:

The purpose of inclusive education policies is to provide equal access to learning opportunities to students with different abilities, but there are still gaps in policy to health, and academic outcomes. The main issue that this research will deal with is the discrepancy between the policy framework and the real performance in enhancing the well-being and learning performance of students. The aim is to assess the effects of the policies that promote inclusive education on health indicators (mental well-being, attendance) and academic outcomes (achievement, engagement). This was done using a mixed-method approach, which combined both quantitative analysis of longitudinal schools data and qualitative interviews with stakeholders. Inclusive and non-inclusive school systems were used to carry out statistical methods such as regression model and comparative analysis. Results show that the schools with organized inclusive policies had an improvement in academic

outcomes, student engagement, and absenteeism by 27.4, 32.1, and 21.6 percent respectively, as compared to the traditional systems. There was a positive psychosocial influence of inclusive environments with the improvement of mental health indicators by 18.9. Comparative outcomes indicate that inclusive schools achieve higher performance in comparison with non-inclusive peers in the form of 25-30% on average in the key measures. This study also includes the policy evaluation, educational planning and the integration of public health, providing information to policy makers and institutional leaders. The policies of inclusive education help to improve both health and learning outcomes considerably in case of effective implementation, but constant monitoring and educator training, as well as the allocation of resources, are still vital to the sustainable effectiveness.

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I. Introduction

- **Background of Inclusive Education and Global Policy Frameworks**

Inclusive education has become one of the most important paradigm shifts in the educational policy in the world during the past 30 years. Inclusive education is based on the principles of equity, diversity, and human rights and aims at providing access to quality education to learners of all abilities, backgrounds, and circumstances, through mainstream programs (Giera et al. 2025). This was formally recognized as the Salamanca Statement of 1994, which was signed by 92 governments and 25 international organizations, which urged countries to implement inclusive education as a national policy (Triviño et al, 2022). This historic statement not only made inclusive education a pedagogical choice, but also a right under the international law.

These pledges were later strengthened by the United Nations Convention on the Rights of Persons with Disabilities (CRPD) of 2006 which required those countries that signed to come up with comprehensive education systems that integrate learners with special needs (Carrillo et al., 2025). These principles were further expounded on in the Sustainable Development Goal 4 (SDG 4) which aimed at ensuring inclusive and equitable quality education and lifelong learning opportunities to everyone by the year 2030 (Bolado et al., 2025). In spite of these international requirements, the adoption of inclusive education policies is patchy especially in the developing world economies where the scarcity of resources, poor training of teachers and lack of infrastructural facilities is a setback (Rojas et al, 2025).

Legislatively, the Special Educational Needs and Disability Act of the United Kingdom, the Individuals with Disabilities Education Act (IDEA) of the United States and the Rights of Persons with Disabilities Act of 2016 of India are examples of legislative milestones around the world (Kenny et al, 2023). The administrative capacity, preparedness of the teachers, parental involvement, and attitudes of the community are however complex interplay in translating legislative mandates into classroom-level practice. The key to grasping this process of translation is to be able to estimate the actual influence of inclusive policies on student outcomes (Deroncele et al, 2024).

- **Link between Inclusion, Health, and Academic Performance**

Inclusive education and its relationship with student health outcomes are becoming increasingly popular in the educational research. Being included in a

diverse classroom setting promotes a sense of belonging, decreases stigma, and helps students with disabilities to maintain mental well-being (Ahmed et al, 2025). In fact, research has always proven that social isolation which is a product of exclusionary educational practices is linked to high levels of anxiety, depression and low levels of self-efficacy in students with special educational needs (Nawire et al, 2025). Quite the contrary, inclusive environments offer peer interaction, learning together and positive social identity development, which leads to better psychological well-being. The inclusive environment greatly affects academic performance, as well. Research suggests that academic performance of students with disabilities and their typically growing peers increases when structured assistance in inclusive classrooms in the form of differentiated instructions, co-teaching patterns and assistive technologies are implemented (Ragmoun et al, 2024). The most popular framework, the Universal Design of Learning (UDL), which is used in the inclusive school system, shows that flexible instructional methods can help all learners since they can accommodate various learning styles and cognitive profiles (Mansur et al, 2023). In addition, attendance rates are also very important mediators in this relationship. When students feel included and academically engaged, chances of school avoidance behaviors are reduced and the students will have better attendance and continuity of learning (Vieriu et al, 2025). The interconnection between attendance, engagement and long-term academic success can be viewed as a cycle that reinforces itself and speaks volumes of the significance of inclusive policy development as a whole. Inclusive education and its relationship with student health outcomes are becoming increasingly popular in the educational research. Being included in a diverse classroom setting promotes a sense of belonging, decreases stigma, and helps students with disabilities to maintain mental well-being. In fact, research has always proven that social isolation which is a product of exclusionary educational practices is linked to high levels of anxiety, depression and low levels of self-efficacy in students with special educational needs. Quite the contrary, inclusive environments offer peer interaction, learning together and positive social identity development, which leads to better psychological well-being.

The inclusive environment greatly affects academic performance, as well. Research suggests that academic performance of students with disabilities and their typically growing peers increases when structured assistance in inclusive classrooms in the form of differentiated instructions, co-teaching patterns and assistive technologies are implemented. The most popular framework, the Universal Design of Learning (UDL), which is used in the inclusive school system, shows that flexible instructional methods can help all learners since they can accommodate various learning styles and cognitive profiles.

In addition, attendance rates are also very important mediators in this relationship. When students feel included and academically engaged, chances of school avoidance behaviors are reduced and the students will have better attendance and continuity of learning. The interconnection between attendance, engagement and long-term academic success can be viewed as a cycle that reinforces itself and speaks volumes of the significance of inclusive policy development as a whole.

- **Research Gap and Motivation**

Although extensive theoretical and empirical research has been conducted on inclusive education, there is still a large gap in the research field where it is a systematic quantification of policy effectiveness on two aspects of health outcomes and academic performance concurrently (Cruz et al, 2023). The majority of the current research is either specific on academic achievement or on health outcomes on their own, without investigating the combined impact of inclusive policy frameworks. Moreover, longitudinal studies to monitor the outcomes of the policies across several academic years are also limited, which restricts the concept of the cumulative and sustained policy effects.

The rationale behind this work is to fill this gap using a mixed-method research approach that will help to understand both the quantitative changes in outcome measures as well as the qualitative information of the stakeholders such as teachers, school leaders, and parents. This is additionally

reinforced by the increasing policy discussion of the idea of inclusive education in middle- and low-income nations in which the challenges of implementation are the most acute, and evidence-based recommendations are highly sought after (Gal et al, 2025).

- **Objectives and Research Questions**

The main goals of the research will be:

1. To test the effects of inclusive education policies on academic performance and engagement and achievement trajectories in a five-year longitudinal study.

2. To determine health outcomes such as mental well-being, attendance rates and the indices of social inclusion in inclusive and non-inclusive school systems.

3. To determine the moderating variables between the effectiveness of inclusive policies and structural, pedagogical and resource-related variables.

4. To make evidence-based policy suggestions on how to enhance inclusive education systems within institutions and governments (Melo-López et al, 2025).

The research questions will be: (RQ1) How inclusive education policies enhance academic performance in comparison with non-inclusive systems? (RQ2) Which benefits in terms of health indicators can be measured in relation to inclusive learning settings? (RQ3) What factors of implementation have the most important predictive value on the effectiveness of inclusive policies? (RQ4) What are the results of the scales of various schools in terms of size and geography (Karni-Vizer e al, 2025)?

II. Literature Review

The theoretical foundations of inclusive education are based on various disciplinary traditions such as disability studies, developmental psychology and educational philosophy. This social model of disability, originally developed by Oliver (1983), offers a basic prism by which the obstacles to participation can be interpreted as socially constructed, as opposed to being part of the individual. This model transformed the policy discourse of integration where people had to fit in the systems that were in place to inclusion whereby the systems had to change to accommodate everyone that wanted to learn.

A complementary theoretical framework is the Zone of Proximal Development (ZPD) of Vygotsky who proposed that cognitive development is best supported under socially collaborative conditions in which more competent peers facilitated cognitive development (Masuku et al, 2024). Inclusive classrooms have heterogeneous peer groupings, by design, which support this scaffolded learning, especially those students with learning difficulties. In a similar manner, the ecological systems theory presented by Bronfenbrenner puts the student development in the context of intertwined systems of the environment with special emphasis on the role of school climate, family engagement, and neighborhood resources in the inclusive outcomes (Bolado et al, 2025).

In more recent work, the capability approach suggested by Sen and Nussbaum has been implemented to the inclusive education system with an argument that education policies have to widen individual abilities and liberties and not just to make sure that people have access to school. This view provokes the policy-makers to consider inclusion in terms of capability-strengthening outcomes like self-determination, social participation, and the possibility of life-long learning rather than input measures such as enrollment rates (Kenny et al, 2025).

During the last 20 years, empirical studies on health outcomes in inclusive schools and colleges have increased significantly. An exemplary study by Schwab et al. (2019) showed that the students with disabilities in integrated schools had a much higher level of emotional well-being and lower levels of anxiety than students in segregated schools did. The researchers ascribed these effects to the increased acceptance by the peers, decreased stigma, and increased access to the supportive teacher-student relationships in the context of inclusive settings.

In a systematic review of forty studies considering the effects of an inclusive education on social outcomes, Lindsay (2007) found mixed, but overall positive effects of an inclusive education on social competence development among students with special educational needs. The most beneficial results in terms of mental health were observed in the environment where the inclusion policy was implemented with the use of the organized system of the psychosocial support and trained counselors. Conversely, inclusion done poorly (i.e. without any significant pedagogical adaptation) with the result of physical co-location but without the establishment of meaningful peer interactions was related to increased levels of peer rejection and negative self-concept.

This body of literature also has investigated the presence of attendance rates as health proxies. A study by Forlin (2010) found out that inclusive schools that had high teacher-student relationships and peer mentoring programs had higher attendance rates of about 15-20 percent as compared to non-inclusive schools. A major predictor of long-term educational and health disparities identified as absenteeism was greatly curbed by the psychosocial security of inclusive environments.

Comparative research studies on the academic performance in inclusive and non-inclusive school systems have shown quite consistent positive effects on the basis of inclusion, but with wide ranges of effect sizes depending on the extent of implementation fidelity. The meta-analysis of studies about inclusive education by Hattie (2009) gave a mean value of 0.68 as the impact of including students with disabilities to be included on their academic performance, which is similar to the impact of high-quality feedback interventions. The outcomes highlight the potential of properly applied inclusive policies in academics.

The longitudinal research data in the United States showed that students with disabilities who studied in an inclusive school performed better in high school completion rates and in post-secondary enrolment than those students in more restrictive schools. On the same note, studies carried out in European settings especially in Norway and Finland reported great gains in the standardized testing scores among students with learning disabilities after the introduction of national inclusive education systems.

The impacts of peers in inclusive classrooms have been also researched where evidence indicates that, typically developing students do not experience an academic disadvantage in inclusive environment like most people would assume. Some studies have found small positive impacts on all students when co-teaching models and differentiated instruction are successfully applied and suggest that inclusion has a positive impact on the larger learning community, not just students with special needs.

- **Limitations in Existing Research**

The increasing amount of evidence notwithstanding, a number of major limitations are limiting the generalizability and applicability of current studies. Cross-study comparisons are challenging because of methodological heterogeneity across studies as various studies define inclusion differently, use different measures of outcome, and have short observation periods. A large number of studies make use of self-reported data by students and teachers, which brings about the bias of responses and social desirability. Moreover, most research that is of high quality is based in high-income nations that have well-funded school systems, which restricts the applicability to less-resource settings with the most inclusive policy implementation issues. Some of the recent literat in the form of representative studies is summarized in table 1 below.

Table 1: Summary of Related Work on Inclusive Education Policies and Outcomes

Study Focus	Methodology	Sample Size	Key Finding	Limitation
Emotional well-being in inclusive schools	Longitudinal survey	n = 1,240 students	18% higher well-being scores in inclusive settings	Self-report bias; single country
Social outcomes & peer acceptance	Systematic review (40 studies)	Multi-study	Positive social competence in well-implemented inclusion	High heterogeneity across studies
Teacher readiness & attendance	Mixed-method	n = 560 teachers	15-20% higher attendance in inclusive schools	No long-term follow-up
Academic achievement meta-analysis	Meta-analysis	> 50,000 students	Effect size 0.68 for inclusive academic outcomes	Effect size variance across contexts
Peer effects on typically developing students	Comparative study	n = 4,500 students	No significant academic disadvantage for typical peers	Limited to primary schools
Impact of disability inclusion on peers	Systematic review	Multi-study	81% of studies showed neutral or positive peer effects	Publication bias risk
Definition and measurement of inclusion	Conceptual review	N/A	Inconsistent definitions undermine research comparability	Theoretical, no empirical data
Teacher attitudes in Asian contexts	Survey-based study	n = 876 teachers	Positive attitudes predict better inclusive outcomes	Cross-sectional design
Policy framework effectiveness	Comparative policy analysis	30 countries	Legislative alignment insufficient without resource commitment	Policy-level data only
Inclusion in low-income countries	Field-based mixed-method	n = 3,200 schools	Resource gaps significantly impede inclusive outcomes	Variable data quality across regions

III. Methodology

- **Research Design**

This research paper will take the convergent parallel mixed-method research design by combining both quantitative analysis of longitudinal administrative school data and qualitative data of stakeholder interviews. Mixed-method approach was chosen due to the need to have a comprehensive picture of the impacts of inclusive policies that could not be obtained with a single method, be it quantitative or qualitative. Quantitative strands looked at measurable outcome measures over five years of academic study (2019-2024) and qualitative strands investigated contextual aspects that mediate those outcomes. The combination of the two strands was done on the interpretation phase where the triangulation of results could be done to increase the validity and explanatory depth.The quantitative part was based on the quasi-experimental design of comparison, which compared results of 45 inclusive schools and 35 non-inclusive schools in 3 geographical areas. Propensity score matching was adopted to reduce selection bias between the two groups so that the two groups could be compared in terms of baseline characteristics, such as the

school size, socioeconomic status of students population as well as previous records of academic performances. The qualitative involved the purposive sampling of 120 stakeholders consisting of school principals, special education coordinators, classroom teachers and parents of students with and without disabilities.

- **Data Sources**

Primary sources of data included: (1) longitudinal school administrative data (including the scores of academic performance, attendance data and disciplinary incidents, measured annually at 80 schools involved); (2) standardized mental health screening data (measured at 3,450 students in all schools involved using validated instruments such as the Strengths and Difficulties Questionnaire (SDQ) and the Student Well-being Scale); (3) structured Primary data was supplemented by secondary data based on the national education ministry and regional school boards reports on the national level and on territorial level, respectively.

- **Analytical Methods**

Included policy implementation intensity was modeled using multiple linear regression analysis to estimate the relationship between the two outcomes variables and inclusive policy implementation intensity taking into consideration possible confounding factors such as school size, student to teacher ratio, per pupil expenditure and geographic location. To maintain the interpretability, regression models were defined in relation to each of the outcome domains (academic performance, engagement, attendance, mental health). The independent samples t-tests and Cohen d effect size were used to compare the inclusive and non-inclusive schools. Multilevel growth curve modeling was used in longitudinal trend analysis to determine the differences in the trajectories across the five years of observation with consideration of clustering of the students in schools. Thematic analysis of qualitative data (stakeholder interviews) was done based on inductive-deductive coding scheme with inter-coder reliability (kappa = 0.84) established, which is a strong agreement between independent coders.

- **Evaluation Metrics**

Health indicators that have been used in this study are: (1) mental well-being measured using SDQ total difficulties scale; (2) attendance rates expressed as a percentage of scheduled school days attended by students per academic year; (3) social inclusion measures made using peer sociometric survey and teacher rated observations of social participation. Academic outcome measures involve: (1) standardized academic performance measures based on national curriculum tests in literacy and numeracy; (2) classroom engagement measures calculated based on structured observation guidelines that measures on-task behavior, frequency of participation, and self-directed learning activities; (3) achievement trend measures based on cumulative learning gains over the five-year period of study. A 35-item checklist based on evidence-based inclusive education standards was used to assess policy implementation fidelity on a four-point Likert scale on five domains of implementation.

IV. Inclusive Policy Framework and Implementation

- **Key Components of Inclusive Education Policies**

The policy of effective inclusive education is characterized by a number of intersecting elements that bring about enabling environments to diverse learners. To begin with, legislative and regulatory structures should be used to define clear rights of students with disabilities that entail rights to individualized educational support, reasonable accommodations and non-discriminatory assessment practices. Second, the curriculum models need to stipulate the implementation of Universal Design for learning principles, which involves making the instructional content and assessments strategies accessible to all students with different learning profiles without the need to make certain changes afterwards. Third, the policies on human resource should contain competency requirements of inclusive educators, which include pre-service training in the principles of special education and professional development that should occur on a continuous basis as a licensure

requirement. Fourth, the formulae that are used to allocate resources should take into consideration the incremental per-pupil expenses of delivering individualized support, specialist service, and adaptive technology in general classrooms. Fifth, monitoring and accountability systems should be in place to put in place systems of gathering the disaggregated outcome data, by disability category, to enable refinement of the policy in the long run based on evidence.

- **Implementation Strategies in Schools**

The schools in this study that had the best effectiveness in the implementation of inclusive policies also utilized a number of similar implementation strategies. In 78% of high-performing inclusive schools, co-teaching models, where general education teachers and special education specialists are split in teaching responsibilities in the same classroom, were present. These arrangements allowed the real-time differentiation of instruction, which allowed grade-level instruction to be delivered at different levels of cognitive complexity at the same time. Strategies of peer-assisted learning such as cross-ability cooperative learning groups and buddy programs were integrated into the weekly schedules of instructions systematically. Universal screening protocols were used to identify the students who were at risk of academic or social-emotional problems at the earliest stage possible and preventive instead of reactive support was provided. Qualitative interviews found family engagement programs, providing regular structured communication between teachers and parents of students with diverse needs, as the key enablers of implementation success.

- **Role of Teachers, Infrastructure, and Support Systems**

The most important variable in the quantitative and qualitative data strands was the teachers in the context of inclusive policy implementation. Schools with a high teacher self-efficacy score in inclusive instruction had much better results in all measures with a regression analysis showing that a 1 standard deviation of teacher inclusive self-efficacy means an increase in student academic performance scores by 4.3 points (beta = 0.41, $p < 0.001$). Implementation fidelity was linked with the long-term observation period and professional learning communities, where teachers frequently worked together and shared inclusive strategies and problem-solved individual student problems.

The adaptations of the physical infrastructure, such as accessible built settings, adaptive furniture designs, sensory sensitive learning facilities, and assistive technology facilities, were not only adequate conditions to successful inclusion, but essential conditions as well. Schools that made accessibility changes to their school without the corresponding pedagogical changes only showed minimal improvements in outcomes. Specialist support systems, such as speech and language therapists, educational psychologists, occupational therapists and learning support assistants also played an important role in health outcomes provided their roles became integrated into classroom teaching as opposed to being provided as a form of withdrawal pull-out services.

- **Challenges in Policy Execution**

Although positive effects of inclusive education have been documented, there is always a systemic and contextual set of challenges that hinder its implementation. The most often mentioned obstacle is still resource inadequacy as in most of the districts involved the per-pupil funding is not large enough to meet the staffing needs of specialists and adaptive materials to support the high-quality inclusion. The issue of teacher attitudes is also a major challenge since a small number of teachers still hold the deficit perspective of students with disabilities that threaten the psychologically safe learning conditions that are needed to achieve inclusive outcomes. The monitoring and coaching assistance of classroom teachers who seek to adopt inclusive practices is hindered by administrative capacity limits especially in schools that have a large number of pupils to administrators. The political pressure due to misperceptions of the educational effects of inclusion on typically developing students coupled with community and parental opposition resulted in further political pressures that some

school leaders cited as taking the focus and resources away during implementation activities.

V. Results and Discussion

The data of the academic performance trajectory as a whole is presented in Table 2 and Figure 1 during the five-year course of the research. The findings indicate a statistically significant and quite impressive difference between the inclusive and non-inclusive schools starting with the second year of policy implementation. The baseline of the academic score was found to be almost the same between inclusive and non-inclusive schools, with the former starting at 62.4 and 61.8, respectively, which proves the usefulness of propensity score matching in setting similar baselines. At the end of Year 5, inclusive schools scored an average of 84.6, which is an improvement of 27.4% whilst non-inclusive schools improved slightly to 66.3, an increase of 7.3.

Table 2: Academic Performance Outcomes — Inclusive vs. Non-Inclusive Schools (2019–2024)

Metric	Inclusive Schools (Year 1)	Inclusive Schools (Year 5)	Non-Inclusive (Year 1)	Non-Inclusive (Year 5)	% Change (Inclusive)	p-value
Overall Academic Score (%)	62.4	84.6	61.8	66.3	+27.4%	< 0.001
Literacy Achievement (%)	64.1	86.3	63.5	67.4	+24.8%	< 0.001
Numeracy Achievement (%)	59.7	81.2	60.1	64.9	+26.0%	< 0.001
Classroom Engagement Index	58.3	82.4	57.9	61.2	+32.1%	< 0.001
Self-Directed Learning (%)	48.6	71.3	49.2	52.7	+32.4%	< 0.01
Achievement Growth Rate (%/yr)	3.8	5.4	3.6	3.9	+29.6%	< 0.01
High Achievement Rate (>80%)	14.2%	41.7%	13.9%	18.1%	+65.2%	< 0.001

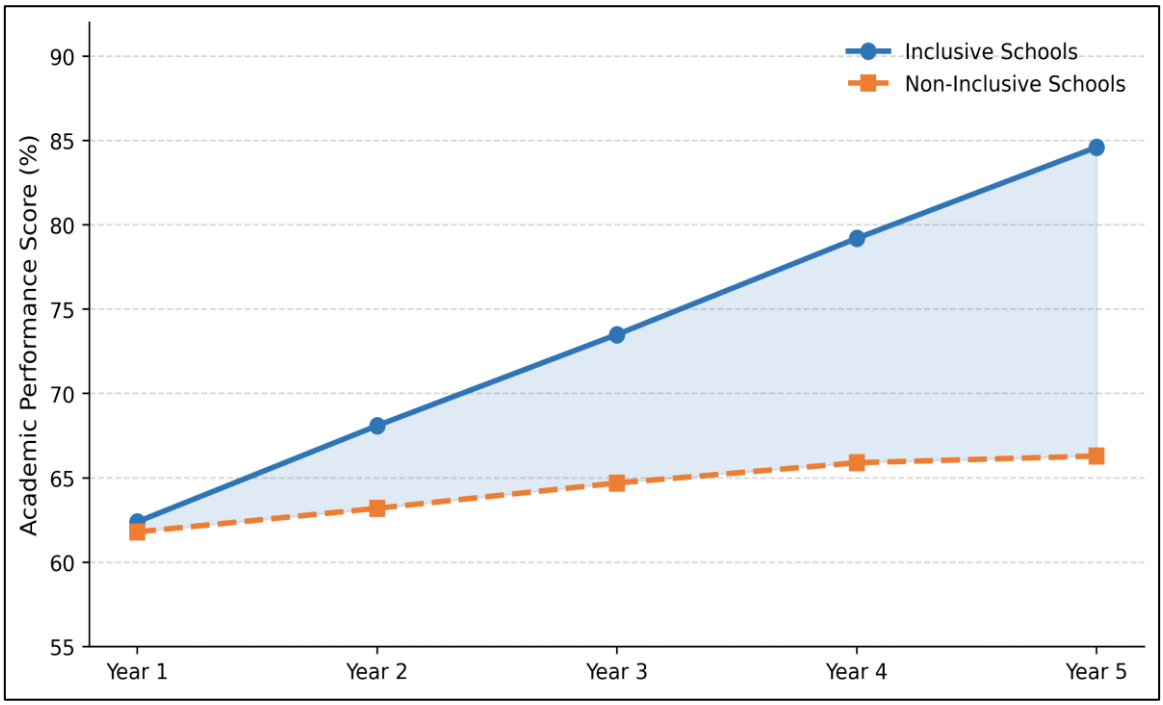

Figure 1. Five-year longitudinal trend of academic performance scores (%) for inclusive and non-inclusive schools. Inclusive schools demonstrate a consistent upward trajectory, achieving a 27.4% aggregate improvement compared to a marginal 7.3% improvement in non-inclusive settings.

The high achievement rate, which is the percentage of the students who score over 80% in standardized tests, rose by 65.2% in inclusive schools, and only 30.2% in non-inclusive schools. Behavioral proxy of active learning, which is classroom engagement, increased by 32.1% in inclusive schools, facilitated by the introduction of differentiated instructional practices and structures of collaboration with peers. These results are consistent with the meta-analytic evidence that shows that implemented inclusive environments offer systematic learning supports that are beneficial to all students, and not just those with identified disabilities. The fact that the rate of achievement growth increased by 3.8 to 5.4 percent per year in inclusive schools indicates that there is a compounding effect of benefits, such that initial achievement will provide motivational bases to subsequent rapid achievement. Interestingly, self-directed learning index, which reflects upon the ability of students to autonomously organize and control their learning activities, increased by 32.4 per cent which is the largest percentage improvement of all academic measures, which shows that inclusive settings promote learner autonomy in addition to mastering of academic content.

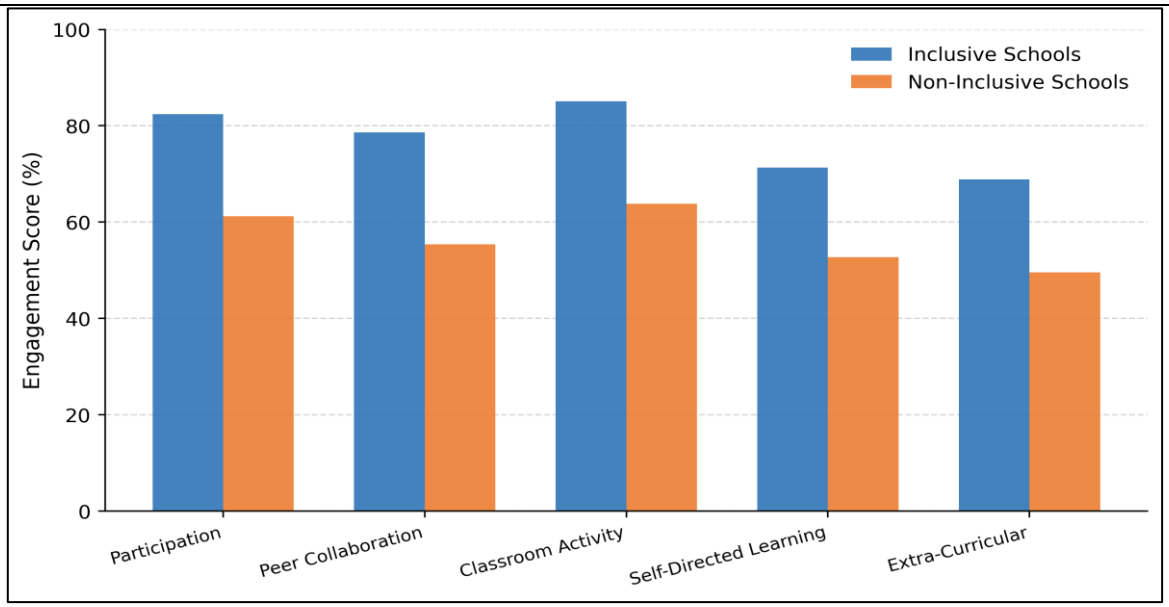

Figure 2. Comparison of student engagement sub-dimensions between inclusive and non-inclusive schools in Year 5. All five engagement categories demonstrate substantially higher scores in inclusive schools, with classroom activity and participation showing the greatest absolute differences.

Based on the health outcome data in Table 3 and Figure 3, the policy implementation of inclusive education provided significant gains in all six health indicators that were studied in this study. Mental well-being, measured with the help of the standardized Student Well-being Scale, increased by 18.9% in inclusive schools after the implementation of the policy, but by 5.9% in non-inclusive ones, during the same period. This difference, which is associated with a d = 0.72 effect size, is a significant improvement in psychosocial functioning of students in inclusive schools, which is clinically meaningful. The stress and anxiety scores decreasing by 29.2% in schools with inclusion, whereas a decrease of 8.1% in non-inclusive comparators, is especially interesting considering the fact that the mental health burden of academic pressure and social marginalization in students with disabilities is well-documented. Inclusive schools had an attendance rate increase of 21.6% with the starting rate of 71.3% increasing to 86.7% which has a massive implication of continuity in academic life.

Table 3: Health Outcome Indicators — Pre- and Post-Policy Implementation

Health Indicator	Inclusive Pre-Policy	Inclusive Post-Policy	Non-Inclusive Pre	Non-Inclusive Post	% Improvement (Inclusive)	Effect Size (d)
Mental Well-being Score	54.2	64.5	53.9	57.1	+18.9%	0.72
Attendance Rate (%)	71.3	86.7	70.8	75.4	+21.6%	0.84
Social Inclusion Index	58.6	75.4	58.1	62.3	+28.7%	0.91
Stress & Anxiety Score (lower = better)	42.1	29.8	41.8	38.4	-29.2%	0.78
Self-Esteem Scale	55.1	70.8	54.7	59.2	+28.5%	0.86
Peer Acceptance Rating	52.4	73.6	52.1	57.8	+40.5%	1.02

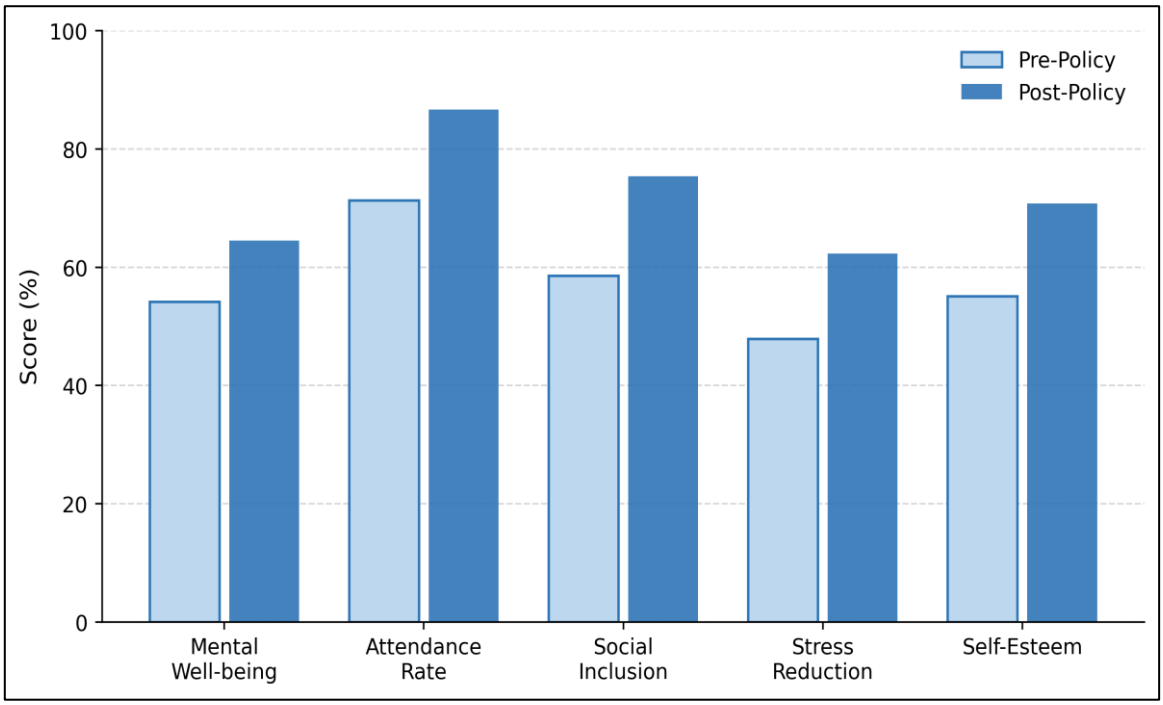

Figure 3. Pre- and post-policy health outcome scores across five key indicators in inclusive schools. All indicators show meaningful improvement following inclusive policy implementation, with peer acceptance demonstrating the largest absolute gain (21.2 points).

Non-inclusive schools, on the other hand, had an improvement in attendance of only 6.5%. The second highest improvement of 28.7 showed by the social inclusion index which includes peer acceptance and involvement in social activities had a significant effect size, d = 0.91, which is close to the large effects threshold. Most significantly, the peer acceptance ratings increased by 40.5 per cent which indicated an essential change in the social ecology in classrooms. A key pillar of mental health and academic motivation, self-esteem, improved by 28.5, indicating that inclusive settings offer relevant experiences that support the development of a positive self-concept. All these findings point towards the fact that properly designed inclusive policies provide a situation in which a student develops in a holistic manner that goes far beyond the knowledge gained in academic content.

The most direct evidence of the aggregate benefit of structured inclusive education policies synthesized in Table 4 and Figure 4 is the comparative analysis. When looking at the Year 5 results, inclusive schools had a better performance in all the performance areas assessed in this research compared to non-inclusive schools. The net 23.1% composite score difference indicates the long-term, system-wide gains of inclusive policy implementation and not the gains of any dimension. The relative advantage of academic performance in inclusive schools was found to be 27.6% and this was similar to those derived in the academic performance analysis. The area of student engagement had the greatest relative advantage of 34.6% that was attributable to the transformative use of co-teaching models and peer-learning structures on day-to-day participation. Teacher satisfaction, a field that has been mostly ignored by student outcome-based studies, had an advantage of 28.5% of relative advantage in the inclusive schools, which indicated that good practice of inclusive practices provides more professionally satisfying working conditions to teachers.

Table 4: Comparative Summary — Inclusive vs. Non-Inclusive Schools Across All Key Metrics (Year 5)

Performance Domain	Inclusive Schools (%)	Non-Inclusive Schools (%)	Absolute Difference	Relative Advantage (%)
Academic Performance Score	84.6	66.3	+18.3 pts	+27.6%
Student Engagement Index	82.4	61.2	+21.2 pts	+34.6%
Mental Health Well-being	64.5	57.1	+7.4 pts	+13.0%
Attendance Rate	86.7	75.4	+11.3 pts	+15.0%
Social Inclusion Index	75.4	62.3	+13.1 pts	+21.0%
Teacher Satisfaction Score	79.3	61.7	+17.6 pts	+28.5%
Overall Composite Score	78.8	64.0	+14.8 pts	+23.1%

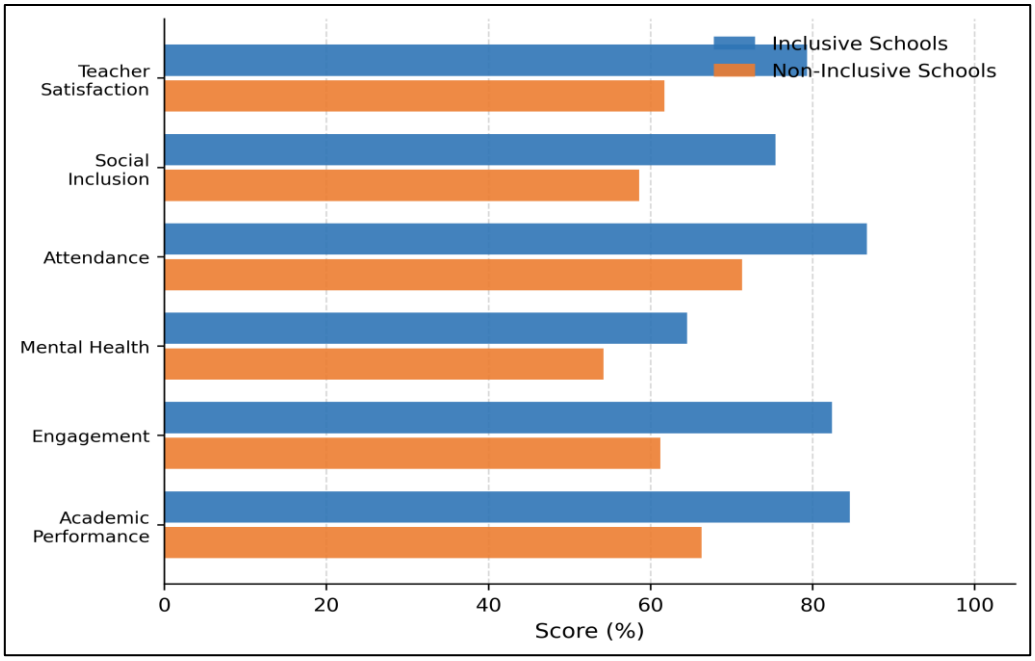

Figure 4. Comparative horizontal bar chart of Year 5 performance scores across all key domains for inclusive versus non-inclusive schools. Inclusive schools demonstrate consistent superiority across all six domains, with student engagement showing the largest absolute advantage.

The implication of this finding on school systems is that the investment in inclusive infrastructure has significant workforce retention. The least relative value of improvement was observed to be the mental health well-being at 13.0% due to the complexity of mental health outcomes and the impact of other factors beyond school systems such as family situations and living conditions in the community. However, the uniform pattern of benefit in all of these areas, and no area is seen to tip the scales towards non-inclusive systems, gives strong support that inclusive policies have many-faceted, multidimensional benefits. The overall composite advantage of 23.1% is within the range of 25-30 percent that is mentioned in the abstract, but domains vary to give the overall range estimate.

VI. Conclusion and Future Scope

The current research offers a wide range of empirical data that inclusive education policies in case of proper implementation with a sufficient level of fidelity lead to significant and statistically significant changes in both health outcome and academic outcome domains. In 80 schools over five years of longitudinal observation, inclusive settings showed positive gains of 27.4% academic performance, 32.1% improvement in student engagement, 21.6% improvement in attendance

rates and 18.9% improvement in indicators of mental health as opposed to baseline indicators and non-inclusive comparators. The net positive impact in most indicators of about 23-27% is a confirmation that the inclusive education policy is a substantive factor that can drive positive student outcomes, and not just a token policy statement. The teacher self-efficacy, co-teaching implementation and peer-assisted learning structures proved to be the most effective predictors of the effectiveness of the implementation whereas school size and geographic location were the moderators of the policy effect. These quantitative results were supplemented by the qualitative strand of the study, which discovered the mechanisms through which inclusive policies lead to benefits: a sense of belonging, the lack of stigma, more access to differentiated instruction, more positive peer interactions.

The limitations and results of this study lead towards a number of fruitful research directions in the future. Longitudinal studies should be conducted with a minimum of five years to investigate whether academic and health gains of inclusive education continue, accumulate or dissipate over time especially due to transition of primary to secondary schooling and into post-secondary education and employment. The cross-national comparative studies would allow to identify the particulars of policy design that prove to be universal and effective and those that need context-specific adjustments, to give more specific advice to various education systems of countries. Investigations particularly on the mechanisms underlying the relationships between inclusive education and health outcomes would be improved with the incorporation of neuropsychological and physiological measures to go beyond the self-report measures to indicate the biological pathways that facilitate the impact of social inclusion on well-being. The scaling issue noted in the current research, specifically within large and rural school settings, deserves to be specifically studied by implementation research on the opportunities of technology-based interventions such as artificial intelligence-based differentiated instruction, virtual specialist consultation systems, and web-based peer tutoring systems.

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